Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	the 2	021 calendar y	ear, or tax year beginn	ning	08-	01 ,	2021, an	nd ending		07	-31 , 20	22	
В	Check	if app	licable:	C Name of organization Fr	isco Education	Foundation					D Emplo	oyer identificati	ion number	
	Addres	ss cha	inge	Doing business as								31-1689	773	
	Name	chang	ge	Number and street (or P.C). box if mail is not delivered to	street address)		ı	Room/suite		E Teleph	one number		
	Initial r	return		PO Box 567								(469) 63	3-6860	
	Final r	eturn/t	terminated	City or town, state or prov	ince, country, and ZIP or foreig	gn postal code				G Gross receipts				
	Amend	ded re	turn	Frisco, TX 750	34						\$	1	1,147,545	
	Applica	ation p	pending	F Name and address of prir	ncipal officer: Renee Sai	mple			H(a) Is this a gr	oup return fo	or subordinates?	Yes X No	
			•	Same as C above		-			H(b) Are all su	ubordinate	s included?	Yes No	
<u> </u>	Tax-ex	kempt	status: X 501			947(a)(1) or	527			If "No," a	ttach a list	t. See instruction	ns	
J	Websi	ite:		riscoeducationf					H(c) Group ex				
ĸ	Form o	of oras	anization: X Corp		ociation Other		L Year o	of formation	1999	<u> </u>			TX	
	art I		Summary			L				1				
	T 1	1 B	Briefly describe t	the organization's mission	on or most significant ac	ctivities: To	provi	ide sc	holarsh	ips t	o gra	duating	high	
			•	dents in the Fri	<u>-</u>							o suppoi		
Activities & Governance		_		programs and e										
naı		=		<u> </u>				<u> </u>						
Ver	2	2 0	Check this box	▶ ☐ if the organization	discontinued its operati	ions or disposed o	of more	than 25	% of its ne	t assets.				
တိ	3			g members of the govern	·	•					3		18	
مخ س			_	endent voting members							4		18	
ties				ndividuals employed in	0 0 ,	,					5		0	
ξį	6			volunteers (estimate if n	,						6		200	
Ă	- 1			usiness revenue from F	*/						7a		0	
	'			siness taxable income f	, , , , , , ,						7b		0	
		D 1	ect difficiated bu	SITESS LAXABLE ITTOTTIC I	101111 01111 000-1, 1 ait 1,					ior Year	1 70	Curro	ent Year	
Revenue	ء ا	3 C	ontributions and	d grants (Part VIII, line ′	lh)						,619	Curre	959,862	
	1			revenue (Part VIII, line						042	, 619			
	10		· ·	ne (Part VIII, column (A	0,					176	077		107.603	
	'										,077		187,683	
œ	11			Part VIII, column (A), line							,190	-	1 1 4 7 5 4 5	
	-			add lines 8 through 11 (n					+	1,031		_	1,147,545	
	13			ar amounts paid (Part I)						789	,996		794,954	
	14			or for members (Part IX,									0	
es	15			ompensation, employee	,	` '	•						0	
Expenses	1			draising fees (Part IX, co									0	
ğ	. ا		_	expenses (Part IX, colu				<u>,522</u>						
Ш			•	(Part IX, column (A), lin							,109		152,894	
	18			Add lines 13-17 (must e							,105		947,848	
	19	9 1	kevenue iess ex	penses. Subtract line 1	8 from line 12		• • • •				,781		199,697	
sor	وَ ا			4 X (Fr. 40)						g of Curre			of Year	
sset	20 galar		otal assets (Par	,						4,925		4	4,688,334	
Net Assets or	필 2'		otal liabilities (P								,754		222,338	
	∄ 22 art II			nd balances. Subtract li	ne 21 from line 20 .			<u> </u>		4,690	,199	4	4,465,996	
			Signature	that I have examined this return	including accompanying ach	adulas and statement	o and to t	the best of	my knowlodge	and haliat	f it io			
				tion of preparer (other than office					my knowledge	and belief	, 11 15			
				_										
Sig	ın		Renee S Signature of c								Date	•		
			Ü								Dati	е		
He	re			Sample, Presider name and title	nt									
			· · · ·		Dranavala signatura		Data					DTIN		
D-	ا م:		Print/Type preparer		Preparer's signature		Date		_	Check	_ "	PTIN		
Pa			R Wayne Na				10-2	22-202		self-emp	loyed	P00737	<u> 1371 </u>	
	epar		Firm's name	nascis c	PA Services, PC					EIN P				
US	e Oı	шу	Firm's address		ckard Drive, Su	ite 404			Phone	no.				
				Frisco T								464-1226		
May	the I	IRS c	discuss this retu	rn with the preparer sho	wn above? See instruc	tions						🛛 Y	′es ∐ No	

Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		X
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		A
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2021) Frisco Education Foundation
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
23a		250		
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	oou		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30		26		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Enter the amount of reserves on hand С 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . 16 16 Х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. Form 990 (2021)

Part VI

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Diddle one in the book of the	40-	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
4.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	425		
2a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	х	
·	describe in Schedule O how this was done	12c	v	
3	Did the organization have a written whistleblower policy?	13	x x	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by	17	^	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Openingtion (460) 622 6060 DO Don E67 Things TV 75024			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				((C)					
(A)	(B)			sition			(D)	(E)	(F)	
Name and title	Average	,				nan one s both ai	า	Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)						compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	Ind or o	Ins	Office	Ke	Hig em	For	1099-MISC/	1099-MISC/	organization and
	related	ividu direc	titutio	cer	em/	hest	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	ecom				
	below	ıstee	ruste		й	pens				
	dotted line)		ĕ			Highest compensated employee				
						_				
(1) Jody McCaghren	3.00									
Board Member		Х						0	0	0
(2) Dr Erin Reynolds	3.00									
Secretary		Х						0	0	0
(3) Mark_Hill	<u>3 .</u> 00									
Board Member		Х						0	0	0
(4) DeAdrian Maddox	<u>3.00</u>									
Board Member		Х						0	0	0
(5) Michael Simmons	<u>3 .</u> 00									
President Elect		Х						0	0	0
(6) Hank_Williams	<u>3.00</u>									
Board Member		Х						0	0	0
(7) Sadaf Hag	<u>3.00</u>									
Board Member		Х						0	0	0
(8) David Turner	3.00									
Asst Treasurer		Х						0	0	0
(9) Thara Varanasi	3.00									
Board Member		Х						0	0	0
(10)Steve_Elk	<u>3.00</u>									
Board Member		Х						0	0	0
(11)James Collins	<u>3.00</u>									
Board Member		X						0	0	0
(12)Peter Burns	<u>3.00</u>									
Board Member		Х						0	0	0
(13)Blake Haydon	<u>3.00</u>									
Board Member		Х						0	0	0
(14)Wendy Gunderson	<u>3.00</u>									
Board Member		Х						0	0	0
F.F.A.										Form 990 (2021)

