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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending 20 11 04/01 03/31 C Name of organization WACO FOUNDATION D Employer identification number Check if applicable Doing Business As ✓ Address change 74-6054628 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite ☐ Name change 1105 WOODED ACRES STE 701 254-754-3404 Initial return City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ **WACO, TX 76710** 19.837.626 Amended return F Name and address of principal officer ASHLEY ALLISON DULSKI H(a) Is this a group return for affiliates? ☐ Yes ☑ No Application pending 1105 WOODED ACRES STE 701, WACO, TX 76710 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) √ 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ► WWW.WACOFOUNDATION.ORG H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other M State of legal domicile Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: AS THE COMMUNITY FOUNDATION SERVING MCLENNAN COUNTY, TEXAS, THE WACO FOUNDATION IS AN INDEPENDENT, PUBLIC CHARITY THAT STEWARDS Activities & Governance PHILANTHROPIC RESOURCES FROM INSTITUTIONAL AND INDIVIDUAL DONORS AND DIRECTS THEIR USE FOR THE (Continued on Schedule O, Statement 1) 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 10 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 10 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 17 6 Total number of volunteers (estimate if necessary) . . . . . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h). 2,659,414 3,714,442 9 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 488,831 507,110 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 588 799 Total revenue - add-lines 8 through 111 (must-equal Part VIII, column (A), line 12) 12 3,149,044 4,222,140 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 13 2.966.522 3,482,501 Benefits paid to dr for members (Part IX, column (A), line 4) . . . . . . 14 0 0 Salaries, other compensation; employee benefits (Part IX, column (A), lines 5-10) 15 471,606 525,480 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a 0 Total fundraising expenses (Part-IX, column (D), line 25) ▶ b Other expenses (Part X column (A), lines 114-11d, 11f-24f) . . . . . . . 17 470,490 577,966 18 Total expenses. Add lines 13=17-(must equal Part IX, column (A), line 25) 3,908,618 4,585,947 19 Revenue less expenses. Subtract line 18 from line 12 -759,574 -363,807 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 55,025,312 61,725,230 21 Total liabilities (Part X, line 26) . 241,004 426,703 22 Net assets or fund balances. Subtract line 21 from line 20 54,784,308 61,298,527 Signature Block Part II 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 Ullus son tadellus Sign Here **ASHLEY DULSKI, EXECUTIVE DIRECTOR** Type or print name and title Date Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

