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DLN: 93492105008081

2009

OMB No 1545-1150

Form **990-EZ**

Department of the Treasury

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)

Short Form

▶ 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 Open to Public \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Inspection

			organization may have to use a copy of this			uirements		
		applicable	r tax year beginning 09-01-2009 C Name of organization	, and ending 08	-31-2010 	D Emplo	yer identification number	
	Address change Please FOUNDATION FOR EXCELLENCE						75-2200565	
	lame ch	ange label or		one number				
_	nıtıal ret	type.	1628 19TH STREET				(806) 766-1066	
_	eminat	Specific	City or town, state or country, and ZIP + 4			E Group	Exemption	
	mended	Instructions.				Numbe		
	фрисаціс	on pending tions.			_			
* Se	ection		ons and 4947(a)(1) nonexempt charit Completed Schedule A (Form 990 or 990		G Accounting m Other (specify		Cash Accrual	
τw	ebsit e:	:▶ N/A			H Check ► 「		organization	
		• • • • • • • • • • • • • • • • • • • •	ne)—▼ 501(c) (3) ◀(insert no)	a)(1) or	is not requir		ach 0, 990-EZ, or 990-PF)	
		_	is not a section 509(a)(3) supporting or		•			
			m 990 return is not required, but if the o					
L Ad	d lines 5	b, 6b, and 7b, to line 9 to o	determine gross receipts, if \$500,000 or more, file	e Form 990 instead of	Form 990-EZ	▶ \$	125,772	
P	art I	Revenue, Expe	nses, and Changes in Net Asset	ts or Fund Bala	ances (See the i	nstructio		
	1	Contributions, gifts, g	rants, and similar amounts received				1 44,720	
	2	Program service reve	nue including government fees and conti	racts			2	
	3	Membership dues and	assessments				3	
	4	Investment income					4 9,541	
	5a	Gross amount from sa	ale of assets other than inventory .		5a			
<u>a</u>	ь	Less cost or other ba	isis and sales expenses		5b	0		
Revenue	С	Gain or (loss) from sa	le of assets other than inventory (Subtra	act line 5b from lin	e 5a)		5c	
ğ Ö	6	Special events and accheck here	tivities (complete applicable parts of Sc	hedule G) If any a	amount is from ga	ming,		
	а							
		reported on line 1)	cluding \$ <u>30,000</u> of contributions		6a	71,511		
	h		s other than fundraising expenses			29,451		
	<u></u>	Net income or (loss) f		6c 42,060				
	7-	•	ory, less returns and allowances		Ĺ	·	42,000	
	١.			· · ·	7a			
	Ь	_	old	L	7b		_	
	C		from sales of inventory (Subtract line 7b _	rrom line 7 a) .		•	7c	
	8	Other revenue (descr			_	,	8	
	9				· · · · •		96,321	
	10	Grants and similar an	nounts paid (attach schedule) 🕏 🔹 .			·	93,098	
	11	Benefits paid to or for	members				11	
	12	Salaries, other compe	nsation, and employee benefits .			· L	12	
en Ge	13	Professional fees and	other payments to independent contrac	tors		· [13 2,360	
ē	14	Occupancy, rent, utili	ties, and maintenance			. L	14	
Expenses	15	Printing, publications	, postage, and shipping				15	
	16	Other expenses (desc	cribe 🏲 🥌			, [16 453	
	17		ines 10 through 16			▶	17 95,911	
	18	Excess or (deficit) for	the year (Subtract line 17 from line 9)				18 410	
etAssets	19	Net assets or fund ba	lances at beginning of year (from line 27	, column (A)) (mus	st agree with			
4			orted on prior year's return)				19 484,850	
Š	20		assets or fund balances (attach explana			⊢	20	
	21	-	lances at end of year Combine lines 18	·			105.050	
Dа	71		—If Total assets on line 25, column (B)		or more, file Form		<u> '</u>	
L		Datafice Sficets	— IT Total assets on line 23, column (b)	are \$1,230,000 C	or more, me rom	JJO IIISTE	sau 011 01111 9 90 - L 2	
		(See t	he instructions for Part II)	(A	A) Beginning of ye	ar_	(B) End of year	
22	Cash,	, savings, and investm	ents		484,	363 22	484,907	
23	Land	and buildings		🗀		487 23	353	
24	Other	r assets (describe 🟲				24		
		assets			484,	850 25	485,260	
26	Total	liabilities (describe				26		
~-	N		(line 27 of solumn (P) must naree with I		404	0.50 33	485 360	