Part VII	Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and	Hig	hes	t Com	pens	sated Employees	(continued)			
					((C)								
	(A)	(B)	ļ ,.			sition			(D)	(E)	,		(F)	
	Name and title	Average	,				han one s both ar	1	Reportable	Reporta		Estim	ated am	ount
		hours	1				/trustee)		compensation	compens			of other	
		per week							from the	from rela			npensat rom the	ion
		(list any	or In	ını	JO	<u>~</u>	en Hi	Fo	organization (W-2/ 1099-MISC/	organizatior 1099-Mi	,		nization	and
		hours for related	dire	stitut	Officer	y er	ghes	Former	1099-NEC)	1099-NE	EC)	-	d organiz	
		organizations	ctor	iona		Key employee	t co	_						
		below	Individual trustee or director	nstitutional trustee		yee	mpe							
		dotted line)	ď	stee			Highest compensated employee							
							ğ							
(15)Renee S	ample	3.00												
President			x		х				0		0			0
(16)Sunitha	Cheruvu	3.00												
Past Presi			х		х				0		0			0
(17)Whitney	Brandon Faulkner	3.00												
Boared Men			х		х				0		0			0
(18) <u>Megan</u> N	guyen-Trinh	3.00												
Treasurer			Х		Х				0		0			0
<u>(19)</u>														
(20)														
(20)														
(21)														
(21)														
(22)														
Σ=/														
(23)														
·														
(24)														
<u>(25)</u>														
1b Subto	tal	• • • • • •		٠.	٠.	٠.		٠ 🕨						
c Total f	rom continuation sheets to Part VII, Sect	ion A .			٠.			. •						
d Total (add lines 1b and 1c)							٠ 🕨	0		0			0
	umber of individuals (including but not limite	ed to those lis	ted ab	ove)	who	o rec	eived	more	e than \$100,000 of					
reporta	able compensation from the organization	<u> </u>												0
• B:1#													Yes	No
	e organization list any former officer, directo			-		-								
	yee on line 1a? If "Yes," complete Schedule											3		Х
	y individual listed on line 1a, is the sum of re	•	•											
•	zation and related organizations greater than				mpi	ete S	Scheau	ile J	for such					
	ual · · · · · · · · · · · · · · · · · · ·				• •	• •		• •				4		Х
	y person listed on line 1a receive or accrue			-			_							
	vices rendered to the organization? If "Yes," Independent Contractors	complete So	chedule	e J fo	or su	ich p	erson			<u></u>	<u> </u>	5		Х
	ete this table for your five highest compensa	atod indonon	dont co	ontro	ctor	c the	nt rocci	ivod	more than \$100 00)0 of				
	ete this table for your live highest compensa- ensation from the organization. Report comp										y vear			
Сотро	(A)	Clisation for	uic cai	Cride	ai ye	ai c	nung (VVICII	(B)	ization 5 ta	A year.	(C)		
	Name and business addres	ss							Description of service	es		Compens	ation	
	and business duries									=		poi/10		
2 Total n	umber of independent contractors (including	g but not limit	ed to t	hose	liste	ed a	bove) v	who						
receive	ed more than \$100,000 of compensation fro	m the organiz	zation	•	>									

Frisco Education Foundation
Statement of Revenue 31-1689773

		Check if Schedule O contains a respons	se or no	te to any line in this	Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a b	Federated campaigns	1a 1b					Sections 512–514
ts, Gra Amour	d	Related organizations	1d 1e					
ons, Git Similar	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1f	050.062				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1g	959,862 \$				
	h	Total. Add lines 1a-1f			959,862			
				Business Code				
Program Service Revenue	2a b							
Se								
am								
og R	е							
4	1	All other program service revenue						
	g	Total. Add lines 2a-2f						
		Investment income (including dividends, in other similar amounts)		▶	187,683			187,683
	l	Royalties	•					
		(i) Re		(ii) Personal				
	62	Gross rents 6a	aı	(II) Fersonal				
		Less: rental expenses 6b						
	l	Rental income or (loss) 6c						
	1							
		` ′ []						
	7a	Gross amount from (i) Securion sales of assets	ties	(ii) Other				
		other than inventory 7a						
	1	Less: cost or other basis						
Ð	l	and sales expenses 7b						
evenue		Gain or (loss) 7c						
e Ke	1	Net gain or (loss)		<u> </u>				
Other R		Gross income from fundraising	Ė	· · · · · ·				
粪	1	events (not including \$						
J	1	of contributions reported on line	-					
		1c). See Part IV, line 18	. 8a					
	h	Less: direct expenses						
	1	Net income or (loss) from fundraising even		<u></u> ▶				
	1	Gross income from gaming	<u> </u>					
	1	activities, See Part IV, line 19	. 9a					
		Less: direct expenses						
		Net income or (loss) from gaming activities		<u></u> ▶				
		Gross sales of inventory, less						
	IVa	returns and allowances	10a					
		Less: cost of goods sold						
		Net income or (loss) from sales of inventor		<u></u> ▶				
	١Ť		, -	Business Code				
S	11a			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Miscellanous Revenue								
ella ven	c							
isc. Re		All other revenue						
Σ	1	Total. Add lines 11a-11d		 ▶				
		Total revenue. See instructions			1,147,545	0	0	187,683

