Form 990-EZ

SCANNED SEP 16 2000

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

| | | f the Treasury | | The orga | assets less that | an \$1,250,000 a | at the end of the | year may use the satisfy state rep | is form | (IIII) | fe | | Inspec | ction |
|-----------------|---|--|----------------------|---|-------------------|--------------------|-------------------|---|---------------|--------------------|----------------|---------------|--------------|-------------|
| _ | | 2009 calend | ar year | | | | , | , 2009, a | | | (3 | | , 20 | |
| Вс | heck if a | pplicable | | C Name of c | organization | | _ | | | | D Empl | oyer id | entification | number |
| | ddress c | hange | Please use IRS | YPSILANT | I PUBLIC | SCHOOLS : | FOUNDATIO |)N | | | 13 | -4321 | L492 | |
| | ame cha | nge | label or print or | Number and s | treet (or P O bo | ox, if mail is not | delivered to stre | eet address) | Room/ | suite | E Telepi | hone nu | umber | |
| Ir | ıtıal retui | m | type. | | | | | · | | • | | | | |
| ∐т | ermınate | d | See Specific | 2095 PAC | KARD | | | | <u> </u> | | | | | |
| ∐ A | mended | return | Instruc- tions. | 1 | state or country, | | | | | | F Group | Exem | ption | |
| | | n pending | | | I, MI 481 | | | | | | Numb | er 🕨 | | |
| | Sec | tion 501(c)(3 | | | | | | usts must att | tach | G A | ccounting N | lethod | X Cash | Accrual |
| | | | a coi | mpleted Sch | edule A (For | rm 990 or 99 | 90-EZ) | | | | ther (specif | | | |
| | /-b-!4- | | | | | | | | | | heck ▶ X | | organizatio | |
| | Vebsite | · | م باده ماد م | -lu> \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | 504(2) (3 | <u> </u> | | 47/->/4> [| 7507 | | | | chedule B (I | Form 990, |
| | | mpt status (| | | | | | 47(a)(1) or | 527 | | 90-EZ, or 99 | | 4 005.6 | |
| | | | | | | | | on and its gro to file a returr | | | | | | 000 A |
| | | | | | | | | ore, file Form | | | | | | 33,209 |
| Pa | | | | | | | | Fund Bala | | | the instruct | | | 33,209 |
| LE | 1 | | | | | | | · · · · · · · | | | | 1 | aitry | 33,157 |
| - 1 | 2 | | - | _ | | | | | | | | 2 | | |
| | 3 | | | | ents · · · · | | | | | | | 3 | | |
| ł | 4 | investment ii | | | | | | | | | | 4 | | 52 |
| | 5a | Gross amou | nt from | sale of asset | s other than i | inventory • | | · · · · · 5a | a | | | | | |
| Ì | b | Less cost or | other b | pasis and sale | es expenses | • • • • • • | | 51 | b | | | 1 . | | |
| R | С | Gain or (loss |) from s | sale of assets | other than ir | nventory (Su | btract line 5b | from line 5a) | • ,• ,• | • • • • • | • • • • • | 5c | | |
| e v | 6 | Special events a | and activi | ties (complete a | pplicable parts o | of Schedule G) | If any amount is | from gaming , | check he | ere 🕨 🛚 | | - | | _ |
| e n | ' a | Gross reveni | ue (not | | | | of contribution | ıs | | | | | | |
| u | | reported on I | • | | • • • • • • | | | 6 | | | | 4 | | |
| е | | Less direct | | | _ | | | | | | | ┦ | | |
|] | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) · · · · · · · · · · · · · · · · · · · | | | | | | | 6c | | | | | | |
| l | | 7a Gross sales of inventory, less returns and allowances · · · · · · · · · · · · · 7a b Less cost of goods sold · · · · · · · · · · · · · · · · · · · | | | | | | | · | - | | | | |
| 1 | | | _ | | | | | 7a) • • • • • | | | | 7c | | |
| ĺ | | Other revenu | | | or involutory (| oubliadi iiilo | 75 110111 11110 | , 4, | | |) | 8 | | |
| - | 9 | | | | . 4. 5c. 6c. 7c | c. and 8 • • | | • • • • • • • • | | | · · · · • | 9 | | 33,209 |
| \neg | 10 | Grants and s | ımılar a | mounts paid | (attach sche | dule) | | | | | | 10 | | |
| | 11 | Benefits paid | to or fo | or members | · | | | RECEIN | VED | | | 11 | | |
| E X | 12 | Salaries, other | er comp | pensation, an | d employee l | benefits • • | | | | اين ا ^ب | | 12 | | 12,480 |
| p e | 13 | Professional | fees an | id other payn | nents to indep | pendent conf | tractors · | 'AUG' 27' | 2010 T | . 184 | • • • • • | 13 | | 2,615 |
| n s | | Occupancy, | | | | • • • • • | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 2010 | · - 🕉 | • • • • • | 14 | | |
| e | | Printing, pub | | | | • • • • • • | | | EI. | | | 15 | | 4,873 |
| Ĭ | | Other expens | • | | | | | <u>OGDEN</u> | | | | 16 | | 23,133 |
| | | | | | | | | · · · · · · · | | | • • • • | 17 | | 43,101 |
| Α | | | | | | | | (A)) (must agr | | | | 16 | | (5,032 |
| NS es e e | | | | | | | | • • • • • • | | | | 19 | | 232,749 |
| t e | | | | | | | | | | | | 20 | | |
| s | | | | | | | | 20 | | | | 21 | | 222,857 |
| Da | rt II | Balance | | | l assets on lir | ne 25, colum | n (B) are \$1, | 250,000 or mo | ore, file | Form 9 | 90 instead of | of Form | 990-EZ. | |
| <u>. a</u> | | Dalance | | | ructions for F | | | | | | eginning of ye | | (B) End | of year |
| 22 | Cash. | savings, and | | • | | • | | | • • | | 232, | 749 22 | | 222,857 |
| 23 | | and buildings | | | | | | | • • | | | 23 | | |
| 24 | | assets (desc | | | | | | | _) | | | 24 | | |
| 25 | Total | assets · · | | | | | • • • • • | • • • • • • | • • | <u> </u> | 232, | 749 25 | | 222,857 |
| 26 | Total | liabilities (de | escribe | | | | | | _) | | 222 | 749 27 | | 222,857 |
| 27 | Net a | ssets or fund | | | of column (B) | | | | <u>··</u> | EA. | 232, | 749 27 | | D-EZ (2009) |

