

Return of Organization Exempt From Income Tax

2015

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

| | | |
|--|---|--|
| B Check if applicable: | C Name of organization Wylie Bulldogs Education Foundation | D Employer identification number 80-0594530 |
| <input type="checkbox"/> Address change | Doing business as | |
| <input type="checkbox"/> Name change | Number and street (or P.O. box if mail is not delivered to street address) | E Telephone number (325) 692-4353 |
| <input type="checkbox"/> Initial return | 6249 Buffalo Gap Road | Room/suite |
| <input type="checkbox"/> Final return/terminated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ 171,327. |
| <input type="checkbox"/> Amended return | Abilene, TX 79606-4901 | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | F Name and address of principal officer: Becky Rentz | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | same as C above | H(c) Group exemption number ▶ |

1 Tax-exempt status: 501(c)(3) 501(c) () 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **▶ www.wyiebuddogseducationfoundation.com**

K Form of organization: Corporation Trust Association Other **▶** **L** Year of formation: **2010** **M** State of legal domicile: **TX**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **The Wylie Bulldogs Education Foundation has a mission of collecting and distributing gifts to**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. **13**

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **4**

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5**

6 Total number of volunteers (estimate if necessary) **6**

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0.**

7 b Net unrelated business taxable income from Form 990-T, line 34 **7b 0.**

| Revenue | Prior Year | Current Year |
|--|----------------------------------|--------------------|
| 8 Contributions and grants (Part VIII, line 1h) 104,873. | 0. | 104,873. |
| 9 Program service revenue (Part VIII, line 2g) 0. | 0. | 0. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,662. | 0. | 15,662. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. | 0. | 0. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 120,535. | 0. | 120,535. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. | 0. | 0. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. | 0. | 0. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,463. | 0. | 0. |
| b Total fundraising expenses (Part IX, column (D), line 25) 3,463. | 0. | 46,041. |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 46,041. | 0. | 46,041. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 74,494. | 0. | 74,494. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | | |
| 20 Total assets (Part X, line 16) 470,884. | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) 0. | 470,884. | 545,378. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 470,884. | 0. | 545,378. |

Part II Signature Block

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 Denise Blake, Treasurer | Date |
| Sign Here | Signature of preparer Richard B. Wolfe | Date 7/26/16 |
| Print/Type preparer's name | Preparer's signature <i>Richard B. Wolfe</i> | Check <input type="checkbox"/> if self-employed |
| Print/Type preparer's name Richard B. Wolfe | Richard B. Wolfe | P PTIN 00082164 |
| Firm's name Wolfe and Company, P.C. | 3102 S. Clack St, Suite 1 | Firm's EIN 75-2686957 |
| Firm's address Abilene, TX 79606-2299 | 3102 S. Clack St, Suite 1 | Phone no. (325) 698-4861 |
| Use Only | Abilene, TX 79606-2299 | Phone no. (325) 698-4861 |