# Form **990**

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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.

OMB No. 1545-0047

Open to Public Inspection

For the 2024 calendar year, or tax year beginning 2024, and ending 07-31 , 20 25 В Check if applicable: C Name of organization Frisco Education Foundation D Employer identification number Address change Doing business as 31-1689773 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return (469) 633-6860 PO Box 567 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Gross receipts Amended return Frisco, TX 75034 .605.325 Application pending Name and address of principal officer: H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: www.friscoeducationfoundation.org Website: H(c) Group exemption number X Corporation ☐ Trust ☐ Association Form of organization: L Year of formation: 1999 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: To provide scholarships to graduating high school students in the Frisco Independent School District. The Foundation also supports Activities & Governance educational programs and educators in the District through Grants for Great Ideas. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 1 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 944,781 1,068,598 Revenue Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 184,056 221,473 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 149,079 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,128,837 1,439,150 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 779,729 911,293 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 71,288 Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 224,464 199,204 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 978,933 1,207,045 19 Revenue less expenses. Subtract line 18 from line 12 149,904 232,105 Net Assets or und Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 5,301,506 5,731,031 21 Total liabilities (Part X, line 26) 220,650 242,012 22 Net assets or fund balances. Subtract line 21 from line 20 5,080,856 5,489,019 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Peter Burns Sign Signature of officer Date Here Peter Burns, President Elect Type or print name and title Preparer's name Preparer's signature Paid R Wayne Nabors CPA 10-16-2025 self-employed P00737371 **Preparer** Firm's name Nabors CPA Services, PC Firm's EIN Use Only Firm's address 8765 Stockard Drive, Suite 404 Phone no 972-464-1226 Frisco TX 75034 X Yes May the IRS discuss this return with the preparer shown above? See instructions Nο

			res	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ، ا		
٥	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		Х
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	.,	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Х	
••	VII, VIII, IX, or X, as applicable.			
а				
-	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			Λ
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	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				
	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			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
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			
	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b oa	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

4) Frisco Education Foundation Checklist of Required Schedules (continued) Part IV

			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	$ldsymbol{f eta}$
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		X
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		
С	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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 of 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			
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
•	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV "Yes," complete Schedule L, Part IV"	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
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? <i>If "Yes,"</i>			
	complete Schedule N, Part II	32		x
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	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	20		
Por	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	Ь
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Onesk ii Ochedule O contains a response of note to any illie iii tills Fait V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
	1 09 (9			

Page 5 Frisco Education Foundation 31-1689773 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ...... Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? х If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c Х d If "Yes," indicate the number of Forms 8282 filed during the year .......... Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X е 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? х Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . . . х а Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Х 10 Section 501(c)(7) organizations. Enter: 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ...... 10b b 11 Section 501(c)(12) organizations. Enter: 11a а Gross income from other sources. (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ....... b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b С 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b h 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? Х If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . . 16 Х If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17

If "Yes," complete Form 6069.

Part VI

4) Frisco Education Foundation 31-1689773 Pag Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 

Se	ction A. Governing Body and Management			i
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	_		
	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 on line 1a, above, who are independent 1b 17	4		
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, 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.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	х	
4	Did the organization have a written document retention and destruction policy?	14	х	
5	Did the process for determining compensation of the following persons include a review and approval by			
	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		х
	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			
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 Organization (460)622 6960 DO Box 567 Emisso 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 the 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, box 6 of 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 the instructions for the order in which to list the persons above.

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

and services and sex in richards and organization for any relate						,		,,		
				(	(C)					
(A)	(B)	(B) Position					(D)	(E)	(F)	
Name and title	Average	,				nan one s both ar	n	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or o	Ins	Officer	Ke	Hig em	Former	1099-MISC/	1099-MISC/	organization and
	related	ividu	titutic	cer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	com				
	below	ıstee	truste		Эе	pens				
	dotted line)		Эe			Highest compensated employee				
(1) Peter Burns	3.00									
President Elect		Х						0	0	0
_(2)Thor_Anderson	3 .00									
Board Member		Х						0	0	0
_(3)Jody_Daley	3 .00									
Board Member		Х						0	0	0
(4)Genisha Handy	3.00									
Board Member		Х						0	0	0
_(5)David_Turner	3.00									
Asst Treasurer		Х			Х			0	0	0
_(6)Lori_McCaghren	3.00									
Board Member		Х						0	0	0
_(7)Dustin_Paschal	3.00									
Board Member		Х						0	0	0
_(8)Dawn_Richardson	3.00									
Board Member		Х						0	0	0
_(9)Lindsay Teague	3.00									
Board Member		Х						0	0	0
(10)Sree_Majji	3.00									
Board Member		Х						0	0	0
(11) Hannon McKemie	3.00									
Board Member		Х						0	0	0
(12)Markques_McKniqht	3.00									
Board Member		Х						0	0	0
(13)Megan Stevens	3.00									
Board Member		Х						0	0	0
(14)Christin_Timmons	3 .00									
Board Member		X						0	0	0
EEA										Form <b>990</b> (2024)