21) Frisco Education Foundation Statement of Functional Expenses Part IX

 $\underline{ \ \, Section\ 501(c)(3)\ and\ 501(c)(4)\ organizations\ must\ complete\ all\ columns.\ All\ other\ organizations\ must\ complete\ column\ (A).}$

	Check it Schedule O contains a response of note to all	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	704 054	704 054		
3	Grants and other assistance to foreign	794,954	794,954		
3	9				
	organizations, foreign governments, and				
4	foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4					
5	Compensation of current officers, directors,				
6	trustees, and key employees				
6					
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7	š –				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions) Other employee benefits				
9	· · · · ·				
10	Payroll taxes				
11	Fees for services (nonemployees): Management				
a	Legal				
b	~ ~ F	0.150		0.150	
C	Accounting	8,150		8,150	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 := :			
23	Insurance	2,476		2,476	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Event Expenses	2,771	2,771		
b	Psyroll Reimbursement	53,210		53,210	
C	Admin Expenses	11,110		11,110	
d	Scholarship Night	37,522			37,522
е	All other expenses	37,655	9,017	28,638	
25	Total functional expenses. Add lines 1 through 24e	947,848	806,742	103,584	37,522
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

31-1689773

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	217,523	1	80,531
	2	Savings and temporary cash investments	603,682	2	763,000
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,000	4	3,750
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
v	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	4,102,748	11	3,841,053
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,925,953	16	4,688,334
	17	Accounts payable and accrued expenses	12,808	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab.		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	222,946		222,338
	26	Total liabilities. Add lines 17 through 25	235,754	26	222,338
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	1,062,250	27	964,493
Ва	28	Net assets with donor restrictions	3,627,949	28	3,501,503
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	4,690,199	32	4,465,996
	33	Total liabilities and net assets/fund balances	4,925,953	33	4,688,334
EEA					Form 990 (2021)

Form	990 (2021) Frisco Education Foundation	31-168977	3	Pá	age 1
	rt XI Reconciliation of Net Assets	31 1003			- 3
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)			147,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		947,	848
3	Revenue less expenses. Subtract line 2 from line 1	. 3		199,	697
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	4,	690,	199
5	Net unrealized gains (losses) on investments	. 5		447,	791
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		23,	891
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	4,	465,	996
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis				
c	If "Yes" to line 2a or 2h, does the organization have a committee that assumes responsibility for oversight of				

3a

the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

Single Audit Act and OMB Circular A-133?

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-F7

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

ation. Inspection
Employer identification number

31-1689773 Frisco Education Foundation 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 12, check only one box.) 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.) 11 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 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а 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, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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 II, 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 (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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	(-) 004 7	(h) 0040	(-) 0040	(-1) 0000	(-) 0004	(5) T-4-1
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
9	similar sources						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or	•	,				0(3)
	organization, check this box and stop her	-			-		, ,
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	, column (f), di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2020 Sch	edule A, Part I	l, line 14			15	%
16a	33 1/3% support test - 2021. If the organi	zation did not	check the box	on line 13, and	line 14 is 33 1.	/3% or more, c	heck this
	box and stop here. The organization qual	ifies as a publi	cly supported o	organization .			▶ 🔲
b	33 1/3% support test - 2020. If the organi	zation did not	check a box on	ı line 13 or 16a	, and line 15 is	33 1/3% or mo	ore, check
	this box and stop here . The organization	qualifies as a p	oublicly support	ed organizatio	n		▶ 🔲
17a	10%-facts-and-circumstances test - 202	_					
	10% or more, and if the organization meet					•	
	Part VI how the organization meets the fac-			-	-		
	organization						_
b	10%-facts-and-circumstances test - 202	_					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the	facts-and-circ	umstances test	. The organiza	tion qualifies a	s a publicly suր	oported
	organization						_
18	Private foundation. If the organization did						_
	instructions	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u> ▶ 📋

