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Form 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 private foundations)

2013

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning July 1 2013, and ending 20 June 30 C Name of organization B Check if applicable D Employer identification number Address change Otis Spears Elementary PTA 02-0598515 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 469-633-2900 Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Application pending Frisco, TX 75034 1889 G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ► H Check ► if the organization is **not** www.spearspta.org required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) (Form 990, 990-EZ, or 990-PF). 501(c) (◄ (Insert no.)
☐ 4947(a)(1) or □527 **K** Form of organization: ☐ Corporation ☐ Trust ✓ Association ☐ Other 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, 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 6759 2 Program service revenue including government fees and contracts 2 3 3 2358 4 Investment income Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ 6759 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 117656 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 60489 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 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 69606 10 Grants and similar amounts paid (list in Schedule O) 10 43909 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance . . . 14 1549 15 Printing, publications, postage, and shipping . 15 16 Other expenses (describe in Schedule O) . . . 16 26667 17 **Total expenses.** Add lines 10 through 16. 17 72125 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 (2519)Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 8543 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 6024

For Paperwork Reduction Act Notice, see the separate instructions.

Pa	Balance Sheets (see the instructions			D. 11		
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
22	Cook sovings and investments				22	
23	Cash, savings, and investments			8543	23	6024
24	Other assets (describe in Schedule O)		• • • • •		24	
25	Total assets	• • • • • •		8543		6024
26	Total liabilities (describe in Schedule O)				26	0024
27	Net assets or fund balances (line 27 of column	(B) must agree with	h line 21)	8543		6024
Par						
	Check if the organization used Schedule	-		•	/Pa	Expenses quired for section
Wha	is the organization's primary exempt purpose?					(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	f its three largest	orogram services		anizations and section
as n	pleasured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the				7(a)(1) trusts, optional others.)
28	To promote the welfare of our student population the	ough scholarships, li	iteracy, art, progran	enrichment and		
	providing teachers with supplies and materials they	wouldn't otherwise h	ave. This impacts 7	00+ students and	ļ	
	60+ faculty members.				1	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	55189
29						
					1	
					ì	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u> ▶ ∐</u>	298	1
30					1	
	(O) (A)	to the state of th				
04		includes foreign gra			30a	1
31	Other program services (describe in Schedule O)	includes foreign gra			246	
32	(Grants \$) If this amount Total program service expenses (add lines 28a	through 31a)	ints, check here .	···	31a	
Par						00.00
ı aı	Check if the organization used Schedule			•	11511 4	
	Oricon ii are organization acca contoatic		(c) Reportable	(d) Health benefits,	一	· · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MIS (if not paid, enter -0-		- [1]	Estimated amount of other compensation
Ms.	Angie Hutson					
Pres	dent	6 hrs/week		о	0	0
Ms. I	ristin Klembara					
<u>VP P</u>	rograms	2 hrs/week		0	0	0
Ms.	racy McNeese					
<u>VP F</u>	nance	2 hrs/week	<u> </u>	0	0	0
Ms. 0	assidy Cline					
<u>Secr</u>	· · · · · · · · · · · · · · · · · · ·	2 hrs/week		0	0	0
Ms. (Christa Maranville					
Trea	surer	4 hrs/week		0	0	0
		 				
		-	 			
		-	Ì			
		 			+	· · · · · · · · · · · · · · · · · · ·
				1		
		 		 	+-	
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		 	 	 -	+-	
		-1	1	1		
			 		+	
		·1				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	<u>V</u>	
00	Did the constitution are as in the state of		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
35a	change on Schedule O (see instructions)	34	-	✓
oou	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
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 tax year covered by this return? .	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		,
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	40b		_
-	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 ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		r <u></u> -	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No ✓
	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 the U.S.?	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		. •	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
h	completed instead of Form 990-EZ	44a		✓
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√
4=	explanation in Schedule O	44d		√
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>
770	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	454		

46	Di4 +F	ne organization engage, directly or ir	ndiroctly in political a	ampaign activition	on bobalf	of or	in annoci	ion	Yes	NO
		ndidates for public office? If "Yes," o							-	
Part \		Section 501(c)(3) organizations						1 40		
		All section 501(c)(3) organization		stions 47–49b an	d 52, an	d cor	nplete th	e tables f	or lin	es
		50 and 51.								
		Check if the organization used Scl	nedule O to respond	to any question in	n this Par	t VI	<u></u>	<u></u>		
									Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Par					-			
	•	organization a school as described in						47	├-	/
		ne organization make any transfers to		•					 	\ <u>\</u>
		s," was the related organization a se		•					+	
		blete this table for the organization's								d key
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization	. If th	ere is non	e, enter "N	None.'	,
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribi	itions t	penefits, o employee and deferred sation	(e) Estimate other cor		
None										
							İ			
										
							l			
		number of other employees paid over	·			_				
51		plete this table for the organization' 000 of compensation from the orga			nt contra	ctors	who each	received	more	than
				T		$\neg \tau$				
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice		(c)	Compensat	ion	
None										
						1				
										
