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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2010 calendar year, or tax year beginningJULY 1

, 2010, and ending

JUNE 30, 2011**B** Check if applicable:

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

C Name of organizationSIGMA PUBLIC EDUCATION & RESH. FOUND.

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

NO. LAS VEGAS, NV. 89031-2893**D** Employer identification number36-4028458**E** Telephone number**F** Group Exemption Number ►**G** Accounting Method: ☐ Cash ☐ Accrual Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$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.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

1	Contributions, gifts, grants, and similar amounts received	1	<u>369.00</u>
2	Program service revenue including government fees and contracts	2	<u>0</u>
3	Membership dues and assessments	3	<u>24,099.00</u>
4	Investment income	4	<u>0</u>
5a	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	<u>0</u>
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	<u>6,235.00</u>
c	Less: direct expenses from gaming and fundraising events	6c	<u>5,756.00</u>
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<u>479.00</u>
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>
8	Other revenue (describe in Schedule O)	8	<u>0</u>
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>24,947.00</u>
10	Grants and similar amounts paid (list in Schedule O)	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>6,175.00</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>3,682.00</u>
15	Printing, publications, postage, and shipping	15	<u>584.00</u>
16	Other expenses (describe in Schedule O) <u>see Attachment</u>	16	<u>9,093.00</u>
17	Total expenses. Add lines 10 through 16	17	<u>14,534.00</u>
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>10,413.00</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>18,569.00</u>
20	Other changes in net assets or fund balances (explain in Schedule O)	20	<u>0</u>
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>28,982.00</u>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2010)

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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
CORINE J. GREEN No. LAS VEGAS, NV. 89031	PRESIDENT 20HRS	<u>0</u>	<u>0</u>	<u>0</u>
DOROTHY L. BLAKE No. LAS VEGAS, NV. 89031	SECRETARY 10HRS	<u>0</u>	<u>0</u>	<u>0</u>
ARCOLA STAFFORD LAS VEGAS, NV. 89107	TREASURER 5HRS	<u>0</u>	<u>0</u>	<u>0</u>
SHAWN Y. RICH SAN JOSE, CA. 95170	DIRECTOR 10HRS	<u>0</u>	<u>0</u>	<u>0</u>
LATONYA NELSON PALMDALE, CA.	VICE-PRESIDENT 15HRS	<u>0</u>	<u>0</u>	<u>0</u>
BOARD MEMBERS				
NORMA BAKER INDEPENDENCE, CA.		<u>0</u>	<u>0</u>	<u>0</u>
DEBORAH C. SMITH FLORISSANT, MD. 63053		<u>0</u>	<u>0</u>	<u>0</u>
PATRICIA CLEMONS LOS ANGELES, CA. 90275		<u>0</u>	<u>0</u>	<u>0</u>
JENNIFER GUNN JACKSONVILLE, FL. 32247		<u>0</u>	<u>0</u>	<u>0</u>
VANESSA HARRIS GLEN ALLEN, VA. 22059		<u>0</u>	<u>0</u>	<u>0</u>
GLORIA SCOTT JACKSON LAS VEGAS, NV. 89169		<u>0</u>	<u>0</u>	<u>0</u>
GWENETTE PARKER LOS ANGELES, CA. 90008		<u>0</u>	<u>0</u>	<u>0</u>
ANGELA SPEARS JACKSONVILLE, FL. 32244		<u>0</u>	<u>0</u>	<u>0</u>
EULA TATMAN ANNISTON, AL 36206		<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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>		
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		<input checked="" type="checkbox"/>
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 ▶ <u>0</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>		
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.		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ <u>NEVADA</u>		
42a	The organization's books are in care of ▶ <u>CORINE J. GREEN</u> Telephone no. ▶ <u>702-649-6022</u> Located at ▶ <u>313 Casa Del Norte Dr. No. Las Vegas, NV</u> ZIP + 4 ▶ <u>89031-2813</u>		
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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.?		<input checked="" type="checkbox"/>
	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 _____ <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's 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

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Corine J. Green Date: 11-16-2012

Type or print name and title: CORINE J. GREEN PRESIDENT

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐ 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, 2010 TO JUNE 26, 2011

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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Operating Expenses:

Office supplies.....	427.00
Mail box rental.....	140.00
Office help.....	1,175.00
Bookkeeping training software.....	446.00
Computer repair	456.00

Boules Expenses:

Lodging and transportation.....	1,669.00
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2010 and 2011 Board meeting expenses:

Registration.....	473.00
Airfare.....	1,390.00
Lodging and transportation.....	1,466.00
Meals.....	426.00
Meeting room rental.....	225.00
Stipends.....	500.00

Donations.....	200.00
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Total Expenses.....	9,093.00
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