EEA

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Fon | m 990-EZ (2009), YPSILANTI PUBLIC SCH | OOLS FOUNDATION | | 13-4 | 3214 | 92 Page 2 |
|-----|--|--|----------------------------|---|---------------|---------------------------------|
| | art III Statement of Program Service Accord | | | l) | | Expenses |
| Wha | at is the organization's primary exempt purpose? ADMINIS | STER SCHOLARSHIP F | UNDS | | | ured for section |
| Des | cribe what was achieved in carrying out the organization's | | (3) and 501(c)(4) | | | |
| mar | organizations and section 4947(a)(1) trusts, option | | | | | |
| | h program title | | | | | hers) |
| | RECEIVE AND ADMINISTER FUNDS TO PROVIDE | CLASSROOM GRANTS | AND | - | | <u> </u> |
| | COLLEGE SCHOLARSHIPS FOR THE STUDENTS A | ND STAFF OF THE | | | | |
| | PSILANTI PUBLIC SCHOOLS | | | | | |
| | | • • • • • | 28a | 29,573 | | |
| 29 | (Crossing y | <u></u> | | | | |
| | | | | | | |
| | | | | | | |
| | (Cronto \$) If this arm | ount includes foreign grant | c chock here | | 29a | |
| | (Grants \$) If this amo | ount includes foreign grant | s, check fiele · · · · | •••• | 294 | |
| 30 | | | | | } | |
| | | | | | | |
| | | | | | | |
| | · | ount includes foreign grant | | | 30a | |
| 31 | Other program services (attach schedule) • • • • • • • | • • • • • • • • • • • • | • • • • • • • • • • | • • • • • • | | |
| | (Grants \$) If this amo | ount includes foreign grant | s, check here · · · · | • • • • ▶ □ | 31a | |
| 32 | Total program service expenses (add lines 28a through | 31a) • • • • • • • • • • • • • • • • • • • | | • • • • • • | 32 | 29,573 |
| Pa | art IV List of Officers, Directors, Trustees, and Key | Employees. List each one | e even if not compensa | ited (See the ins | structio | ns for Part IV) |
| | | (b) Title and average | (c) Compensation | (d) Contribution: | | (e) Expense |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0) | employee benefit pl deferred compens | | account and other allowances |
| HEN | RY L MCQUEEN | EXECUTIVE DIREC | STMA01 | | | |
| | 5 PACKARD YPSILANTI MI, 48197 | 20 | 26,522 | | d | 0 |
| | TON EAGLIN | PRESIDENT | | - | \rightarrow | |
| | E HURON SUITE 210 ANN ARBOR, 48104 | 0 | 0 | | ۵ | 0 |
| | · · · · · · · · · · · · · · · · · · · | VICE PRESIDENT | - | | | |
| | JAMES HAWKINS | | , | | ٦ | 0 |
| | 4 COLLEGEWOOD YPSILANTI MI, 48197 | 0 | | | <u> </u> | |
| | SIE BARFIELD | ALUMNI CHAIR | | | ا | • |
| | 0 JASMIN COURT YPSILANTI MI, 48197 | 0 | | | <u> </u> | 0 |
| | ER FLETCHER | FINANCE CHAIR | | |] | _ |
| PC | BOX 981274 YPSILANTI MI, 48197 | 0 | 0 | | q | 0 |
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| Pa | rt V Other Information (Note the statement requirements in the instructions for Part V) | | | | | | |
|------|--|-----------|-----------------|-------------|--|--|--|
| | | | Yes | No | | | |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed | | | | | | |
| | description of each activity | 33 | | X | | | |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of | | _ | 1 | | | |
| | the changes · · · · · · · · · · · · · · · · · · · | 34 | | x | | | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but | | | | | | |
| | not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | İ | | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | | | | | | |
| | 6033(e) notice, reporting, and proxy tax requirements? | 35a | | Х | | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | | | | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · · | 36 | | Х | | | |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · ▶ 37a | | | | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | X | | | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | | | | |
| | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | Х | | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved • • • • • • • • • • • • • • • • • • • | | | | | | |
| 39 | Section 501(c)(7) organizations. Enter | | | | | | |
| | Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · · | | | | | | |
| | Gross receipts, included on line 9, for public use of club facilities | | _ | | | | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | ι . | | • ' | | | |
| | section 4911 ▶; section 4912 ▶; section 4955 ▶ | | | | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | _ | | | | |
| | transaction during the year or is it 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 | 40b | | X | | | |
| С | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on | , | | | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | | | | |
| | 4955, and 4958 · · · · · · · · · · · · · · · · · · · | , % | ^~ ² | | | | |
| a | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | , , , | ~ 1 | | | | |
| | reimbursed by the organization | , q | | | | | |
| е | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | 40- | | | | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | | <u> X</u> | | | |
| 41 | List the states with which a copy of this return is filed The organization's books are in care of YPSILANTI PUBLIC SCHOOLS FOUNDATION Telephone no 734-7 | 1 4 - 1 (| 100 | | | | |
| 42 a | The organization's books are in care of ▶ YPSILANTI PUBLIC SCHOOLS FOUNDATION Telephone no ▶ 734-7 Located at ▶ 2095 PACKARD YPSILANTI, MI ZIP + 4 ▶ 4819 | | 760 | | | | |
| L- | | | | | | | |
| D | 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 | 1 | Yes | No | | | |
| | account)? | 42b | 162 | X | | | |
| | If "Yes," enter the name of the foreign country | **** | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | | | | |
| | and Financial Accounts. | | | | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42c | | Х | | | |
| · | If "Yes," enter the name of the foreign country: | | | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · · | | ▶ | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year • • • • • • • • • • • • • • • • • • • | | | L | | | |
| | and once the amount of the control o | | | | | | |
| | | [| Yes | No | | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | | | | |
| | Form 990-EZ · · · · · · · · · · · · · · · · · · · | 44 | | X | | | |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If | | | | | | |
| | "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | [| X | | | |
| _ | | rm 99 | 0-EZ (| 2009) | | | |