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Part VII Section A. Officers, Directors, I	rustees, r	vey c	:mk	JIOS	yee	s, an	u r	rignest Comp	ensaleu	Empi	yees	(conti	nued)
				(	(C)								
(A)	(B)				sition			(D)	(E)			(F)	
Name and title	Average	,				han one s both ar	1	Reportable	Reporta		Estim	ated amo	ount
	hours					r/trustee)		compensation	compensa	ation		of other	
	per week							from the	from rela			npensation	on
	(list any	악	'n	Q	Σ	g 표	F	organization (W-2/ 1099-MISC/	organization 1099-MI	,		rom ine nization a	and
	hours for related	divid	stitut	Officer	Key employee	ghes	Former	1099-NEC)	1099-NE		-	d organiz	
	organizations	ual t ctor	iona	ľ	nplo	st co yee							
	below	Individual trustee or director	Institutional trustee		yee	mpe							
	dotted line)	ď	tee			Highest compensated employee							
						&							
(15)Megan_Nguyen-Trinh	3.00												
Treasurer		x		х				0		0			0
(16)Michael Elman	3.00												
Secretary		х		х				0		0			0
(17)Michael Simmons	3.00												
President		х		х				0		0			0
(18)													
(40)													
(19)													
(20)													
<u>(20)</u>													
<u>(21)</u>													
(22)	L												
(23)													
(24)													
(24)													
(25)													
22													
1b Subtotal													
c Total from continuation sheets to Part VII, Secti	ion A .												
d Total (add lines 1b and 1c)								0		0			0
2 Total number of individuals (including but no		those	e list	ted	abo	ve) w	ho ı	received more th	an \$100,0	000 of			
reportable compensation from the organiza	tion												0
												Yes	No
3 Did the organization list any <b>former</b> officer, director	•		yee,	or hi	ghes	st com	pens	sated					
employee on line 1a? If "Yes," complete Schedule J				٠.	• •		٠.				3		Х
4 For any individual listed on line 1a, is the sum of re													
organization and related organizations greater than individual			com	іріец	e Sc	neauie	JIC	or sucn					
5 Did any person listed on line 1a receive or accrue			• •	unro	· ·	d orga	· ·	tion or individual			4		Х
for services rendered to the organization? <i>If "Yes,"</i> (	•		•			•					5		х
Section B. Independent Contractors	Jonnprote Con	- Caulo	3 101	<del>ouo,</del>	, po.								
Complete this table for your five highest cor	mpensated	indep	end	dent	cor	ntracto	ors	that received mo	re than \$	100,000	) of		
compensation from the organization. Repor	t compens	ation 1	for th	he c	ale	ndar	yeaı	r ending with or v	vithin the	organiz	ation's	tax ye	ear.
(A)								(B)			(C)		
Name and business addres	s							Description of service	es		Compens	ation	
2 Total number of independent contractors (ir	ncluding but	t not li	imite	ed to	o the	ose lis	stec	d above) who					
received more than \$100,000 of compensa	tion from th	e org	aniz	atio	n								

