

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)

OMB No. 1545-1150

2008

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ 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 \$1,000,000 and total assets less than \$2,500,000 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.*

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COSERV CHARITABLE FOUNDATION Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 7701 SOUTH STEMMONS FREEWAY City or town, state or country, and ZIP + 4 CORINTH, TX 76210-1842	D Employer identification number 13-4281766 E Telephone number (940) 321-7800 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ WWW.COSERVCHARITABLEFOUNDATION.COM
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ..... ▶ \$ **629,937.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	614,152.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1,705.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>27,622.</u> of contributions reported on line 1)	6a	8,613.
	b Less: direct expenses other than fundraising expenses	6b	8,613.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>2007 GRANT REFUNDED</u>)	8	5,467.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	621,324.	
Expenses	10 Grants and similar amounts paid (attach schedule) <u>STMT 1</u>	10	571,445.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶)	16	
	17 Total expenses. Add lines 10 through 16	17	571,445.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	49,879.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	193,824.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	243,703.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	192,624.	223,003.
23	Land and buildings		
24	Other assets (describe ▶ <u>PREPAYMENTS</u>)	1,200.	700.
25	Total assets	193,824.	243,703.
26	Total liabilities (describe ▶)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	193,824.	243,703.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		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 your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NONE		
42a	The books are in care of DONNIE CLARY, TREASURER Telephone no. (940) 321-7856 Located at 7701 SOUTH STEMMONS FREEWAY, CORINTH, TX ZIP + 4 76210		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country: _____		X
	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.?		X
	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 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

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▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **COSERV CHARITABLE FOUNDATION** Employer identification number **13-4281766**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 9 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,195.	158,388.	562,492.	542,992.	614,152.	1915219.
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 - 3	37,195.	158,388.	562,492.	542,992.	614,152.	1915219.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						24,687.
6 Public Support. Subtract line 5 from line 4.						1890532.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	37,195.	158,388.	562,492.	542,992.	614,152.	1915219.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			3,696.	4,094.	1,705.	9,495.
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						1924714.
12 Gross receipts from related activities, etc. (see instructions)					12	37,708.
13 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) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. 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	<input type="checkbox"/>	
b 33 1/3% support test - 2007. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF TOURNAMENT		NONE	(Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	36,235.			36,235.
	2 Less: Charitable contributions	27,622.			27,622.
	3 Gross revenue (line 1 minus line 2)	8,613.			8,613.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	8,613.			8,613.
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(8,613.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
16		
17a		
17b		

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 1

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
PURCHASE A DISASTER RESPONSE VEHICLE ARGYLE POLICE DEPARTMENT P.O. BOX 609 ARGYLE, TX 76226	NONE	23,104.
AQUIRE AND IMPLEMENT A K-9 UNIT AUBREY POLICE DEPARTMENT 107 S MAIN ST AUBREY, TX 76227	NONE	13,957.
FUNDS FOR CANCER RESEARCH (RACE SPONSOR) SUSAN G. KOMEN BREAST CANCER FOUNDATION 7200 BISHOP RD D#8 PLANO, TX 75024	NONE	5,000.
PURCHASE AN AED KIT, A LIFT, AND A PONY SPIRITHORSE THERAPEUTIC RIDING CENTER 1960 POST OAK DRIVE CORINTH, TX 76210	NONE	9,925.
25 UTILITY VESTS FRISCO POLICE DEPARTMENT 7200 STONEBROOK PARKWAY FRISCO, TX 75034	NONE	3,250.
RENOVATION OF THE FRISCO BRANCH FACILITY BOYS AND GIRLS CLUBS OF COLLIN COUNTY 701 S CHURCH ST MCKINNEY, TX 75069	NONE	25,000.
PERSONAL PROTECTIVE GEAR ENSEMBLES CELINA FIRE DEPARTMENT 302 W WALNUT CELINA, TX 75009	NONE	25,000.
TO PURCHASE A FIRE COMMAND VEHICLE SANGER FIRE DEPARTMENT P.O. BOX 1005 SANGER, TX 76266	NONE	25,000.
"LIVE HOMEWORK HELP" PROGRAM THE COLONY PUBLIC LIBRARY 6800 MAIN STREET THE COLONY, TX 75056	NONE	5,225.