| Part VI | | nd section 4947(a)(1 |) nonexempt ch | aritable trusts only. | All section | | -30 |
|------------|--|---|--|---|---------------------------|---------------------------|------|
| | 501(c)(3) organizations and section 4947(a) | | usts must answer qu | estions 46-49b | | | |
| 40 5:1 | and complete the tables for lines 50 and 51. | | | | | | |
| | the organization engage in direct or indirect pol | · • | • • | | | Yes | No |
| | didates for public office? If "Yes," complete Sci | | | | • 46 | | X |
| | the organization engage in lobbying activities? | | | | • 47 | | X |
| | e organization a school as described in section | | • | | • 48 | | X |
| | the organization make any transfers to an exen | • | • | • • • • • • • • • • • • • • | · 49a | | X |
| | es," was the related organization a section 527 | * | | | · 49b | | |
| | nplete this table for the organization's five highe | | · | | у | | |
| emp | loyees) who each received more than \$100,000 | | | | | | |
| (a |) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | | pense nt and wances | |
| NONE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | <u> </u> | | | | |
| | I number of other employees paid over \$100,00 | | | | | | |
| | plete this table for the organization's five highe | | | ach received more than | | | |
| \$100 | 0,000 of compensation from the organization. If | there is none, enter "None |) ." | | | | |
| | | | (h) T | | (2) (2 | | |
| | (a) Name and address of each independent contractor pa | id more than \$100,000 | (в) тур | e of service | (c) Compens | ation | |
| NONE | | | | | | | |
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| | | | , | | | | |
| d Tota | I number of other independent contractors each | receiving over \$100,000 | | <u></u> <u> </u> | | | |
| u rota | a number of other independent contractors each | rocciting over troopers | <u> </u> | | | | — |
| | Under penalties of perjury, I declare that I have e and belief, it is true, correct, and complete Declared to the complet | xamined this return, including acc aration of preparer (other than off | companying schedules and icer) is based on all inform | d statements, and to the best of n ation of which preparer has any l | ny knowledge knowledge | - | |
| Sign | | | | 1 | | | |
| Here | Signatureroficer | 1 | a ma | Date / | | | _ |
| IICIG | HENRY L MCQUEEN, EXECUTIVE | DIRECTOR / JAM | I. ///= | Jugar 9/16 | 110 | | |
| | Type or print name and falle | | | - 0/1- | | | |
| Paid | Preparer's signature | h α | 8-09-2010 s | heck if elf- mployed X | entifying No (| See inst | , |
| Preparer's | Firm's name (or yours' / L | li,&Collins Acctg | Svc | EIN • | | | |
| Use Only | if self-employed), 1003 W. Mi | chigan Ave. | | 704 44 | 00-0070 | | |
| | ipsilanti, | | | Phone no 734-48 | 80-0870 | No | |
| May the IR | RS discuss this return with the preparer shown a | above? See instructions | | · · · · · · · · · · · · · · · · · · · | X Yes | | |
| | | | EEA | | LOILII AAC | ,- (21 | JUB) |

SCHEDULE A (Form 990 or 990-EZ)

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.

► See separate instructions.