Part VIII

		Check if Schedule C	contains a resp	ons	e or note to any I	ine in this Part V	III		[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns • Membership dues • • Fundraising events • Related organizations • Government grants (contr All other contributions, gift and similar amounts not in Noncash contributions inclines 1a-1f • • • • Total. Add lines 1a-1f	ributions) ts, grants, ncluded above	1a 1b 1c 1d 1e 1f	•	1,068,598			
Program Service Revenue		All other program service ro Total. Add lines 2a-2f							
Other Revenue	4 5 6a b c d 7a b c d 8a b c c 9a b c c 10a b	Investment income (includion other similar amounts) Income from investment of Royalties  Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  Oross income from fundrain events (not including \$_ of contributions reported or 1c). See Part IV, line 18  Less: direct expenses  Net income or (loss) from of Gross income from gaming activities. See Part IV, line  Less: direct expenses  Net income or (loss) from of Gross sales of inventory, lereturns and allowances  Less: cost of goods sold  Net income or (loss) from of goods sold  Net income or (loss) from of goods sold  Net income or (loss) from or goods sold	tax-exempt bond p  (i) Real  6a  6b  6c  (i) Securities  7a  7b  7c  sing  n line fundraising events  gaming activities  ess	8a 8b	(ii) Personal  (iii) Other  315,254 166,175	149,079			149,079
Miscellanous Revenue	11a b c d	All other revenue			Business Code				
		Total. Add lines 11a-11d  Total revenue. See instruc	tions			1 439 150	0	0	370.552

### 24) Frisco Education Foundation Statement of Functional Expenses Part IX

ection 501(c)(3) and 501(c)(4)	 la all a alconana All atha a a a s	 - l - t   / / / /

	Check if Schedule O contains a response or note to any line in this Part IX									
Do n	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)					
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	911,293	911,293							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and									
	foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	64,763		64,763						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	1,800		1,800						
9	Other employee benefits									
10	Payroll taxes	4,725		4,725						
11	Fees for services (nonemployees):									
а	Management									
b	Legal · · · · · · · · · · · · · · · · · · ·									
С	Accounting	20,000		20,000						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(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									
23	Insurance	2,630		2,630						
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.)									
а	Event Expenses	1,713	1,713							
b	Payroll Reimbursement	40,000		40,000						
С	Admin Expenses	57,927		14,102	43,825					
d	Scholarship Night	25,038			25,038					
е	All other expenses	77,156	28,976	48,180						
25	Total functional expenses. Add lines 1 through 24e	1,207,045	941,982	196,200	68,863					
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									
	following SOP 98-2 (ASC 958-720)									

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 567,918 223,433 2 2 749,552 960,530 3 Pledges and grants receivable, net ........... 3 Accounts receivable, net 4 26,044 4 21,165 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 7 Notes and loans receivable, net 7 8 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . . 10a 10b 10c b 11 Investments - publicly traded securities 11 3,957,992 4,525,903 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 5,301,506 5,731,031 17 17 1,071 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 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 220,650 240,941 26 **Total liabilities.** Add lines 17 through 25 220,650 242,012 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 1,240,668 27 1,368,519 28 Net assets with donor restrictions 28 3,840,188 4,120,500 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds . . . . . . . . . . . . . . . . . . . 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 32 32 5,080,856 5,489,019 33 33 5,301,506 5,731,031

Form	1990 (2024) Frisco Education Foundation	31-168977	3	Pa	age <b>1</b> 2
Pa	rt XI Reconciliation of Net Assets				
	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)	1	1,	439,	150
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	207,	045
3	Revenue less expenses. Subtract line 2 from line 1	3		232,	105
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	080,	856
5	Net unrealized gains (losses) on investments	5		137,	984
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		38,	074
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	5,	489,	019
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 Consolidated 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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ļ			

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2024) EEA

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

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a

3b

#### 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.

Attach to Form 990 or Form 990-F7

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.

on. Inspection
Employer identification number

Frisco Education Foundation 31-1689773 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). 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: 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). 6 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 university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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)**. 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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, 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 must generally 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 (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

Page 2 Schedule A (Form 990) 2024 Frisco Education Foundation 31-1689773 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 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 .... The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (d) 2023 **(b)** 2021 (c) 2022 (e) 2024 (f) Total 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ....... 9 Net income from unrelated business activities, whether or not the business is regularly carried on ...... 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) ..... 15 Public support percentage from 2023 Schedule A, Part II, line 14 ...... 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ................ b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ....... П 17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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

(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.)