Part III Statement of Program Se	ervice Accomplishm	ents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt pu	·		quired for section 501		
TO PROVIDE FINANCIAL ASSISTANCE VI			3) and 501(c)(4) anizations and section		
PARTICIPATE IN AN ACTIVITY THAT IS B Describe what was achieved in carrying out the			7 (a)(1) trusts,		
describe the services provided, the number o program title		optional for others)			
28 GRANTS/EDUCATIONAL COSTS FOR ST			E IN ACTIVITIES		
ABOVE AND BEYOND THE SCOPE OF THE (Grants \$ 93,098) If this a	DISTRICT'S FINANCIA amount includes foreign g		▶⊏		03.000
29	amount meruues roreign g	italits, check here	• • •	28a	93,098
(Grants \$) If this a	amount includes foreign g	rants, check here .	▶ ┌	29a	
30					
	amount includes foreign g	rants, check here .	▶┌	30a	
31 O ther program services (attach schedule) (Grants \$) If this a	ı amount ıncludes foreıgn ç	rants, check here	.	31a	
32 Total program service expenses (add lines		· · · · ·		32	93,098
Part IV List of Officers, Directors, Trusto					
	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit pl deferred compensa		account and other allowances
See Additional Data Table					

Pa	Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33				
	description of each activity	33		N o
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o
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		N o
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	the year? If "Yes," complete applicable parts of Schedule N	36		No
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		<u> No</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		<u> N o</u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
a L	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities			
400	section 4911, section 4912, section 4955			
ь	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		Νο
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			
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		No
	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of LINSEY MCCUTCHIN Telephone no	<u>(80</u>	6)766-	1066
	1628 19TH STREET Located at ► LUBBOCK, TX ZIP + 4	► _ 79	401	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	res	No
	account)? If "Yes," enter the name of the foreign country 🕨	720		140
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
c	Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Νο
	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			▶ Г
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		N o
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		Νο

Form 990-1	EZ (2009)							Page 4
Part VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) nonexe	-			-	stions
46 Did th	he organization engage in direct	or indirect political can	npaign activities on be	half of or in opp	osition to		Yes	No
candı	dates for public office? If "Yes,"	complete Schedule C,	Part I			46		No
47 Did th	he organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	Part II		47		No
48 Is the	e organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," comple	te Schedule E		48		No
49a Did th	he organization make any transfe	ers to an exempt non-c	harıtable related organ	ızatıon?		49a		No
b If "Ye	es," was the related organization	a section 527 organiza	ation?			49b		No
	plete this table for the organizations							
(a) Name	and address of each employee id more than \$100,000	(b) Title and averag hours per week devoted to position	e (c) Compensation	(d) Con employee	tributions to benefit plans & compensation	(e a	e) Expe count rallow	and
50(f) Tota	al number of other employees pa	ıd over \$100,000 .				•		
ofcor	plete this table for the organization mpensation from the organization ame and address of each indepe	n If there is none, ente	r "None "	r	each received r		an \$10 Compen	
NONE								
51(d) Tota	al number of other independent of			en schedules and st	atements and to t	he hest (of my kn	owledge
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and come ****** Signature of officer AMBER DEAN President Type or print name and title	plete Declaration of prepare	er (other than officer) is bas	ig schedules and st sed on all informati 2011- Date	on of which prepare	er has ar	or my kn	edge
Paid	Preparer's signature MELANIE C DAVIS		Date	Check if self-empolyed	Preparer's identifications		nber	
Preparer's Use Only	Firm's name (or yours of self-employed), address, and ZIP + 4			· · · · · · · · · · · · · · · · · · ·	EIN Þ			
		TX 794244871			Phone no 🕨 (8	06) 698-	1772	
May the IR	S discuss this return with the pro	eparer shown above? S	ee instructions			Гү	es T	No