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

| | | e organization | | | | | | | 1 | identification | number | | |
|--------|---|--|------------------------|--|--------------|---------------------------|--|-------------|-----------------|--------------------------|-----------|--------|----------|
| | | NTI PUBLIC SCH | | | | | . 46 | · C | 1 | 1321492 | | | |
| | rt I | | | y Status (All organiz | | | | | uctions | | _ | | _ |
| 1 | orga | • | | ause it is (For lines 1 thi | | - | ·- | | | | | | |
| 2 | 님 | | | association of churches of the character (association of churches) | | iii Section | 170(0)(1)(| A)(I). | | | | | |
| | 님 | | , | | • | otion 470/ | L\/4\/A\/:: | | | | | | |
| 3 4 | 님 | | | rvice organization descr | | | | | (A)(:::\ == | | - دادند | | |
| 4 | | | organization opera | ated in conjunction with a | a nospitai (| Jescribea | ın seçuon | 170(0)(1) | (A)(III). En | iter the nos | spitars n | ame, | |
| _ | \Box | city, and state | | | | | | | | | | | |
| 5 | LJ | 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) | | | | | | | | | | | |
| c | Γ | | | art ii) ir governmental unit des | oribad in e | action 17(|)/b\/4\/ <i>6</i> \/ | \ | | | | | |
| 6 7 | | | • | • | | | | • | the sees | مراطييم امد | | | |
| • | X | = | - | a substantial part of its | Support in | om a gove | illinental u | THE OF HOIS | i the gene | rai public | | | |
| | \Box | described in section | | , , | anlata Dari | 11.5 | | | | | | | |
| 8 9 | 님 | • | | n 170(b)(1)(A)(vi). (Con . (1) more than 33 1/3% | | • | ontribution | e membe | rebin foos | and area | | | |
| 3 | | • | • | cempt functions - subject | • • | | | | • | | • | | |
| | | | | and unrelated business | | | | | | | | | |
| | | | | e 30, 1975. See section | | | | / | om busine. | 3303 | | | |
| 10 | \Box | | | ed exclusively to test for | | - | - | (a)(4). | | | | | |
| 11 | 님 | • | • | ed exclusively for the be | • | - | | | carry out t | he | | | |
| •• | | | | orted organizations des | | | | | | | | | |
| | | • | | es the type of supporting | | | | | | | | | |
| | | a Type I | b Typ | | | | illy integral | | d | Type I | II-Other | | |
| е | \Box | | | organization is not contr | _ | | | | disqualifie | | | | |
| - | | | | ers and other than one o | | | | | | | | | |
| | | 509(a)(1) or section | | | • | , ,, | Ū | | | | | | |
| f | | , ,, , | | etermination from the IR | S that it is | a Type I, | Type II, or | Type III s | upporting | | | | |
| | | organization, check | | | | | • • • • • | | | | | | • • [|
| g | | Since August 17, 20 | 006, has the organi | zation accepted any gift | or contrib | ution from | any of the | | | | | | |
| | | following persons? | | | | | | | | | | | |
| | | (i) A person who | directly or indirectly | y controls, either alone o | r together | with perso | ns describ | ed ın (iı) | | | | Yes | No |
| | | and (III) below, | the governing bod | y of the supported organ | nization? | | | · · · · · | | • • • • | 11g(i) | | |
| | | (ii) A family memb | er of a person des | cribed in (i) above? • • | | • • • • | • • • • | • • • • • | • • • • • | • • • • • | 11g(ii) | | <u> </u> |
| | | (iii) A 35% controll | led entity of a perso | on described in (i) or (ii) | above? • | • • • • • | • • • • | • • • • | • • • • | • • • • • | 11g(0) | L | <u> </u> |
| h | | Provide the following | g information abou | t the supported organiza | ation(s). | | | | | | | | |
| | (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the | | | | | | | | (vii) Amount of | | t of | | |
| | | organization | | (described on lines 1-9 above or IRC section | | sted in your document? | the organ | | (i) organizat | ion in col zed in the | • | upport | |