	n A. Public Support						
Calenda	ar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> G	Sifts, grants, contributions, and membership fees						
re	eceived. (Do not include any "unusual grants.")	842,619	1,043,553	899,437	944,781	939,523	4,669,913
so fu	Gross receipts from admissions, merchandise old or services performed, or facilities urnished in any activity that is related to the organization's tax-exempt purpose	18,164		57,033		129,075	204,272
<b>3</b> G	Gross receipts from activities that are not an						
uı	nrelated trade or business under section 513						
-	ax revenues levied for the						
	organization's benefit and either paid						
	o or expended on its behalf						
	he value of services or facilities						
	urnished by a governmental unit to the						
	organization without charge						ļ
	<b>Total.</b> Add lines 1 through 5	860,783	1,043,553	956,470	944,781	1,068,598	4,874,185
	Amounts included on lines 1, 2, and 3						
	eceived from disqualified persons						
	amounts included on lines 2 and 3						
	eceived from other than disqualified						
	ersons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from	0	0	0	0	0	0
	ne 6.)						4,874,185
	n B. Total Support						4,874,183
	ar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6		1,043,553	956,470	944,781	1,068,598	4,874,185
	Gross income from interest, dividends,	000,705	1,043,333	330,470	344,701	1,000,330	1,071,103
	ayments received on securities loans, rents,						
	oyalties, and income from similar sources •	55,706	107,292	125,507	184,056	221,473	694,034
	Inrelated business taxable income (less			,		,	
	ection 511 taxes) from businesses						
а	cquired after June 30, 1975						
c A	Add lines 10a and 10b	55,706	107,292	125,507	184,056	221,473	694,034
<b>11</b> N	let income from unrelated business	•		,		,	
a	ctivities not included on line 10b, whether						
OI	r not the business is regularly carried on						
	Other income. Do not include gain or						
	oss from the sale of capital assets						
•	Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11,						
	and 12.)		1,150,845				5,568,219
	First 5 years. If the Form 990 is for the org				•	` ,	` '
	organization, check this box and stop here						
	C. Computation of Public Suppor			0 1 (0)		145	0/
	Public support percentage for 2024 (line 8		•			15 16	87.54 %
	Public support percentage from 2023 Sch			<u> </u>	<u> </u>	10	89.66 %
	a D. Computation of Investment In-		illau <del>c</del>				
	n D. Computation of Investment Inc			line 12 calum	o /f\\	17	0/
<b>17</b> Ir	nvestment income percentage for 2024 (li	ne 10c, columr	n (f), divided by			17	
17 Ir 18 Ir	nvestment income percentage for <b>2024</b> (li nvestment income percentage from <b>2023</b>	ne 10c, columr Schedule A, P	n (f), divided by art III, line 17			18	10 %
17 Ir 18 Ir 19a 3	nvestment income percentage for 2024 (li nvestment income percentage from 2023 i3 1/3% support tests - 2024. If the organ	ne 10c, columi Schedule A, P ization did not	n (f), divided by art III, line 17 check the box	on line 14, and	line 15 is more	18 e than 33 1/3%	
17 Ir 18 Ir 19a 3	nvestment income percentage for <b>2024</b> (linvestment income percentage from <b>2023 3 1/3% support tests - 2024.</b> If the organ 7 is not more than 33 1/3%, check this bo	ne 10c, columr Schedule A, P ization did not x and <b>stop he</b>	n (f), divided by art III, line 17 check the box <b>re.</b> The organiz	on line 14, and ration qualifies	line 15 is more as a publicly s	18 e than 33 1/3% upported organ	10 % , and line
17 lr 18 lr 19a 3 1 b 33	nvestment income percentage for 2024 (li nvestment income percentage from 2023 i3 1/3% support tests - 2024. If the organ	ne 10c, columr Schedule A, P ization did not x and <b>stop he</b> did not check a b	n (f), divided by art III, line 17 check the box re. The organiz oox on line 14 or li	on line 14, and ation qualifies ine 19a, and line	line 15 is more as a publicly s	18 e than 33 1/3% upported organ 3 1/3%, and	10 % , and line

Schedule A (Form 990) 2024 EEA

Vaa Na

31-1689773

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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.
  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).
  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- 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.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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.
- **c** 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- **b** 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**.
- **c** 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**.
- 10a 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 line 10b below.
  - **b** 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.)