_	00 (201Q)	Page 2
Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. 🔽
1	Briefly describe the organization's mission:	
	THE MISSION OF THE WACO FOUNDATION IS TO MAKE A POSITIVE DIFFERENCE IN THE LIVES AND FUTURE OF THE	
	PEOPLE WHO LIVE IN WACO AND MCLENNAN COUNTY THROUGH GRANTMAKING, PROMOTION OF COMMUNITY	
	PHILANTHROPY, AND SUPPORT OF THE NOT-FOR-PROFIT SECTOR.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊒ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<b>7</b>
	services?	<u>√</u> No
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. S	ection
	501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocat others, the total expenses, and revenue, if any, for each program service reported.	ons to
4a	(Code:) (Expenses \$ 692,421 including grants of \$ 550,100 ) (Revenue \$ 0	)
	WACO FOUNDATION OPERATING FUND: THIS FUND IS THE ORGANIZATION'S PRIMARY COMPETITIVE GRANT-MAKING	<del>-</del>
	FUND, PROVIDING GRANTS TO NON-PROFITS WHO SERVE MCLENNAN COUNTY RESIDENTS. ALONG WITH OTHER	
	FUNDS (DISCRETIONARY AND SELECT FIELD OF INTEREST FUNDS) THAT SUPPORT OUR COMPETITIVE GRANT	
	PROGRAM, 19 GRANTS WERE AWARDED DURING THE ORGANIZATION'S TWO ANNUAL GRANT CYCLES (SPRING AND FALL). IN ADDITION, THE OPERATING FUND GAVE GRANTS TO 3 OF THE ORGANIZATION'S OTHER FUNDS - THE MAC	
	SCHOLARSHIP FUND, THE EARLY CHILDHOOD FUND, AND THE WACO FOUNDATION CAPACITY BUILDING PROGRAM	
	FUND.	
4b	(Code:) (Expenses \$ 428,390 including grants of \$ 296,395 ) (Revenue \$ 0	)
	MAC SCHOLARSHIP FUND: THIS FUND WAS ESTABLISHED TO PROVIDE 1ST AND 2ND YEAR SCHOLARSHIPS TO	
	STUDENTS ATTENDING THE 2 MAJOR COLLEGES IN MCLENNAN COUNTY. IN ADDITION, 3RD AND 4TH YEAR	
	SCHOLARSHIPS ARE ALSO PROVIDED TO PREVIOUS SCHOLARSHIP RECIPIENTS WHO WANT TO CONTINUE THEIR	
	EDUCATION AT ANY 4-YEAR COLLEGE IN OR OUTSIDE THE MCLENNAN COUNTY AREA. DURING THE 2010 TAX YEAR, 554 MCLENNAN COUNTY SENIORS WERE ENROLLED IN THE MAC SCHOLARSHIP PROGRAM AND \$4.1 MILLION IN STATE	
	AND FEDERAL STUDENT AID WAS ACCESSED WITH THE ASSISTANCE OF THE MAC SCHOLARSHIP PROGRAM. THE	
	DIRECTOR OF THE PROGRAM ASSISTS STUDENTS IN COMPLETING THEIR ANNUAL FAFSA.	
4c	(Code:) (Expenses \$ 47,550 including grants of \$ 180 ) (Revenue \$ 0	`
	CAPACITY BUILDING PROGRAM FUND: THIS FUND RESOURCES GRANTS AND SERVICES GIVEN TO NONPROFITS FOR	,
	ACTIVITIES RELATED TO ORGANIZATIONAL EFFICIENCY AND EXCELLENCE. EXAMPLES INCLUDE GRANTS FOR	
	CONSULTANTS, STRATEGIC PLANNING DEVELOPMENT, ORGANIZATIONAL AND PROGRAM EVALUATION,	
	PROFESSIONAL DEVELOPMENT TRAINING, AND TECHNOLOGY ASSISTANCE. MORE THAN 50 NONPROFITS HAVE	
	RECEIVED CAPACITY BUILDING SERVICES IN THE FORM OF LEADERSHIP PEER LEARNING MEETINGS,	
	WORKSHOP/TRAINING SESSIONS COVERING TOPICS SUCH AS EFFECTIVE BOARD GOVERNANCE AND FUNDRAISING, AND GRANTWRITING FEEDBACK. ADDITIONALLY, THE PROGRAM WORKS TO FACILITATE NONPROFIT COORDINATION,	
	AND THE IDENTIFICATION OF AND COLLABORATIVE USE OF COMMUNITY RESOURCES. THE PROGRAM SUPPORTS THE	<b></b>
	COORDINATION AND SUBMISSION OF A JOINT APPLICATION FOR HUD FUNDING TO PREVENT HOMELESSNESS BY	<del>-</del>
	AREA 12 HUMAN SERVICE ORGANIZATIONS AND THE GENERATION OF MORE THAN 330 MONTHLY NEWSLETTERS TO	
	AREA NONPROFITS AND SERVICE SECTOR INDIVIDUALS.	
A .4	Other program convers (Decembe in Cabada to O.) and the converse of the conver	
4d	Other program services. (Describe in Schedule O.) See Schedule O. Statement 2 (Expenses \$ 2,797,969 including grants of \$ 2,635,826 ) (Revenue \$ 0 )	
	(Expenses \$ 2,797,969 including grants of \$ 2,635,826 ) (Revenue \$ 0 )	

3,966,330

4e Total program service expenses ▶

Part	Checklist of Required Schedules			Page C
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ	Yes	No
•	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓	
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		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>√</b>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	1	
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	1	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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, XII, and XIII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b		14a		✓
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
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		1
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		1
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		1
_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>✓</b>	
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		<b>✓</b>
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 25	24a	_	<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	,		_
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>▼</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	✓	<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	✓	
а	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			
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37	L	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2010)

Part				
	Check if Schedule O contains a response to any question in this Part V	<del></del>	· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   9		163	-110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<b>✓</b>
b 4e	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	e h		
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			'
_	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/n		
Ü	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓ -
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<b>✓</b>
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	Ì	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	†		
_	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
_	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	140	<del> </del>	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	+*-

