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Open to Public

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Form 990-EZ

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	\blacktriangleright Do not enter Social Security numbers on this form as it may be made public.	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Net Assets Expenses	Revenue	
112 12 12 13 14 15 15 16 16 16 17 17 17	99 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	For the 20 Greekele Address Addless Accountin Tax-exem Tax-exem Column (E
Grants and similar amounts paid (list in Schedule U) Deer Schedule C Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping See Schedule () Total expenses (describe in Schedule 0) See Schedule () Excess or (deficit) for the year (Subtract line 17 from line 9) 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) Other changes in net assets or fund balances (explain in Schedule 0)	Program service revenue including government fees and contracts See Schedule Membership dues and assessments See Schedule Investment income 5a 59 Gross amount from sale of assets other than inventory 5b 51 Less: cost or other basis and sales expenses 51 51 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6a 51 Gross income from fundraising events (not including \$ 101, 228. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such 6a 4 gross income and contributions exceeds \$15,000) 6b 4 Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a 4 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7a 7a 7b 4 Uther revenue (describe in Schedule 0) 7b 5b 7b 5b 51 Other revenue (describe in Schedule 0) 0 7a 7b 56 7b 56 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 52, 6d, 7c, and 8 55 56 51 <th>Information about Form 990-EZ and its instructions is at www.irs.gov e 2013 calendar year, or tax year beginning and ending instruction and ending ble C Name of organization reschange Wylie Bulldogs Education Foundation Wumber and street (or P.O. box, if mail is not delivered to street address) Room/s 6249 Buffalo Gap Road Abilene, TX 79606-4901 number and street (or P.O. box, if mail is not delivered to street address) Room/s diverse or province, country, and ZIP or foreign postal code Abilene, TX 79606-4901 nting Method: X Cash Accrual Other (specify) te: www.wyliebulldogreeducationfoundation.com 4947(a)(1) or es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 0ther n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Fund Balances (see the Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received</th>	Information about Form 990-EZ and its instructions is at www.irs.gov e 2013 calendar year, or tax year beginning and ending instruction and ending ble C Name of organization reschange Wylie Bulldogs Education Foundation Wumber and street (or P.O. box, if mail is not delivered to street address) Room/s 6249 Buffalo Gap Road Abilene, TX 79606-4901 number and street (or P.O. box, if mail is not delivered to street address) Room/s diverse or province, country, and ZIP or foreign postal code Abilene, TX 79606-4901 nting Method: X Cash Accrual Other (specify) te: www.wyliebulldogreeducationfoundation.com 4947(a)(1) or es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 0ther n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Fund Balances (see the Check if the organization used Schedule 0 to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received
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11 12 12 12 13 13 14 15 15 16 16 17 17 17 17 17 12 12 12 12 12 12 12 12 12 12 12 12 12	* *	90. Employer identifit 80 - 0594 Telephone numbe (325) 6 Group Exemption Number Check $[-]$ Check $[-]$ (Form 990, 990-E (Form 990, 90-E (Form 990, 90-E (Form 990, 90-E (Form 90)(Form
16,000. 16,680. 27,716. 88,822. 293,253. 0.	5, 7, 7,	$n990.$ InspectionD Employer identification number $80 - 0594530$ $80 - 0594530$ $80 - 0594530$ 102530 F Gloup EvemptionF Group ExemptionNumber \rightarrow H Check \rightarrow In the organization is not required to attach Schedule B(Form 990, 990-EZ, or 990-PF).II, $11, 101, 228.$

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

Net assets or fund balances at end of year. Combine lines 18 through 20

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