HA			Ass	_			<u>.</u>		xpe	_												Re	veni	ue								1	Part	line	I Ari	\$ <u>5</u>	K Ch	JTap		A					ag	P A Fo	Internal	Departr	Form	
For Paperwork		20 Other channes in net assets or fund balances (explain in Schedule O)		19 Net assets or fund halances at heginning of year (from line 27, column (A))						13 Professional fees and other payments to independent contractors	12 Salaries, other compensation, and employee benefits			9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8 Other revenue (describe in Schedule O)		b Less: cost of goods sold			c Less: direct expenses from gaming and fundraising events	gross income and contributions exceeds \$15,000)	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule (a Gross income from gaming (attach Schedule G if greater than	6 Gaming and fundraising events			4 IIVESUMENT MOUTHE 5a Gross amount from sale of assets other than inventory				Check if the organization used Schedule 0 to respond to any question in this Part I		line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	a return, be sure to the a complete return. Add lines 5h 6c and 7h to line 9 to determine aross receints. If aross receints are \$200,000 or more, or if total assets (Part II.	\$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	Check \blacktriangleright if the organization is not a section 509(a)(3) support	ots		Accounting Method: X Cash Accrual Other (specify)	or country,	Terminated 6249 Buffalo Gap Road	Number and street (or P.O. box, if mail i	Name change Wylie Bulldogs Educati		2012 calenc	⊢	ment of the Treasury	990-EZ	
0000	through 20	dule 0)	eturn)	column (A))			See Schedule O			tors		commuter the treatment of the second s	See Schedule O			from line 7a)	7b	7a	d lines 6a and 6b and subtract line 6c)	4,	6b 4,9	$\Delta U \Delta T \Delta \Delta O$ of contributions	2 2 2 2 2			5a)	23.	5a 24 .	סריידסלנים			y question in this Part I	at Assets or Fund Balances (see the instructions for P	ad of Form 990-EZ	s receipts are \$200.000 or more, or if total assets (Part	orm 990-N (e-postcard) may be required (see instructi	if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than		onfoundation.com	⊥ ih/) ►	2		red to street address) Room/suite	on Foundation		and ending	The organization may have to use a copy of this return to satisfy state reporting requirements.	s, organizations that operate one or more hospital facilities, and o a Form 990. All other organizations with gross receipts less than	527, or 4947(a)(1) of the Internal Revenue Code und benefit trust or private foundation)	
	7	2				/	0				 -		1	▼						ω	ω 0.							582	10000	10000	1000		uctions for			ons). But i	jross recei	(Form	renuired	H Check	F Group		E Teleph	.08	D Employer	7	luiremen	s200,000 ar		
Form 990-E			216,650.		18 76 603	20	16 4 600-	15	14	13 288.	12	11	10 24,932.	9 106,423.	8	7c			6d 0 *							5c 1,269.		, c	A 10A		1 <u>TUZ,UZQ</u> .	2	art I)	\$ 134,666.		f the organization chooses to file	pts are normally not more than		2#12	If the organization is not	Group Exemption	(325) 692-4353))]	-0594530	yer identification number		ts. Inspection	otal	7107	

 \mapsto