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI	es ın	and	
Secti	on A. Governing Body and Management			
			Yes	No
1a b	Enter the number of voting members of the governing body at the end of the tax year 1a 10  Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
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		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Does the organization have members or stockholders?	6		<b>✓</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		<b>✓</b>
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<b>✓</b>
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 in Schedule O	9		<u> </u>
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		· ·
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Ī .
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	<b>√</b>	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	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	✓	L
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	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		1
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		_
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			•
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available Check all that apply.	)s onl	y) ava	allable
19	☐ Own website ☐ Another's website ☑ Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.	of inte	rest p	oolicy
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► LESLIE MITCHELL, (254)754-3404			
	1105 WOODED ACRES STE 701 WACO, TV 76710			

_		-
Pa	0	•

Form	aan	(201	n١

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	<b>Highest Compen</b>	sated Employee	s,
	and Independent Contract	ors					

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	त्र Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
TOM SALOME	4.5	1		1				0	0	0
CHAIRMAN LISA JAYNES VICE CHAIRMAN	2.5	<b>✓</b>		<u>*</u>				0	0	0
JIM HALLER SECRETARY/TREASURER	2.5	1		· ✓				0	0	0
BETTY BAUER TRUSTEE	2.5	1						o	0	0
CARA CHASE TRUSTEE	2.5	1						0	0	0
DAVID DICKSON TRUSTEE	2.5	1						0	0	0
JIM HAWKINS TRUSTEE	2.5	1	ļ. <u>.</u>					0	0	0
BETH MAYFIELD TRUSTEE	2 5	1						0	0	0
BILL PAKIS TRUSTEE	2.5	1						0	0	0
MAGGIE STINNETT TRUSTEE	2.5	1						0	0	0
ASHLEY ALLISON  EXECUTIVE DIRECTOR	39.9		<u>.</u>	✓		1		114,901	0	16,442
DIRECTOR OF FINANCE	29.75			1				51,876	0	9,949
			<u> </u>		-	ļ				
		_	<u> </u>		<u> </u>					
					-		_			
		1	1	1	1	1	1	I	1	I

Part	VII Section A. Officers, Directors, Trus	stees, Key	Emplo	oyee	es, a	and	Highe	est	Compensated	Employees (cor	ntınued	)		
	(A)	(B)			(0	C)			(D)	(E)		(	F)	
	Name and title	Average	Posit	ion (d	checi	k all 1	that ap	ply)	Reportable	Reportable	_		nated	
		hours per week	익징	lns	Q.	ξ <sub>0</sub>	매동	₽	compensation from	compensation from related	n		unt of her	
		(describe	d vid	l at	Officer	en	ploy	Former	the	organizations			nsatio	n
		hours for related	Individual trustee or director	92		Key employee	e co	`	organization (W-2/1099-MISC)	(W-2/1099-MISC)			n the ization	
		organizations	rust	1 2		yee	npe		(** 2, 100000,			and r	elated	
		in Schedule O)	66	Institutional trustee			Highest compensated employee				'	organi	zations	5
					<u></u>	ļ	å	_						
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		<u> </u>	<u> </u>	<u>L.</u>	L_	L	<u> </u>			ļ				
1b	Sub-total		٠.	٠										
С	Total from continuation sheets to Part	•		•	•	•								
d		· · · ·						<u> </u>	166,777	•	0		2	6,391
2	Total number of individuals (including but			nose	e lis	ted	abov	e) w	tho received m	ore than \$100,0	)00 in			
	reportable compensation from the organ												Yes	No
3	Did the organization list any former or	fficer direc	otor c	or tr	net	90	kov (	əmr	alovee or high	nest compensa	ted [		162	140
	employee on line 1a? If "Yes," complete											3		Ţ.
4	For any individual listed on line 1a, is the										—	Ť		_
•	organization and related organizations													
	ındividual											4		1
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m an	y ur	related organi	zation or individ	lual			Ť
	for services rendered to the organization	? If "Yes," (	comp	lete	Sci	hedi	ule J	for :	such person		.	5	-	<b>7</b>
Section	on B. Independent Contractors										·			
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	conti	ract	ors that receive	ed more than \$	100,00	0 of		
	compensation from the organization.													
	(A)								(B)			(C)		
	Name and business add	dress ————		_				_	Description of s	services	Con	pens	ation	
								1						
								ļ						
								<del> </del>						
									<del> </del>		_			-2
	Table and a state of the state					I		<u>l</u>						
2	Total number of independent contractor received more than \$100,000 in compensations.								iose listed ab	ovej wno				
	received infore man \$100,000 in compens	3au011 110[[]	me 0	"ya	ıızd	LIOI	<b>-</b> (	)		I				