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

FOUNDATION FOR EXCELLENCE

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

								75-22005			
	rt I		ıblic Charity Sta						nstruction	S	
he			te foundation becaus			= :					
1		A church, convent	ion of churches, or a	ssociation of	fchurches	section 170(b	o)(1)(A)(i).	•			
2	Г	A school describe	chool described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a coo	operative hospital se	rvice organiz	zatıon desc	rıbed ın sectio	on 170(b)(1	.)(A)(iii).			
4		A medical researc hospital's name, c	h organization opera ity, and state	ted in conjun	iction with a	a hospital des	cribed in se	ection 170(b)(1)(A)(iii).	Enterthe	<u> </u>
5			perated for the benefi		or univers	ıty owned or c	perated by	a government	tal unit des	cribed in	
	_		(A)(iv). (Complete P								
6	_		r local government o	_							
7	·	described in	at normally receives (A)(vi) (Complete P		al part of its	s support from	a governm	ental unit or fi	rom the gei	neral pub	lıc
8	_		t described in sectio i	· ·	A)(vi) (Co	mplete Part I	Ι)				
9	Γ	An organization th receipts from activ its support from gr	at normally receives vities related to its e ross investment inco ganization after June	(1) more the xempt function one and unre	ian 331/3% ons—subje lated busin	of its support ct to certain e ess taxable ir	from contr xceptions, icome (less	and (2) no mo section 511	re than 33	1/3% of	
LO	_	•	ganized and operate	•			·	•			
11	_	one or more public the box that descr a Type I	ganized and operate ly supported organiz libes the type of supp b Type I	rations descr porting organ II c	ibed in sec ization and Type II	tion 509(a)(1 complete line II - Functiona) or section s 11e throu lly integrate	1509(a)(2) Sough 11h ed	ee section d	509(a)(3	3). Check Other
f g		section 509(a)(2) If the organization check this box	received a written d 2006, has the organ	etermination	from the II	RS that it is a	Type I, Typ	pe II or Type l		·	
		(i) a person who d	irectly or indirectly o	ontrols, eith	er alone or	together with	persons de	scribed in (ii)		Ye	s No
		and (III) below, the	governing body of th	ne the suppoi	rted organiz	zation?			11	g(i)	No
		(ii) a family memb	er of a person descri	ıbed ın (ı) abo	ove?				119	g(ii)	No
		(iii) a 35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			119	g(iii)	No
h		Provide the followi	ng information about	the supporte	ed organıza	tion(s)				•	
su	(i) ame of pported anizatio	I ÈIŃ	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizat col (i) of suppor	on in your	(vi) Is the organizat col (i) organizat	e ion in anized	Am	(vii) nount of upport?
			ınstructıons))	Yes	No	Yes	No	Yes	No		
NDE SCH	BOCK EPENDEN DOL RICT	T 756001989	2	Yes		Yes		Yes			93,098
					 	+		+		+	
					<u> </u>	1		1			
						1		1			
				1	1	1	İ		1		

93,098

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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	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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ation qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93492105008081

OMB No. 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number FOUNDATION FOR EXCELLENCE Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2 SOUTH PLAINS FAIR	(c) O ther Events	(d) To (A dd col		
			(event type)	BOOTH (event type)	(total number)		(0)	
E Le	1	Gross receipts	92,423	9,088			10	1,511
Reveilue	2	Less Charitable contributions	30,000				30	0,000
_	3	Gross income (line 1 minus line 2)	62,42	9,088			7	1,511
	4	Cash prizes						
မှာ	5	Non-cash prizes	1,95	3				1,953
Expenses	6	Rent/facility costs	11,220				1	1,220
	7	Food and beverages						
DIRect D	8	Entertainment						
△	9	Other direct expenses .	3,834	12,444			1	6,278
	10	Direct expense summary Add line	es 4 through 9 ın columr	(d)	🛌		29	9,451
	11	Net income summary Combine lir	nes 3, column d, and line	10			4:	2,060
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
_	1	Gross revenue						
benses	2	Cash prizes						
	3	Non-cash prizes						
<u>й</u>	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	∀es	Г Yes	Г Yes% Г No	_		
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)				
	8	Net gaming income summary Com	bine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9 a		er the state(s) in which the organiza he organization licensed to operate				. 9a	. 65	
b	If"N	No," Explain						
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, susper	nded or terminated during	the tax year?	10a		
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficiar	ry or trustee of a trust or			11		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492105008081

TY 2009 Grants and Similar Amounts Paid Schedule

Name: FOUNDATION FOR EXCELLENCE

EIN: 75-2200565

Software ID: 09000047

Software Version: 2009v1.7

Item No.	1
Class of Activity	
Donee's Name	
Donee's Address	
Amount (FMV)	93,098
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93492105008081