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

(Complete only if you checked the box on line 10 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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,094,990	981,258	998,101	842,619	1,043,553	4,960,521
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	55,564	40,778	34,069	18,164		148,575
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	Total. Add lines 1 through 5	1,150,554	1,022,036	1,032,170	860,783	1,043,553	5,109,096
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						5,109,096
	on B. Total Support			1 () 2040		1	(n = 1)
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1,150,554	1,022,036	1,032,170	860,783	1,043,553	5,109,096
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources	101,881	143,754	85,466	55,706	107,292	494,099
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	101 001	142 754	05 466	FF 70 <i>C</i>	107.000	404 000
11	Net income from unrelated business	101,881	143,754	85,466	55,706	107,292	494,099
•••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
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,			1			
	• • • • • • • • • • • • • • • • • • • •	1 252 435	1,165,790	1 117 636	916 489	1,150,845	5,603,195
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her	•		·	•	` ,	` ′ —
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (line 8	3, column (f), d	ivided by line 1	3, column (f))		15	91.18 %
16	Public support percentage from 2020 Sch	edule A, Part I	II, line 15			16	91.67 %
Secti	on D. Computation of Investment In	come Perce	ntage			•	
17	Investment income percentage for 2021 (I	line 10c, colum	n (f), divided by	y line 13, colum	nn (f))	17	9.00 %
18	Investment income percentage from 2020	Schedule A, F	Part III, line 17			18	8.00 %
19a	33 1/3% support tests - 2021. If the orga					re than 33 1/39	
	17 is not more than 33 1/3%, check this be	ox and stop h e	ere. The organi	ization qualifies	as a publicly	supported orga	nization 🕨 🛚
b	33 1/3% support tests - 2020. If the organization	=					_
	line 18 is not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	olicly supported o	rganization	▶ 🗌
20	Private foundation. If the organization di	d not check a b	oox on line 14,	19a, or 19b, ch	eck this box a	nd see instructi	ons 🕨 🗌

Yes No

31-1689773

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.
 - Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% 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 on 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.
 - Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- 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.)

		res	NO
	1		
	2		
•	3a		
ł			
3)	3b		
,	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
edu	le A (Fo	orm 990	0) 2021

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31-1689773

Part	Supporting Organizations (continued)			
			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 lines 11b and			
		11a		
b	· · · · · · · · · · · · · · · · · · ·	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
		11c		
Section	on B. Type I Supporting Organizations		1	
	F	\Box	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
Section	on C. Type II Supporting Organizations			
	_		Yes	No
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		
Section	on D. All Type III Supporting Organizations			
	F	\Box	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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 line 2, above, 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		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstru	iction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)). !	V	N1 -
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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	0,		
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ı.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	an '		

Schedul	e A (Form 990) 2021 Frisco Education Foundation		31-16897	73	Page 6
Part	7 7 7 7 7 7 7 7 7 7				
1	Check here if the organization satisfied the Integral Part Test as a qualifying				
	instructions. All other Type III non-functionally integrated supporting organize	zatio	ns must complete Sections	A through I	Ξ.
Socti	on A - Adjusted Net Income		(A) Prior Year	(B) Currer	nt Year
Secu	on A - Adjusted Net Income		(A) FIIOI Teal	(option	nal)
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			
Socti	on B - Minimum Asset Amount		(A) Prior Year	(B) Currer	nt Year
Secu	on B - Millimain Asset Amount		(A) FIIOI Teal	(option	nal)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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				

Schedule A (Form 990) 2021 EEA

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

(see instructions).