Part VIII		Statement of Rev	enue	<del>".</del>									
l I					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
ts	1a	Federated campaigns	1a	0									
Contributions, gifts, grants and other similar amounts	b	Membership dues .	1b	0				t					
S, g	С	Fundraising events .	1c	0									
ar gir	d	Related organizations	. 1d	20,000				1					
is, g	е	Government grants (con	tributions) 1e	0				į					
tion	f	All other contributions, gr	fts, grants,										
를 출		and similar amounts not inc	luded above 1f	3,694,442									
ig ig	g	Noncash contributions includ	ed in lines 1a-1f \$	151,918									
<u>8</u> 6	h	Total. Add lines 1a-11	f <u></u>	🕨	3,714,442								
Program Service Revenue				Business Code									
ķ	2a												
چ ا ا	b												
<u> </u>	С												
Ser	d												
am	е				-								
ogu	f	All other program serv			0	0	0	<u>0</u>					
<u>-</u>	g	Total. Add lines 2a-2			0								
	3	Investment income											
į		and other similar amo	•	•	1,162,713	0	0	1,162,713					
	4	Income from investment	•		0	0	0	0					
	5	Royalties	(i) Real	(ii) Personal	0	0	0	0					
	0-	Overe Dente						•					
	6a	Gross Rents		-			•						
	b	Less: rental expenses	C	<u> </u>									
	2	Rental income or (loss)  Net rental income or (		·I									
	d 7a	Gross amount from sales of	(i) Secunties	(II) Other	0	0	0	0					
	14	assets other than inventory	14,959,883	1									
	ь	Less, cost or other basis	14,959,003	<u>,                                     </u>									
	_	and sales expenses .	15,615,486	. 0				,					
	С	Gain or (loss)	-655,603										
	d	Net gain or (loss) .			-655,603	0	0	-655,603					
		• ,											
enne	8a	Gross income from fu	ındraısıng										
		events (not including \$	0					!					
Other Rev		of contributions reporte											
ē		See Part IV, line 18 .	a	ì				I					
₹		Less: direct expenses											
_		Net income or (loss) f		events . ►									
	9a	Gross income from ga						i					
		See Part IV, line 19 .	_										
		Less: direct expenses					_						
		Net income or (loss) f		tivities ▶									
	10a	Gross sales of in		Ì				1					
	١.	returns and allowance	=	·									
	l	Less: cost of goods s			}								
	С	Net income or (loss) f		Business Code									
	110		<del></del>										
	b	ADMINISTRATION FEES		900001	588	0	0	588					
	C												
	d	All other revenue .		<del></del>	0	0	0	0					
	e	Total. Add lines 11a-			588								
	12	Total revenue. See in			4,222,140		0	507,698					

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	lumn (A) but are not	required to complet	te columns (B), (C), ar	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	3,245,441	3,245,441		i
2	Grants and other assistance to individuals in		-,,		
	the U S. See Part IV, line 22	237,060	237,060		1
3	Grants and other assistance to governments,	207,000	207,000		
	organizations, and individuals outside the				1
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members			<u></u>	
5	Compensation of current officers, directors,	· · · · · · · · · · · · · · · · · · ·			
•	trustees, and key employees	200 705			
_		209,785	57,561	123,443	28,781
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		į		
_	persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	243,548	187,757	55,791	0
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	14,297	9,645	4,652	0
9	Other employee benefits	23,477	18,393	5,084	0
10	Payroll taxes	34,373	19,799	12,605	1,969
11	Fees for services (non-employees).		1		
а	Management				
b	Legal	910		910	
С	Accounting	15,172	1,580	13,359	233
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	213,995	23,825	190,170	· · · · · · · · · · · · · · · · · · ·
g	Other	84,326	72,331	11,995	-
12	Advertising and promotion				
13	Office expenses	5,644	1,916	3,728	
14	Information technology	29,943	2,268	27,675	
15	Royalties	0			
16	Occupancy	37,392	14,957	22,435	
17	Travel	24,394	16,075	8,319	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	57,507	5,416	52,091	
20	Interest	0,,567		32,001	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	12,189	2,479	9,710	
23	Insurance	10,154		10,154	
24	Other expenses. Itemize expenses not covered	10,104		10,104	
	above (List miscellaneous expenses in line 24f. If				•
	line 24f amount exceeds 10% of line 25, column				,
	(A) amount, list line 24f expenses on Schedule O.)				•
а	PRINTING AND PUBLICATIONS	27,017	5,257	18,157	3,603
b	POSTAGE AND SHIPPING	3,670	202	2,493	975
c	SOFTWARE PURCHASES	189	0	189	0
d	SMALL EQUIPMENT PURCHASES	625	0	625	0
e	DUES	3,429	501	2,928	0
f	All other expenses	51,410	43,867	6,330	1,213
25	Total functional expenses. Add lines 1 through 24f	4,585,947	3,966,330	582,843	36,774
26	Joint costs. Check here ▶ ☐ If following	7,505,547	3,300,330	302,043	30,774
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation				
		L			Farm 990 (0040)