		Yes	No
	1		
	2		
	3a		
d			
_,	3b		
3)	3с		
	4a		
	4b		
	4c		
	5a		
	-		
	5b 5c		
	6		
r			
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
nedu		orm 99	0) 2024

Part I	V Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
	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		
	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 <b>Part</b>			
	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		<b>V</b>	
			Yes	No
	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
	the supported organization(s). on D. All Type III Supporting Organizations	1		
Secuio	on b. All Type in Supporting Organizations		Yes	No
1	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth mouth of the		162	NO
	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		
	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? <i>If "No," explain in Part VI</i>			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations	-		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	:).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			,
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 <b>Part VI</b> how you supported a governmental entity (see instructions)			
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explai	in in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organize	zatio	ns must complete Section	ns A through E.
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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 <b>Part VI</b> ):			
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		
Sect	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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III support	ting organization
	(see instructions).	-		- <del>-</del>

Part	V Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continued	<i>1)</i>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in <b>Part V</b>	()	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	0 2 2 2		7	
8	Distributions to attentive supported organizations to which	the organization is resp			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	/!!!\
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	s	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024			- 1	
	(reasonable cause required - explain in Part VI). See			- 1	
	instructions.			_	
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021			_	
d	From 2022			_	
e	From 2023			_	
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2024 distributable amount				
<u>i</u> _	Carryover from 2019 not applied (see instructions)			$\dashv$	
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			$\dashv$	
4	Distributions for 2024 from				
	Section D, line 7: \$			_	
<u>a</u>	Applied to underdistributions of prior years			_	
	Applied to 2024 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			-	
5	Remaining underdistributions for years prior to 2024, if			- 1	
	any. Subtract lines 3g and 4a from line 2. For result			- 1	
_	greater than zero, <i>explain in Part VI</i> . See instructions.			-	
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
Q	and 4c.				
8	Breakdown of line 7:  Excess from 2020				
a					
b	Excess from 2021				
c d	Excess from 2022 Excess from 2023			$\dashv$	
	F ( 0004			$\dashv$	
е	Excess from 2024				

#### SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

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.

**Supplemental Financial Statements** 

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Frisco Education Foundation 31-1689773 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 Total number at end of year ....... 2 Aggregate value of contributions to (during year) . . . . 3 Aggregate value of grants from (during year) Aggregate value at end of 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 Preservation of a certified historic structure Protection of natural habitat 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 on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) ······ ∏ Yes (i) and section 170(h)(4)(B)(ii)? 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. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	rt III   Organizations Maintaining	Collections of A	Art, Historical T	reasures, or Otl	her Similar Ass	ets (continued)				
3	Using the organization's acquisition, accession	on, and other records,	check any of the foll	owing that make sign	ificant use of its					
	collection items (check all that apply).									
а	Public exhibition		d  Loan o	exchange program						
b	Scholarly research		e 🔲 Other							
C	Preservation for future generations		5 <u></u> 526.							
4	Provide a description of the organization's co	lloctions and ovalain l	how thoy further the	organization's avamnt	nurnoso in Part					
-	XIII.	nicotions and explain	now they lutther the t	organization a exempt	. purpose irri art					
-	During the year, did the organization solicit or									
5	<b>3</b> , ,		,	,		☐ Yes ☐ No				
Dar	assets to be sold to raise funds rather than to		rt of the organization	s collection?	<u> </u>	∐ Yes ∐ No				
Fai	Complete if the organization		on Form 000 D	art IV/ lina O ar r	capartad an ama	unt on Form				
		answered res	011 F01111 990, F	artiv, iiie 9, oi i	eported an amo	uni on Fom				
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi					п., п.,				
_	·					∐ Yes ☐ No				
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table.							
	c Beginning balance									
C .										
d	Additions during the year									
е	Distributions during the year									
f	Ending balance				-					
2a	Did the organization include an amount on Fo			· · · · · · · · · · · · · · · · · · ·						
b		Check here if the exp	lanation has been pr	ovided in Part XIII						
Par			F 000 B							
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 10.		1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back				
1a	Beginning of year balance	2,835,192	2,758,137	2,680,374	2,533,670	2,480,330				
b	Contributions		77,055	77,763	146,704	53,340				
С	Net investment earnings, gains,									
	and losses		123,500	114,950	108,600	99,350				
d	Grants or scholarships		123,500	114,950	108,600	99,350				
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance	2,835,192	2,835,192	2,758,137	2,680,374	2,533,670				
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))	held as:						
а	Board designated or quasi-endowment	%								
b	Permanent endowment%									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organizati	on that are held and	administered for the						
	organization by:					Yes No				
	(i) Unrelated organizations?					3a(i) X				
	(ii) Related organizations?					3a(ii) X				
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as require	ed on Schedule R?			3b				
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.							
Par	rt VI Land, Buildings, and Equip									
	Complete if the organization	answered "Yes"	on Form 990, P	art IV, line 11a. S	See Form 990, P	art X, line 10.				
	Description of property	(a) Cost or other	r basis (b) Cost o	r other basis (c)	Accumulated	(d) Book value				
		(investme	nt) (e	other) d	epreciation					
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X, li	ine 10c, column (B))							