THE APPLE TREE PROJECT (SCHOOL SUPPLIES) INTERFAITH MINISTRIES OF DENTON 109 W SYCAMORE ST DENTON, TX 76201	NONE	8,500.
FIRE COMMAND AND CONTROL VEHICLE TOWN OF FLOWER MOUND FIRE DEPARTMENT 3838 FORUMS DRIVE FLOWER MOUND, TX 75028	NONE	20,000.
PARTNERS FOR YOUTH PROGRAM GREATER LEWISVILLE YMCA 2021 CROSS TIMBERS ROAD FLOWER MOUND, TX 75028	NONE	5,000.
MEDICAL EQUIPMENT FOR ABUSED CHILDREN CHILDREN'S ADVOCACY OF DENTON COUNTY 1960 ARCHER LEWISVILLE, TX 75077	NONE	10,210.
LAUNCH TO SUCCESS PROGRAM YOUTH AND FAMILY COUNSELING 601 CROSS TIMBERS, STE 120 FLOWER MOUND, TX 75028	NONE	23,640.
PURCHASE ANIMAL CONTROL VEHICLE MURPHY POLICE DEPARTMENT - ANIMAL CONTROL 206 N MURPHY RD MURPHY, TX 75094	NONE	12,000.
PURCHASE A QUICK ATTACK BRUSH TRUCK ERA VOLUNTEER FIRE DEPARTMENT P.O. BOX 159 ERA, TX 76238	NONE	25,000.
HEALTH PROJECT PROGRAM NELSON CHILDREN'S RESIDENTIAL TREATMENT CENTE 4601 I-35 N DENTON, TX 76207	NONE	16,785.
OFFICE FURNISHINGS AND COPIER ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY 2011 W SPRING CREEK PK PLANO, TX 75023	NONE	5,726.
ASSIST COSERV MEMBERS W/ LIVING EXPENSE CHRISTIAN COMMUNITY IN ACTION 200 S MILL ST LEWISVILLE, TX 75067	NONE	53,082.

6 LIFE FORCE AUTOMATED EXTERNAL DEFIBRIL JUSTIN POLICE DEPARTMENT 415 N COLLEGE JUSTIN, TX 76247	NONE	10,921.
GRANT RESEARCH AND WRITING RESOURCES UNITED WAY OF DENTON COUNTY, INC. 625 DALLAS DRIVE DENTON, TX 76205	NONE	2,390.
SCHOOL SUPPLIES FOR 2 CAMPUSES COMMUNITIES IN SCHOOLS OF NORTH TEXAS P.O. BOX 295543 LEWISVILLE, TX 75029	NONE	3,150.
MEDICAL SUPPLIES & LAB TESTING FEES PEDIPLACE 502 S OLD ORCHARD LEWISVILLE, TX 75067	NONE	10,000.
2 RADAR SPEED DETECTORS CITY OF COPPER CANYON, TEXAS 400 WOODLAND DR COPPER CANYON, TX 77507	NONE	5,658.
FOOD FOR THE COMMUNITY SANGER STORAGEHOUSE FOOD PANTRY 806 A UTILITY ROAD SANGER, TX 76266	NONE	5,000.
PRESENTS FOR NEEDY CHILDREN SANTA'S ELVES OF LITTLE ELM 100 W ELDORADO PKWY LITTLE ELM, TX 75068	NONE	5,000.
VICTIM OUTREACH AND COUNSELING DENTON COUNTY FRIENDS OF THE FAMILY P.O. BOX 640 DENTON, TX 76202	NONE	16,000.
MOBILE COMPUTING TECHNOLOGY KRUGERVILLE POLICE DEPARTMENT 5097 HWY 377 KRUGERVILLE, TX 76227	NONE	15,280.
FOOD, CLOTHING & OTHER ASSISTANCE SANGER BARGAIN DEPOT/CRISIS CENTER 100 N 5TH ST SANGER, TX 76266	NONE	500.