P	art X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	200	1	200
	2	Savings and temporary cash investments	2,700,223	2	2,894,573
	3	Pledges and grants receivable, net		3	
Assets	4	Accounts receivable, net	21,288	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	-	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	1,000,000	7	150,306
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 79,074			
	b	Less. accumulated depreciation 10b 63,516	23,934	10c	15,558
	11	Investments—publicly traded securities	31,592,840		42,763,710
	12	Investments—other securities. See Part IV, line 11	19,558,855		15,751,926
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	127,972		148,957
	16	Total assets. Add lines 1 through 15 (must equal line 34)	55,025,312		61,725,230
	17	Accounts payable and accrued expenses	42,052		34,248
	18	Grants payable	198,952		392,455
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
S	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			<del></del>
Ē		employees, highest compensated employees, and disqualified persons.			
2:		Complete Part II of Schedule L	-	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. Complete Part X of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	241,004		426,703
		Organizations that follow SFAS 117, check here ▶ 📝 and complete lines 27 through 29, and lines 33 and 34.			
anc.	27	Unrestricted net assets	35,585,920	27	41,853,128
3al	28	Temporarily restricted net assets	0	28	0
핃	29	Permanently restricted net assets	19,198,388	29	19,445,399
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	-	30	-
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del></del>
<u>=</u>	33	Total net assets or fund balances	54,784,308	33	61,298,527
Z	34	Total liabilities and net assets/fund balances	55,025,312	-	61,725,230
_	1 57	Total madmiles and not according balances	55,025,312	J4	61,725,2 Form <b>990</b> (20

Form **990** (2010)

Form 99	90 (2010)		Pa	age <b>12</b>	
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			<b>7</b>	
1	Total revenue (must equal Part VIII, column (A), line 12)		4,22	2,140	
2	Total expenses (must equal Part IX, column (A), line 25)		4,58	5,947	
3	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				
5	Other changes in net assets or fund balances (explain in Schedule O)		6,87	8,026	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))				
Part				8,527	
			Yes	No	
1	Accounting method used to prepare the Form 990:   Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	-	✓ ૼ	
b	Were the organization's financial statements audited by an independent accountant?	. 2b	<b>1</b>	-	
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?		1		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	е			
3а	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	• 3a e 3b			

Form **990** (2010)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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-EZ. ▶ See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **WACO FOUNDATION** 74-6054628 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. **b** Type II c Type III-Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . . . . . 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of (vi) Is the organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support col (i) of your above or IRC section governing document? (i) organized in the support? US? (see instructions)) Yes No Yes Yes No No (A) (B) (C) (D) (E)

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 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.)