	m 990) (Rev. 12-2024) Frisco Education Fo	undation		31	1-1689773	Page 3
Part VII	Investments - Other Securities  Complete if the organization answered "Y	∕es" on Forn	n 990, Part IV, l	line 11b. See For	m 990, Part X, li	ne 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c)	Method of valuation: end-of-year market value	
(1) Financial of				000101		
` '	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(1) (5 000 5 (1)(7) (0) (7))					
Part VIII	n (b) must equal Form 990, Part X, line 12, col. (B)) Investments - Program Related					
Fait VIII	Complete if the organization answered "Y	es" on Forn	n 990, Part IV,	line 11c. See For	m 990, Part X, li	ne 13.
	(a) Description of investment		(b) Book value		Method of valuation: end-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)	(h) must assual Form 000 Port V line 12 and (P))					
Part IX	n (b) must equal Form 990, Part X, line 13, col. (B)) Other Assets					
1 411 171	Complete if the organization answered "Y	∕es" on Forn	n 990. Part IV.	line 11d. See For	m 990. Part X. li	ne 15.
	(a) Descrip		,		(b) Book va	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(h) mark a mal 5 am 200 Bart V Fra 45 and (B))					
Part X	n (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities					
I all X	Complete if the organization answered "Y	es" on Forn	n 990 Part IV	line 11e or 11f Se	ee Form 990 Pa	art X
	line 25.	3111 311			20 1 01111 000, 1 0	,
1.	(a) Description of liability	(b) Book va	lue			
	ncome taxes	(2) 2001. 10				
(2)Scholar	rship Liabilities	2	40,941			
(3)			,			
(4)						
(5)						
(6)						
(7)						
(8)						
(0)						

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . 240,941 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

Part	·	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants		
_	Other (Describe in Part XIII.)	-	
d		<b>-</b>   -	
е	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
4			
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information		
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	rt X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form	990) (Rev. 12-2024)isco Education Foundation	31-1689773	Page 5
Part XIII	990) (Rev. 12-2@A)i.sco Education Foundation Supplemental Information (continued)		

#### SCHEDULE G (Form 990) (Rev. December 2024)

Department of the Treasury

Internal Revenue Service

**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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ris	co Education Foundation					31-168	9773
Part					vered "Yes" on F	Form 990, Part IV,	line 17.
	Form 990-EZ filers are	· •		•		L.	
1	Indicate whether the organization rais  Mail solicitations	sed funds through a		_	s. Спеск ан that арр of nongovernment g		
a b	Internet and email solicitations		e L f [		of government grant		
C	Phone solicitations		-	_	draising events	S	
d	In-person solicitations		g L	_ Special luli	draising events		
2a	Did the organization have a written or	oral agreement wit	th any individ	ual (including	officers directors tr	uetooe	
Zu	or key employees listed in Form 990,						☐ Yes ☐ No
b	If "Yes," list the 10 highest paid individ				_		_ 105 _ 100
-	compensated at least \$5,000 by the compensated at least \$5,000 by the compensation at least \$5,000 by		.u.u.oo.o, pu.	oudin to ag. s			
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		coi. (i)	
1					1		
2							
3							
4							
5							
6							
7							
8							
9							
10							
		1	1	1			
	<del> </del>						
3	List all states in which the organization	n is registered or lic	censed to soli	icit contributio	ons or has been notifi	ied it is exempt from	
	registration or licensing.						