TY 2009 Other Expenses Schedule

Name: FOUNDATION FOR EXCELLENCE

EIN: 75-2200565

Software ID: 09000047

Software Version: 2009v1.7

Description	Amount
Depreciation	134
ADMINISTRATIVE EXPENSES	319

EIN: 75-2200565 2009 FORM 990-EZ

Phil Blinder	1,000 00
Melissa Lowrie	390 00
Melissa Lowrie	325 00
Corbin DeSpain/Lubbock High School	450 00
Nicholas Muniz/Lubbock High School	450 00
Shannon Duggan/Lubbock High School	450 00
Justin Garcia/Lubbock High School	450 00
Ronnie Woodard/Lubbock High School	450 00
Maria Ghauri	160 00
Mark Hayes	3,045 00
Beverly Fleming/Murfee Elementary	500 00
DeeAnn Tackitt/Smith Elementary	500 00
Kathryn Walton/Irons Middle School	500 00
Zyrına Carson/Wheatley Elementary	250 00
Tyra Sherman/Wheatley Elementary	250 00
Suelema Munguia/Wheatley Elementary	250 00
Trevante Washington/Wheatley Elementary	250 00
Taylor Watson/Wheatley Elementary	250 00
Octavia Jackson/Wheatley Elementary	250 00
Brian Lin/Smith Elementary	250 00
Guy Morales/Smith Elementary	250 00
Emily Osborne/Preston Smith	250 00
Catherine Clopton/Smith Elementary	250 00
Landis De La Garza/Smith Elementary	250 00
Faisal Al-Hmoud/Smith Elementary	250 00
Alexander Wierzba/Smith Elementary	250 00
Benjamin Rodriguez/Smith Elementary	250 00
Callista Bassett/Murfee Elementary	250 00
Peyton Nicole Cude/Murfee Elementary	250 00
Jessica Fairley/Murfee Elementary	250 00
Emily Hall/Murfee Elementary	250 00
Sydney Mitchell/Murfee Elementary	250 00
Jamie Powell/Murfee Elementary	250 00
Laurel White/Murfee Elementary	250 00
Meagan Matthews/Murfee Elementary	250 00
Mary Ruth Matthews/Monterey High School	250 00
Henrik Zetterstrom/Irons Middle School	250 00
Lauren Osborne / Irons Middle School	250 00
Brennan Brusewtz/Irons Middle School	250 00
Nia Leatherwood/Irons Middle School	250 00
Abigail Bradshaw/Irons Middle School	250 00

EIN: 75-2200565 2009 FORM 990-EZ

Bryla Birdwell/Irons Middle School	250 00
Savannah Topham/Irons Middle School	250 00
Caitlin Stephenson/Irons Middle School	250 00
Helen Lin/Irons Middle School	250 00
Lexi Martin / Irons Middle School	250 00
Emily Riehle/Irons Middle School	250 00
Alyssa Coale/Irons Middle School	250 00
Madison Locke/Irons Middle School	250 00
Averı Cross/Irons Middle School	250 00
Jude Al-Hmoud/Irons Middle School	250 00
Meranda Bassett / Evans Middle School	250 00
Charisma Hudson/Roberts Elementary	215 00
Ryan Valdez/Roberts Elementary	215 00
Anna Montalvo/Roberts Elementary	500 00
Haley Kınman/Evans Mıddle School	250 00
Emily Caporale/Evans Middle School	250 00
Laura Littlefield/Evans Middle School	250 00
Braxton Alvey/Evans Middle School	250 00
Brogan Alvey/Evans Middle School	250 00
Elizabeth Wu/Lubbock High School	300 00
Stephanie Corbett/Lubbock High School	300 00
Ruth D'Cunha/Lubbock High School	300 00
Shan Yı Shen/Lubbock Hıgh School	300 00
Alexandria Rivas/Lubbock High School	300 00
Muchi He/Lubbock High School	300 00
Rebecca Lujan/Lubbock High School	300 00
Sam Haghsheno-Sabet/Lubbock High School	300 00
Dawson Land / Lubbock High School	300 00
Devin Cho / Lubbock High School	300 00
Amaris Garcia/Lubbock High School	300 00
Kayla Fletcher/Lubbock High School	300 00
Ramona Mittal/Lubbock High	300 00
Tanlı Sun / Lubbock Hıgh School	300 00
Britni Bass/Lubbock High School	300 00
Stephanie Vidaurre / Lubbock High School	300 00
Tiara Price/Lubbock High School	300 00
Colleen Blanton/Lubbock High School	300 00
Sadaf Siddiqui/Lubbock High School	300 00
Rosa Llanas / Lubbock High School	600 00
Mercy Ventle/Lubbock High School	600 00
Caitlin Mills/Lubbock High School	450 00
Carolyn Hefner/Lubbock High School	1,000 00