Secti	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,629,180	2,696,618	4,766,056	2,659,414	3,714,442	17,465,710
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	3,629,180	2,696,618	4,766,056	2,659,414	3,714,442	17,465,710
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,787,237
6	Public support. Subtract line 5 from line 4.						10,678,473
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	3,629,180	2,696,618	4,766,056	2,659,414	3,714,442	17,465,710
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,713,995	2,242,173	1,051,280	1,121,653	1,162,713	7,291,814
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						24,757,524
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					· · <b>&gt;</b> 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6					14	43.13 %
15 162	Public support percentage from 2009 Sch 331/3% support test—2010. If the organization	redule A, Part	II, IINE 14 .		 Nino 14 io 221	15	38.88 %
104						•	
b	box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test—2010. 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						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part IV how the organization of supported organization	tion meets the neets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organizatio	ns box and st	, and line op here.
18	<b>Private foundation.</b> If the organization dunstructions						see . ▶ □

# 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 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.)

Secti	on A. Public Support			, , , , , , , , , , , , , , , , , , , ,			
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					ľ	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						i
	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	L					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<u> </u>				
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						
С	Add lines 7a and 7b		<del> </del> -				
8	Public support (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support	I	<u> </u>	l .		1	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
	Add lines 10a and 10b	<u></u>					
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on	<b></b>					
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)				1		
13	Total support. (Add lines 9, 10c, 11,				<del></del>		<del></del>
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he	-			•		
Secti	on C. Computation of Public Support	rt Percentag	je				
15	Public support percentage for 2010 (line						%
16	Public support percentage from 2009 Sc			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2010			-			%
18	Investment income percentage from 2009					18	<u>%</u>
19a	331/3% support tests—2010. If the organ						
	17 is not more than 33½%, check this box					_	
þ	331/3% support tests—2009. If the organization 18 is not more than 221-8%, shoots the						
00	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization d						_
20	riivate iouiluation. Il tile organization d	ia noi check a	DUX UN IIITE 14	. 19a. OF 19D. (	CHECK THIS DOX	and see instru	CHORS 🗩 I I

		Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
General E	xplanation - INFORMATION ON UNUSUAL GRANTS: UNUSUAL GRANTS FOR 2006 YEAR - \$6,480,050 + \$240,000 =	
	); UNUSUAL GRANTS FOR 2007 YEAR - \$281,148; UNUSUAL GRANTS FOR 2008 YEAR - \$79,346; UNUSUAL GRANTS FOR	
2009 YEA	R - \$0; UNUSUAL GRANTS FOR 2010 YEAR - \$0.	
		<b></b> -
	······································	
	·····	

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047 2010

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions. Employer identification number

WACC	FOUNDATION	74-6054628			
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	ınds or Accou	ınts. Complete if	f the	
		(a) Donor advised funds	(b) Funds	and other accounts	
1	Total number at end of year	49		105	
2	Aggregate contributions to (during year) .	1,471,647	1,471,647 2,242,795		
3	Aggregate grants from (during year)	1,890,362		1,592,139	
4	Aggregate value at end of year	8,498,774		52,799,753	
5	Did the organization inform all donors and				_
e	funds are the organization's property, subject	<del>-</del>			∐ No
6	Did the organization inform all grantees, dor only for charitable purposes and not for the				
					□No
Part		lete if the organization answered "Yes			
1	Purpose(s) of conservation easements held to		10101111000,	raitiv, into 7.	
	Preservation of land for public use (e.g., r		of an historically	v important land ar	rea
	☐ Protection of natural habitat		of a certified his		
	☐ Preservation of open space	<del>_</del>			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribu	tion in the form	of a conservation	
	easement on the last day of the tax year.				
			н	eld at the End of the T	ax Year
a					
b	Total acreage restricted by conservation eas			<del>-</del>	
C	Number of conservation easements on a cer				
d	Number of conservation easements includ- historic structure listed in the National Regist				
3				organization durir	na the
•	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during tax year ▶				
4	Number of states where property subject to	conservation easement is located ▶			
5	Does the organization have a written poli	icy regarding the periodic monitoring, in	nspection, hand	lling of	
	violations, and enforcement of the conservat	ion easements it holds?		· · 🔲 Yes	☐ No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservation	on easements du	ring the year	
	<b>-</b>				
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during	the year	
•	<b>\$</b>				
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements			
•					☐ No
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the				o tho
	organization's accounting for conservation e		ililaliciai Statellit	ents that describes	s uie
Part	<del>-</del>	ctions of Art, Historical Treasures,	or Other Simil	ar Assets.	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 8	3.		
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in	its revenue state	ement and balance	e sheet
	works of art, historical treasures, or other s	similar assets held for public exhibition,	education, or re	esearch in furthera	
	public service, provide, in Part XIV, the text of				
b	If the organization elected, as permitted ur works of art, historical treasures, or other s public service, provide the following amounts	similar assets held for public exhibition,	s revenue state education, or re	ment and balance esearch in furthera	sheet ance of
	(i) Revenues included in Form 990. Part VIII	line 1	<b>.</b>	¢	
	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X			Ψ \$	
2	If the organization received or held works	of art, historical treasures, or other similar	ar assets for fir	rancial dain provi	ide the
	following amounts required to be reported ur	nder SFAS 116 (ASC 958) relating to these	items:	Ť ,	
а	Revenues included in Form 990, Part VIII, line	e1		\$	
b	Assets included in Form 990, Part X			\$	