Pa	art II	Fundraising Events. Comp				
		than \$15,000 of fundraising		d gross income on Form	n 990-EZ, lines 1 and 6b	. List events with
		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Gala		None	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ηne						
Revenue	1	Gross receipts	315,254			315,254
ď	_					
	2	Less: Contributions				
	3	Gross income (line 1				
_		minus line 2)	315,254			315,254
	4	Cash prizes				
	-	Cash phizos				
	5	Noncash prizes				
S	6	Rent/facility costs	104,704			104,704
ense		Í	,			,
ж	7	Food and beverages				
Direct Expenses						
Dir	8	Entertainment	8,000			8,000
	9	Other direct expenses	53,471			53,471
	40					
	10	Direct expense summary. Add line				166,175
Pa	11 art III	Net income summary. Subtract line <b>Gaming.</b> Complete if the or			/ line 10 or reported ma	149,079
1 (	41 € 111	\$15,000 on Form 990-EZ, li		es officiality	v, line 19, or reported mit	ore train
_		\$10,000 cm cm coc E2, ii		(b) Pull tabs/instant		(d) Total gaming (add
υne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
Ø	2	Cash prizes				
xpenses						
xbe	3	Noncash prizes				
E E	_					
Direct Ey	4	Rent/facility costs				
_	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ les /º			
				, <u> </u>	, <u> </u>	
	7	Direct expense summary. Add line	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	otract line 7 from line 1, colu	ımn (d)		
9	) En	nter the state(s) in which the organiza	ation conducts gaming activ	ities:		
		the organization licensed to conduct	gaming activities in each o	f these states?		Yes No
	b If"	'No," explain:				
	_					
40	10.	are any of the areas in the second	licence revelor di susci di	lad or tarminated desire At-	tay yaar?	
10		ere any of the organization's gaming	licenses revoked, suspend	eu, or terminated during the	e tax year?	Yes No
	b If"	"Yes," explain:				

#### **SCHEDULE I** (Form 990)

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Attach to Form 990.

OMB No. 1545-0047 Open to Public

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

Inspection Employer identification number

Frisc	o Education Foundation						31-1689//3	
Part I	General Information on	<b>Grants and Assis</b>	tance					
1 D	pes the organization maintain records to	substantiate the amoun	t of the grants or assista	nce, the grantees' elig	ibility for the grants or as	sistance,		
ar	nd the selection criteria used to award the	e grants or assistance?						. 🛛 Yes 🗌 No
	escribe in Part IV the organization's proc							
Part I							es" on Form 990,	
	Part IV, line 21, for any recipi	ent that received mo	re than \$5,000. Part	Il can be duplicate	d if additional space i			
1 (	<ul> <li>Name and address of organization or government</li> </ul>	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	nter total number of section 501(c)(3) an				<u> </u> 		· · · · · · -	
- L	itor total harribor of other organizations i	iolog in the mile i table						

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistanc
	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
tudent Scholarships	1,026	852,294			
ew Teacher Grants	138	58,999			
IV Supplemental Information. Pro	ovide the information re	quired in Part I, line	e 2; Part III, columi	n (b); and any other addi	tional information.

# SCHEDULE O (Form 990)

(Rev. December 2024)

Name of the organization

Department of the Treasury Internal Revenue Service

### 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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Frisco Education Foundation	31-1689773
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	n year and abstain
from voting in such instances where a conflict exists.	
02 Comming downsta star smileta to multip (Port VII line 10	11
03. Governing documents, etc, available to public (Part VI, line 19	
$\underline{\hbox{Information is provided upon request. There may be an administrative}}$	fee for copies.

990	Overflow Statement		2024	<b>4</b> Page 1
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)		FEIN	Page 1
Frisco Educat	ion Foundation			31-1689773
Description  U/R Contribut  Rest Contribu  Funraising  Description  Interest & Di		otal:	\$\$\$	Amount  177,119  717,279  174,200  1,068,598  Amount  128,015
Realized Gain			_ ~	93,458
	T	otal:	\$	221,473
Description Mind Bender		otal:	- \$ - \$	Amount 28,976 28,976
	Overflow Statement			
Description Investment Fe Software Processing fe			\$	Amount  18,453 19,864 8,135
Payroll fees	T	otal:	\$	1,728 48,180
	Overflow Statement			
Description Silent Auctio GioveSmart (O Decorations Postage & Suppostage & Supposta	nline Giving)		\$	Amount  35,781  1,300  7,271  7,789  1,000
Security				330
		otal:		53,471