| | | | | (see instructions)) | | | | port? | | S? | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
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| | | | 2 2.2 | (****** * ***** * **** | | | | - 1 | _ | | | | |
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| Sche | dule A (Form 990 or 990-EZ) 2009 YPSI | LANTI PUBLIC | SCHOOLS FOUN | DATION | | 13-4321492 | Page |
|------|---|------------------------|---------------------|-----------------------|---------------------|------------------|-------------|
| Pa | Support Schedule for Org (Complete only if you checked the | | | ctions 170(b) | (1)(A)(iv) and | 170(b)(1)(A)(vi) | _ |
| Sec | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in)▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | <u></u> | | | | |
| | publicly supported organization) included | | , · | ű- | | | |
| | on line 1 that exceeds 2% of the amount | , | N . | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from In 4 | | | | | | |
| Sec | ction B. Total Support | | | | • | <u> </u> | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 · · · · · · · | | - | | | | |
| 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 IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 - | 4 | ~ | 4 | | | |
| 12 | Gross receipts from related activities, etc | (see instructions) | | | | - 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop here | <u> </u> | • • • • • • • • • | orth, or fifth tax ye | ear as a section 5 | 01(c)(3) | ▶□ |
| Sec | ction C. Computation of Public Su | <u> ipport Percent</u> | tage | | | laal | 0.00 |
| 14 | Public support percentage for 2009 (line 6 | | | | | | 0.00 % |
| 15 | Public support percentage from 2008 Sche | | | | | | % |
| 16a | | zation did not ched | ck 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 suppo | orted organization | | | | • • • • ▶ 📋 |
| b | 33 1/3% support test - 2008. If the organi | zation did not ched | ck a box on line 13 | or 16a, and line | 15 is 33 1/3% or i | more, cneck this | ▶□ |
| | box and stop here. The organization quali | ties as a publicly s | supported organiza | tion · · · · · | | | •••• |
| 17a | 10%-facts-and-circumstances test - 200 | 9. If the organization | on did not check a | pox on line 13, 1 | oa, or too, and iii | Det IV hove the | |
| | more, and if the organization meets the "fa | icts-and-circumsta | nces" test, check t | nis box and stop | nere. Explain in | ction | ▶□ |
| | organization meets the "facts-and-circums | | | | | | |
| | | | | | | | |

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions • • • • •

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 . . c Add lines 7a and 7b · · · · · Œ, ×, ۰. Public support (Subtract line 7c from 4 3 3 5 C line 6) • • • • • • • • • • • • • Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources · · · · · · · · · b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b · · · · Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, First five 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2008 Schedule A, Part III, line 17 · · · · · 18 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

| | Federal Supporting Statements | 2009 |
|----------------------------|-------------------------------|------|
| Name(s) as shown on return | | FEIN |

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

| DESCRIPTION | AMOUNT |
|-------------------|--------|
| MISCELLANEOUS | 1,168 |
| SCHOLARSHIPS | 3,850 |
| SUPPLIES | 4,233 |
| FEES AND LICENCES | 1,182 |
| GRANTS | 7,365 |
| ROBOTICS FUND | 4,080 |
| TRAVEL | 154 |
| PAYROLL TAXES | 1,101 |
| | |
| TOTAL | 23,133 |

HENRY L MCQUEEN

EXPLANATION

EXECUTIVE DIRECTOR