Schedule E	(Form	9901	2010
JOI IEGGIE L	, (t Olitt	334	2010

Part	Organizations Maintaining	Collections of A	Art, Histo	rical T	reasures,	or Ot	her Similar As	ssets (con	tinued)
3 .	Using the organization's acquisition, collection items (check all that apply):		her records	s, chec	k any of the	follow	ving that are a s	significant u	ise of its
а	☐ Public exhibition		dГ	l Loa	n or exchan	ae pro	grams		
b	☐ Scholarly research		e $\square$						
С	Preservation for future generation	ns	_						
4	Provide a description of the organizar		and explain	how th	hev further t	he ora	anization's ever	mnt nurnos	e in Part
•	XIV.		and explain	111011 (1	ncy farther t	ne org	anization 5 exci	iibi baibos	C III I CIII
5		solicit or receive	donations	of art	hictorical tra	acuro.	or other eimil	o=	
•	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes  No								
Dari					_				
	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee	, custodian or oth	er interme	diary fo	or contribution	ons or			
	included on Form 990, Part X?							☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIV and comple	ete the follo	owing ta	able:				
							Α	mount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e		_	
f	Ending balance					_1f			
2a	Did the organization include an amount	nt on Form 990, Pa	art X, line 2	1? .				☐ Yes	□ No
	If "Yes," explain the arrangement in P								
Par	V Endowment Funds. Compl	ete if the organiz	ation ansv	wered	"Yes" to Fo	orm 99	90, Part IV, line	e 10.	
		(a) Current year	(b) Prior	year	(c) Two years	back	(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance	27,181,704	25,7	42,667	28,11	2,017			1
b	Contributions	310,227	1	58,681	40	4,277			
С	Net investment earnings, gains, and	-							(
	losses	1,124,663	2,2	80,356	-2,77	3,627			
d	Grants or scholarships	18,005		0		0			
е	Other expenditures for facilities and								
	programs	o		o		o			
f	Administrative expenses	0		0		0			
g	End of year balance	28,598,589	28.1	81,704	25.74	2,667			
2	Provide the estimated percentage of t				20,77	2,007	-		
а	Board designated or quasi-endowmen								
b	Permanent endowment ► 67								
C	Term endowment ▶ 0 %								
3a	Are there endowment funds not in the		e organiza	tion tha	at are held a	nd adı	ministered for th	ne	
	organization by:								es No
	(i) unrelated organizations							3a(i)	<del>55 1.10</del>
	## I I I			• •				3a(ii)	<del>  `</del>
b	If "Yes" to 3a(ii), are the related organ			Schod	 .lo.D2	•			<del></del>
4	Describe in Part XIV the intended uses							3b	
Part									
ı aı	Description of investment	(a) Cost or ot				(-) (	Name	(A) D1	
	Description of investment	(a) Cost or off			r other basis ther)		Accumulated epreciation	(d) Book v	/alue
1a	Land		0		0				0
b	Buildings		0		0		0		0
C	Leasehold improvements				0		0		0
ď	Equipment	·	0		79,074		63,516		15,558
e	Other	<u>·                                      </u>	0		0		0		0
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X,	column	(B), line 10(	c).) .	▶		15,558