						Ì				
										
						}				
d	Total	number of other independent contra	ctors each receiving	over \$100,000 .	. ▶					
52		ne organization complete Schedule A								
		kempt charitable trusts must attach	 					► ✓ Yes		<u>No</u>
		of penury, I declare that I have examined this in d complete. Declaration of preparer (other than						nowledge and	d belief,	, it is
	$\neg \tau$	Lange Hillson Durch	d not			Τ	10/2	/14		
Sign		Signature of officer	MA-V-\			Date		411		
Here		Angie Hutson, President								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date		Check	ıf PTIN		
Prepa	arer		<u> </u>				self-emplo	yed		
Use (Firm's name					s EIN ▶			
May th	e IRS	Firm's address ► discuss this return with the prepare	shown above? See	instructions		Phor	ne no.	► □ Ves		Nc

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.

2014 13

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization SPEARS ELEMENTARY PTA 02-0598515 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.) 1 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). (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 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 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.) 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

٠.

Part	II Support Schedule for Organiza	ations Desci	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	<u>'i)</u>
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	·
	ion A. Public Support						
_	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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	The portion of total contributions by						
	each person (other than a	i					
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	<u> </u>		l	l	JL	L.,
Caler	idar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
0	Sources						
9	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 VI.)					ŀ	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Secti	on C. Computation of Public Suppor					• • • • •	▶ 🗀
14	Public support percentage for 2014 (line 6			1 column (ft)		14	%
15	Public support percentage from 2013 Sch					15	//
16a	331/3% support test-2014. If the organiz						
	box and stop here. The organization qua						
b	331/3% support test-2013. If the organ					15 is 33 ¹ / ₃ %	or more,
	check this box and stop here. The organ	-		• • •			. ▶ 🗆
17a	10%-facts-and-circumstances test—20	014. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	eck this box ar	nd stop here. E	Explain in
	Part VI how the organization meets the "forganization			st. The organiza	•	•	.,
L	-						· · ► □
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat	יוע. If the orga	anization did no	ot check a box	con line 13, 16	5a, 16b, or 17a	, and line
	Explain in Part VI how the organization m						
	supported organization						a publicly □
18	Private foundation. If the organization di						see
	instructions				, , , , , ,		▶ □

1

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	2009	2010	2011	2012	2013	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 201 3	(e) 2014 -	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,518	10,008	14, 394	6,914	9,117	51,951
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	32,690	48,769	59,316	61,214	59,955	261,944
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	44,208	58,777	73,710	68,128	69,072	313,894
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	Ø	Ø	Ø	Ø	Ø	9
8	Public support (Subtract line 7c from		· · · · ·		,	,	313,894
	line 6.)			<u></u>	<u>. </u>		3, 3, 8.
	on B. Total Support	2009	2010	2011	2012	2013	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10a	Amounts from line 6	44,208	58,777	73,710	68,128	69,072	313,894
b	royalties and income from similar sources . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<i>\top</i>	Ø	Ø	\$	9	4
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	44,208	58,777	73,710	68,128	69,072	313,894
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u>.</u> .		_		on 501(c)(3) ▶ □
-	on C. Computation of Public Suppor						
15 16	Public support percentage for 2014 (line a Public support percentage from 2013 Sci		=			15	100 %
16 Secti	on D. Computation of Investment In			<u> ۲، ۴۳</u>	<u> </u>		100 %
17	Investment income percentage for 2014 (v line 13. colu	mn (fl)	17	
18	Investment income percentage from 2013			•		18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organization 18 is not more than 331/3%, check this	box and stop h	nere. The organ	ization qualifies	as a publicly s	supported organ	33½%, and nization ► 🔽
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ictions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)			- ago C
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		-
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
	Did the discrete to the state of the state o		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
<u>Secti</u>	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V T	gan	izations	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.	g tru	st on Nov. 20, 1970. See	<u> </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ng organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	•		
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
g	Applied to underdistributions of prior years			····
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8_	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			1

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Please note that we were unable to find a "2013 Schedule A form online. All that was available
was 2012 ? 2014. As such, we adjusted natura
headers as necessary in Part III, to ensure this
schedule follows same accounting year as reported
in corresponding 990 Ez form provided,
Should you require us to fill out a new (2013) Schedule A, please contact:
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FRISCO, TX 75034
(972) 955-2103
Christa. Pfunder @ gnail.cou