7

Part	v Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	<u>/</u>				
Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish ex	1						
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi		3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.	the evenimetica is used		7				
8	Distributions to attentive supported organizations to which	the organization is resp						
9	(provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6			8 9				
	Line 8 amount divided by line 9 amount			0				
10	Line 8 amount divided by line 9 amount		(ii)	-	(iii)			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2021	•	Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021							
	(reasonable cause required - explain in Part VI). See							
	instructions.			4				
3	Excess distributions carryover, if any, to 2021							
<u>a</u>	From 2016			4				
b	From 2017							
C	From 2018			_				
d	From 2019							
e f	Total of lines 3a through 3e			+				
<u>'</u>	Applied to underdistributions of prior years			+				
	Applied to 2021 distributable amount							
- :-	Carryover from 2016 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years			Т				
	Applied to 2021 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							
6	Excess from 2021							

EEA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 8

Part VII Supplemental Information. Provide the explanations required by Part II. line 10: Part II. line 17a or 17b: Part

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Employer identification number

Open to Public Inspection

31-1689773 Frisco Education Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	till Organizations Maintaining (collections of A	art, Historicai i	reasures, or	Other Similar Ass	sets (co	ntinuea)			
3	Using the organization's acquisition, accessio	n, and other records	, check any of the fol	lowing that make s	significant use of its					
	collection items (check all that apply):									
а	☐ Public exhibition d ☐ Loan or exchange programs									
b										
С										
4										
	XIII.									
5	During the year, did the organization solicit or	receive donations of	f art, historical treasu	res, or other simila	nr					
	assets to be sold to raise funds rather than to					Yes	□No			
Par	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions of	or other assets not						
	included on Form 990, Part X?					Yes	☐ No			
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
					Amo	unt				
С	Beginning balance			[1c					
d	Additions during the year			[1d					
е	Distributions during the year			<u> </u>	1e					
f	Ending balance			_	1f					
2a	Did the organization include an amount on Fo			<u> </u>	ility?	Yes	No			
b	If "Yes," explain the arrangement in Part XIII.				•	_	П			
Par										
	Complete if the organization a	nswered "Yes"	on Form 990. Pa	art IV. line 10.						
	- 1	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(a) Four	ears back			
1a	Beginning of year balance	2,480,330	2,428,305	2,346,020			05,074			
b	Contributions						•			
	Net investment earnings, gains, and	53,340	52,025	82,285	75,925	+	65,194			
С		00 050	00 000	07.00	00 400		F.4. 000			
	losses	99,350	92,900	97,200						
d	Grants or scholarships	99,350	92,900	97,200	80,400	 	54,800			
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	2,533,670	2,480,330	2,428,305	2,346,020	2,2	70,268			
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))	held as:						
а	Board designated or quasi-endowment	<u> </u>	_%							
b	Permanent endowment 100.0	<u>0_</u> %								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held and	administered for t	he	_				
	organization by:						Yes No			
	(i) Unrelated organizations					3a(i)	х			
	(ii) Related organizations					3a(ii)	х			
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?			3b				
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.				•			
Par										
	Complete if the organization a		on Form 990, Pa	art IV, line 11a	See Form 990, P	art X, lir	ne 10.			
	Description of property	(a) Cost or other			(c) Accumulated	(d) Book				
	, 6156519	(investme	' '	other)	depreciation	(.,				
1a	Land									
b	Buildings									
	Leasehold improvements									
ر م	·	•								
d	Equipment	•								
e Total	Other		column (P) line 10a	1						
OTAL	Add intes la infolion le (Collimb (d) MUST edit	arronn 990 PartX	commin (B) line 100							

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives	•	
(2) Closely-he	eld equity interests	•	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	
Part VIII	Investments - Program Related.	Tarres OOO Dart IV lin	a 11 a Cara Farma 000 Dart V line 12
	Complete if the organization answered "Yes" on F	orm 990, Part IV, IIn	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		······ •
Part X	Complete if the organization answered "Yes" on F	Form 000 Dort IV lin	a 11a or 11f Saa Form 000 Port V
	line 25.		e He of Hi. See Follil 990, Falt X,
1.	(a) Description of liability (b) Be	ook value	
(1) Federal i	income taxes		
_(2\schola:	rship Liabilities	222,338	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) • 🕨	222,338	
2 Liability for	uncertain tax positions. In Part XIII, provide the text of the footpote	to the organization's finan	ocial statements that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

