

Return of Organization Exempt From Income Tax

2013

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. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 2013, and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: The Eagle Mountain-Saginaw ISD Education Foundation. D Employer Identification Number: 75-2848881. E Telephone number: (817) 232-0880. G Gross receipts: \$ 229,655.

F Name and address of principal officer: Bobby Oney 1200 Old Decatur Road Fort Worth TX 76179. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: X 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. H(c) Group exemption number

J Website: N/A

K Form of organization: X Corporation, Trust, Association, Other. L Year of formation: 1999. M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To provide enrichment to the educational process of the Eagle Mountain - Saginaw Independent School District through grants and scholarships to teachers and students. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a Activities & Governance table.

Revenue table with columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Expenses table with columns: Expenses, Prior Year, Current Year. Rows 13-19: Grants and similar amounts paid, Benefits paid, Salaries, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses.

Net Assets of Fund Balances table with columns: Net Assets of Fund Balances, Beginning of Current Year, End of Year. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.

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.

Sign Here: Signature of officer Bobby Oney, Date 5/13/14. Paid Preparer Use Only: Print/Type preparer's name LARRY A. ROBERTSON, CPA, Preparer's signature Larry A. Robertson, CPA, Date 5/12/14, Check self-employed, PTIN P00737188, Firm's name Larry A. Robertson, CPA, Firm's address 7101 Denver City Dr. Fort Worth TX 76179, Firm's EIN 75-1970142, Phone no. (817) 236-8484.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No