

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 black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, and organizations that are one or more hospital facilities, and certain controlling organizations, no different in section 512(b)(13) must file Form 990. 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.

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **APR 9, 2010** and ending **DEC 31, 2010**

B Check if applicable:

<input type="checkbox"/> Address change	C Name of organization Wylie Bulldogs Education Foundation	D Employer identification number 80-0594530
<input checked="" type="checkbox"/> Initial return	Number and street (or P.O. box, if mail is not delivered to street address) 6249 Buffalo Gap Road	E Telephone number (325) 692-4353
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 Abilene, TX 79606-4901	F Group Exemption Number Number ▶
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **www.wylibulldogseducationfoundation.com**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ▶ (insert no.) 4947(a)(1) or 527 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. ▶ \$ **127,264.**

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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Contributions, gifts, grants, and similar amounts received																											
2	Program service revenue including government fees and contracts																											
3	Membership dues and assessments																											
4	Investment income																											
5a	Gross amount from sale of assets other than inventory																											
b	Less: cost or other basis and sales expenses																											
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
6	Gaming and fundraising events																											
a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
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)																											
c	Less: direct expenses from gaming and fundraising events																											
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe in Schedule O)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																											
10	Grants and similar amounts paid (list in Schedule O)																											
11	Benefits paid to or for members																											
12	Salaries, other compensation, and employee benefits																											
13	Professional fees and other payments to independent contractors																											
14	Occupancy, rent, utilities, and maintenance																											
15	Printing, publications, postage, and shipping																											
16	Other expenses (describe in Schedule O)																											
17	Total expenses. Add lines 10 through 16																											
18	Excess or (deficit) for the year (Subtract line 17 from line 9)																											
19	Net assets or fund balances at beginning of year (from line 27, column (A))																											
20	Other changes in net assets or fund balances (explain in Schedule O)																											
21	Net assets or fund balances at end of year. Combine lines 18 through 20																											

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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