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Christopher Casanova/Lubbock High School	750 00
Ryan Forbes/Lubbock High School	750 00
Jacob Kirksey/Lubbock High School	750 00
Michael Trook/Lubbock High School	750 00
Candice Brown/Coronado High School	1,000 00
Mary Hise/Coronado High School	1,000 00
Melinda McGaugh / Coronado High School	2,000 00
Laura DeLavan/Coronado High School	1,000 00
Geralyn Henry/Coronado High School	1,000 00
Jose Lopez/Coronado High School	1,000 00
Xandria Lorenzo/Coronado High School	1,000 00
Lance Rogers/Coronado High School	1,000 00
Shane Burk / Hutchinson Middle School	1,744 00
Bradley Neu/Lubbock High School	3,360 00
Kayla Waldrup/Monterey High School	1,425 80
Cyndee Anderson/Monterey High School	1,425 80
Jerry Hernandez/Jackson Elementary	125 00
Betty Hall/Talkington School	1,000 00
Ryan Lewis/Preston Smith Elementary	200 00
Emily Osborne/Preston Smith	200 00
Brian Lin/Smith Elementary	200 00
Mason Carroll/Preston Smith Elementary	200 00
Sarith Wimalaratane/Preston Smith	200 00
Alexander Wierzba/Smith Elementary	200 00
Katie Jo Archer/Preston Smith Elementary	200 00
Marlee Wall/O L Slaton Middle School	150 00
Harrison Franks/O L Slaton Middle School	150 00
Jake Farley/O L Slaton Middle School	150 00
Kelsey Hamill/O L Slaton Middle School	150 00
Mackenzie Hopkins/O L Slaton	150 00
Allie Farmer/O L Slaton Middle School	150 00
Denise Moore / Young Women Leaders	1,000 00
Brian Rodriguez/Lubbock High School	750 00
Alexa Gomez/Lubbock High School	750 00
Cristian Millares/Lubbock High School	750 00
Pam Brown/Cavazos Middle School	1,125 00
Sadaf Siddiqui/Lubbock High School	420 00
Muchi He/Lubbock High School	420 00
Colleen Blanton/Lubbock High School	420 00
Sara Sabet/Lubbock High School	420 00
Dawson Land / Lubbock High School	420 00
Ramona Mittal/Lubbock High	420 00

EIN: 75-2200565

2009 FORM 990-EZ

Jericka Parker	1,000 00
Zakk Gonzalez/Monterey High School	705 00
Madeline Stockwell/Monterey High School	780 00
Ethan Didway/Monterey High School	260 00
John Myers/Monterey High School	260 00
Jacob Skelton/Monterey High School	215 00
Ben Rumph/Coronado High School	944 00
JB Moss/Coronado High School	1,361 00
Suzanne Alkul/Coronado High School	345 00
Alına Drıgalenko/Coronado Hıgh School	275 00
Phillip Markle/Coronado High School	295 00
Bayless Drum/Lubbock High School	819 00
Fernando Salazar/Lubbock High School	866 00
Hannah Lamb-Vines/Lubbock High School	763 00
Johanna Neuber/Lubbock High School	978 00
Aaron Hays/Lubbock High School	230 00
Samatha Piercy/Lubbock High School	260 00
Will Stewart/Lubbock High School	230 00
Josh Harvill/Lubbock High School	340 00
Zac Sierra/Estacado High School	860 00
Rodneysha Benson/Estacado High School	265 00
Kevondrick Jordan/Estacado High School	235 00
Ketı Tseretelı/Lubbock High School	478 00
Myra Gomez/Monterey High School	216 00
Jacob Skelton/Monterey High School	248 00
Superintendent's Scholarship Program	2,850 00
LICC, Inc	1,050 00
Lubbock Roots Historical Society	3,600 00
Texas Tech IDEAL	<u>13,144 00</u>
TOTAL	<u>93,097.60</u>

Software ID: Software Version:

EIN: 75-2200565

Name: FOUNDATION FOR EXCELLENCE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees						
(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 &	(E) Expense account and other allowances		
JOSH YOUNG 5600 AVENUE A	MEMBER 2 00	0	deferred compensation			
LUBBOCK,TX 79404 TERRY WRIGHT PO BOX 54390	MEMBER 2 00	0				
LIBBY WHITE 4802 104TH STREET	MEMBER 2 00	0				
MITCH WATSON 3405 22ND STREET SUITE 200	MEMBER 2 00	0				
LUBBOCK,TX 79410 CINDY WALLACE	MEMBER 2 00	0				
4402 31ST STREET LUBBOCK,TX 79410 DOYLE VOGLER	MEMBER 2 00	0				
2004 19TH STREET LUBBOCK,TX 79401 BILL TARRO	MEMBER 2 00	0				
1628 19TH STREET LUBBOCK,TX 79401 BRAD SUGGS	MEMBER 2 00	0				
5522 83RD STREET LUBBOCK,TX 79424						
KAREN SLAY 2629 75TH STREET LUBBOCK,TX 79423	MEMBER 2 00	0				
JOHN SIMNACHER 2526 82ND STREET SUITE B LUBBOCK,TX 79424	MEMBER 2 00	0				
VICTOR SALAZAR 1401 AVENUE Q LUBBOCK,TX 79401	MEMBER 2 00	0				
TAMMY ROARK PO BOX 271 LUBBOCK,TX 79408	MEMBER 2 00	0				
MATT MILLER 1901 UNIVERSITY AVE 1ST FLOOR LUBBOCK,TX 79410	MEMBER 2 00	0				
TIM LEE 2002 EAST CESAR CHAVEZ DRIVE LUBBOCK,TX 79415	MEMBER 2 00	0				
ALICIA KNIGHT BOX 41081	MEMBER 2 00	0				
RANDY JORDAN 6602 QUAKER	MEMBER 2 00	0				
DARRELL HILL 5219 CITYBANK PARKWAY	MEMBER 2 00	0				
LUBBOCK, TX 79408 ROBERT GUERRERO 5001 AVENUE P	MEMBER 2 00	0				
LUBBOCK,TX 79412 ERIC GOSSETT	MEMBER 2 00	0				
1628 19TH STREET LUBBOCK,TX 79401 SONNY GARZA	MEMBER 2 00	0				
611 UNIVERSITY LUBBOCK,TX 79408 KAREN GARZA	MEMBER 2 00	0				
1628 19TH STREET LUBBOCK,TX 79401 BILL FRANKLIN	MEMBER 2 00	0				
PO BOX 1738 LUBBOCK,TX 79408						
LAURA DELEON 5600 AVENUE A LUBBOCK,TX 79404	MEMBER 2 00	0				
JOEL DE LA GARZA 5701 82ND STREET LUBBOCK,TX 79424	MEMBER 2 00	0				
KATHY DANNEVIK 3604 63RD DRIVE LUBBOCK,TX 79413	MEMBER 2 00	0				
BILL CRAFT 1628 19TH STREET LUBBOCK,TX 79401	MEMBER 2 00	0				
CHRIS COMER PO BOX 16500 LUBBOCK,TX 79490	MEMBER 2 00	0				
SCOTT COLLIER 4009 CLOVIS ROAD LUBBOCK,TX 79415	MEMBER 2 00	0				
CARRIE CHILDS 3117 103RD STREET	MEMBER 2 00	0				
BONNIE BOWMAN 210 N UNIVERSITY AVENUE	MEMBER 2 00	0				
BRONSON BLODGETT 5110 80TH STREET	MEMBER 2 00	0				
LUBBOCK, TX 79424 STEVE BEASLEY PO BOX 491	MEMBER 2 00	0				
LUBBOCK,TX 79408 STACEY BARBER	Director 4 00	0				
1500 BROADWAY 8TH FLOOR LUBBOCK,TX 79408 EDDIE OWENS	MARKETING CHAIR	0				
7830 ORLANDO AVENUE LUBBOCK,TX 79423 MARTIN AGUIRRE	GRANTS CHAIR 4 00	0				
1301 BROADWAY LUBBOCK,TX 79401 PAUL ACREMAN	GOLF CHAIR 4 00	0				
5719 CITY BANK PKWY STE 135 LUBBOCK,TX 79407						
BOB TATE 5010 UNIVERSITY LUBBOCK,TX 79413	ASSISTANT FINAN 4 00	0				
JACQUE GARCIA 6010 82ND STREET SUITE 100 LUBBOCK,TX 79424	FINANCE CHAIR 4 00	0				
AMBER DEAN PO BOX 42007 LUBBOCK,TX 79409	President 4 00	0				