EEA Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

Frisco Education Foundation					31-168	9773		
Part I Fundraising Activities.	-	_		ered "Yes" on F	orm 990, Part IV, li	ine 17.		
Form 990-EZ filers are not a lindicate whether the organization raise				os Chock all that an	nly			
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants 								
b Internet and email solicitations								
c Phone solicitations		g	=	ndraising events				
d In-person solicitations		-		Ū				
2a Did the organization have a written or	r oral agreement v	vith any individ	lual (includin	g officers, directors,	trustees,			
or key employees listed in Form 990,	Part VII) or entity	in connection	with professi	onal fundraising serv	vices?	Yes No		
b If "Yes," list the 10 highest paid indivi-	duals or entities (f	undraisers) pu	ırsuant to agı	reements under which	h the fundraiser is to be			
compensated at least \$5,000 by the	organization.							
	1							
(i) Name and address of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to		
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization		
		Yes	No		col. (i)			
1		1.00		1				
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3 List all states in which the organization				ions or has been noti	ified it is exempt from			
registration or licensing.	Ū				•			

31-1689773

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or						or reported more		
		than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with						
		gross receipts greater than		g	, , , , , , , , , , , , , , , , , , , ,			
		groot reserve groater trian	(a) Event #1	(b) Event #2	(c) Other events	, n = , ,		
			(a) Event#1	(b) Event#2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
a)			((======================================	(
Revenue		Crass ressints						
eve	1	Gross receipts						
œ	_	Lance Cambridge diama						
	2	Less: Contributions						
	3	Gross income (line 1 minus						
_		line 2)						
		Cook writer						
	4	Cash prizes						
	_	No. and and a						
	5	Noncash prizes						
	_	D 46 1114						
ses	6	Rent/facility costs						
pen	_	E. d. and b. and and a						
Direct Expenses	7	Food and beverages						
ect								
⋳	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add line						
D	11	Net income summary. Subtract line						
Pa	art III	Gaming. Complete if the or	-	res" on Form 990, Part I	v, line 19, or reported m	ore than		
		\$15,000 on Form 990-EZ, li	ne oa.	1				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue		-		biligo/progressive biligo		ooi. (a) through con (c)		
Re		C						
	1	Gross revenue						
	_	Cook prizes						
SS	2	Cash prizes						
sesued								
	3	Noncash prizes						
ы Ш	_							
Direct E)	4	Rent/facility costs						
_	_							
	5	Other direct expenses						
	_	William to a series	☐ Yes %		Yes %			
	6	Volunteer labor	∐ No	│	│			
	_	Division of the second of the	. 0.45		<u>.</u>			
	7	Direct expense summary. Add line	s 2 through 5 in column (d)				
				(D	_			
	8	Net gaming income summary. Sub	otract line / from line 1, coll	umn (a)				
	_			***				
ç		nter the state(s) in which the organiza						
		the organization licensed to conduct				· · · · L Yes L No		
	b If"	'No," explain:						
_						<u> </u>		
10		ere any of the organization's gaming	licenses revoked, suspen	ded, or terminated during th	e tax year?	· · · · Yes No		
	b If "	'Yes," explain:						
	_							

EEA Schedule G (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

31-1689773 Frisco Education Foundation 01. Form 990 governing body review (Part VI, line 11) Form 990 reviewed by the Director and Board Treasurer. 02. Conflict of interest policy compliance (Part VI, line 12c) All board members are required to disclose conflicts of interest each year and abstain from voting in such instances where a conflict exists. 03. Governing documents, etc, available to public (Part VI, line 19) Information is provided upon request. There may be an administrative fee for copies.