CHRISTMAS FUND CITY OF FAIRVIEW 999 ILLINOIS LANE NEW FAIRVIEW, TX 76078	NONE	500.
PURCHASE A TRACTOR SPIRITHORSE THERAPEUTIC RIDING CENTER 1960 POST OAK DRIVE CORINTH, TX 76210	NONE	15,000.
ASSIST COSERV MEMBERS W/ LIVING EXPENSE ALLEN COMMUNITY OUTREACH 301 W BOYD DR. STE A ALLEN, TX 75013	NONE	6,500.
PURCHASE OF GIFTS FOR NEEDY CHILDREN COSERV ELECTRIC EMPLOYEE TOY DRIVE 7701 S STEMMONS CORINTH, TX 76210	NONE	2,500.
PURCHASE OF SCHOOL BUS BOYS AND GIRLS CLUBS OF DENTON COUNTY 303 ALAMO AVE LAKE DALLAS, TX 75065	NONE	11,200.
PURCHASE A NEW COMMERCIAL DISHWASHER CAMP SUMMIT, INC. 17210 CAMPBELL RD STE 180-W DALLAS, TX 75252	NONE	8,750.
HOLIDAY AND SEASONAL GIFTS FOR STATE SCH VOLUNTEER SERVICES COUNCIL P.O. BOX 368 DENTON, TX 76202	NONE	2,000.
ASSIST COSERV MEMBERS W/ LIVING EXPENSE FRISCO FAMILY SERVICE CENTER 8780 THIRD STREET FRISCO, TX 75034	NONE	36,075.
ASSIST COSERV MEMBERS W/ LIVING EXPENSE COMMUNITY SERVICES, INC. P.O. BOX 612 CORSICANA, TX 75151	NONE	48,790.
EQUIP. REPAIRS & UPGRADES AT CAMP SWEENE SOUTHWESTERN DIABETIC FOUNDATION, INC. P.O. BOX 918 GAINESVILLE, TX 76241	NONE	10,000.

COSERV CHARITABLE FOUNDATION

13-4281766

PERSONAL PROTECTIVE EQUIPMENT
OAK POINT DEPT OF PUBLIC SAFETY
100 NAYLOR
OAK POINT, TX 75068

NONE

26,820.

NIGHT VISION EQUIPMENT FOR SWAT
DENTON COUNTY SHERRIFF'S OFFICE
127 N WOODROW
DENTON, TX 76205

NONE

14,007.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

571,445.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

THE ORGANIZATION APPROVED AND DISTRIBUTED GRANTS TO 3 ORGANIZATIONS IN THE NORTH TEXAS AREA FOR ASSISTING NEEDY FAMILIES WITH DAY TO DAY LIVING EXPENSES SUCH AS UTILITIES, HOUSING AND OTHER NEEDS.

THE ORGANIZATION APPROVED AND DISTRIBUTED GRANTS TO 13 LOCAL VOLUNTEER FIRE DEPARTMENTS, POLICE DEPARTMENTS AND OTHER FIRST RESPONDER GROUPS FOR THE PURCHASE OF NEEDED EQUIPMENT TO PROVIDE RESPECTIVE SERVICES TO THE COMMUNITIES IN WHICH THESE GROUPS RESIDE.

TO PROVIDE (1) FINANCIAL ASSISTANCE TO INDIVIDUALS AND THEIR FAMILIES THROUGH SPECIFIC ASSISTANCE AND CONTRIBUTIONS TO LOCAL CHARITIES AND COMMUNITY PROJECTS, (2) DONATIONS TO EDUCATION FOUNDATIONS OF LOCAL PUBLIC SCHOOLS, AND (3) GRANTS TO LOCAL NOT-FOR-PROFIT ENTITIES, INCLUDING MUNICIPALITIES, THAT PROVIDE CRITICAL SERVICES TO THE COMMUNITY.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization COSERV CHARITABLE FOUNDATION	Employer identification number 13-4281766
	Number, street, and room or suite no. If a P.O. box, see instructions. 7701 SOUTH STEMMONS FREEWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CORINTH, TX 76210-1842	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

DONNIE CLARY, TREASURER

• The books are in the care of ► **7701 SOUTH STEMMONS FREEWAY - CORINTH, TX 76210**

Telephone No. ► **(940) 321-7856** FAX No. ► **(940) 270-7795**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year **2008** or
► tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning _____, 2008, and ending _____, 20____

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

COSERV CHARITABLE FOUNDATION

13-4281766

Name and title of officer

**DONNIE CLARY
SECRETARY/TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b <u>621324</u>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BOLINGER, SEGARS, GILBERT AND MOSS LLP** to enter my PIN **79210**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **75528479423**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **08/13/09**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**