Part VII Investments – Other Securitie	s. See Form 990, Part X, I	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	15,751,926	End-of-Year Market Value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)	-	
(E)		
(F) (G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,751,926	
Part VIII Investments—Program Relate	•	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)	<u></u>	
(4)		
(5)		
_(6)		
(7)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, F		
Cities Assets. Occ 1 offi 550, 1	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	(0) (5)	
Total. (Column (b) must equal Form 990, Part X,		<u> ▶ </u>
Part X Other Liabilities. See Form 990	(b) Amount	T
	(b) Amount	-
(1) Federal income taxes	۱ .	
(1) Federal income taxes	0	4
(2)	0	
(2)	0	
(2) (3) (4)	0	
(2) (3) (4) (5)	0	
(2) (3) (4) (5) (6)	0	
(2) (3) (4) (5)	0	
(2) (3) (4) (5) (6) (7)		
(2) (3) (4) (5) (6) (7) (8)		
(2) (3) (4) (5) (6) (7) (8) (9)		
(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		

	ie D (Full 1990) 2010		Page <b>4</b>
Part	Reconciliation of Change in Net Assets from Form 990 to Audited Fin		ts
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		
Part	XII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Re	eturn
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:	Γ	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		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 XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>	4	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<del> </del>	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements Wit		Return
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		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part			<u>-                                      </u>
Part V any ad	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and $\frac{1}{2}$ and $\frac{1}{$	nd 4b. Also comple	ete this part to provide
	dule D, Part V, Line 4 - THE ENDOWMENTS OF THE WACO FOUNDATION ARE INTENDED		
	TAINS ITS REAL VALUE OVER TIME, TO VARIOUS CHARITABLE ORGANIZATIONS AND A		· · ·
	S. SOME ENDOWED FUNDS ARE ESTABLISHED TO PROVIDE SUPPORT FOR SPECIFIC, I		
FUND	S, THAT ARE ESTABLISHED FOR GENERAL CHARITABLE COMMUNITY BETTERMENT O	R A SPECIFIC CHAI	RITABLE FIELD
	TEREST, WILL PROVIDE GRANTS OF INCOME TO DIFFERENT CHARITIES EVERY YEAR A		MMUNITY
NEED	S AND THE FINDINGS OF THE DELIBERATIONS OF THE ORGANIZATION'S BOARD OF TR	RUSTEES.	
Sched	dule D, Part X, Line 2 - THE FOUNDATION HAS BEEN GRANTED EXEMPTIONS FROM FEDI	ERAL INCOME TAXI	ES UNDER
	ION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, NO PROVISION FOR INCOM		
	NCIAL STATEMENTS. THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX PO		
EXEM	IPT INCOME MIGHT BE DETERMINED TO BE UNRELATED BUSINESS INCOME AND WHET	HER IT HAS PROPE	ERLY
	TAINED ITS EXEMPT STATUS) IF SUCH POSITIONS ARE PROBABLE OF BEING SUSTAINI		
	STMENTS WOULD NOT BE DETECTED AND MADE BY TAXING AUTHORITIES). RECOGNI		

# Part XIV - Supplemental Information (Continued)

MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% OF BEING REALIZED. CHANGES IN THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. THE FOUNDATION RECORDS				
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN MANAGEMENT AND GENERAL EXPENSES. THE				
FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2007.				

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States

2010

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection	mployer identification number
	<b>Employer</b> iden

% □ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II or assistance 48 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to √Yes 74-6054628 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . . (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part General Information on Grants and Assistance can be duplicated if additional space is needed. Enter total number of other organizations (p) EIN 1 (a) Name and address of organization or government WACO FOUNDATION (1) Sch I, Stmt 1 Part II <u>R</u> € ල 9 8 <u>6</u> 9 5 9 (12)

Schedule I (Form 990) (2010)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

ORGANIZATIONS HAVE OR HAVE NOT MADE DRAWS, AND WHICH HAVE EXPENDED THEIR GRANTS. IN ADDITION, THEY REVIEW A LIST OF CHECKS WRITTEN OVER \$500, (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 22. FURTHER EXPLANATION IS REQUIRED. THE SIGNED CONTRACT MUST BE RETURNED TO WACO FOUNDATION BEFORE THE FIRST DRAW CAN BE MADE. TO ACCESS THE FUNDS, THE ORGANIZATION MUST SUBMIT A CHECK REQUEST AND EXPENSE DOCUMENTATION OF WHEN, WHERE, AND HOW THE MONEY WAS SPENT. THE DIRECTOR Schedule I, Part I, Line 2 - EACH GRANT RECIPIENT IS EMAILED AN AWARD LETTER AND CONTRACT OUTLINING THE TERMS OF THE GRANT AWARD AND INSTRUCTIONS OF TECHNOLOGY AND ADMINISTRATION REVIEWS AND APPROVES THE CHECK REQUESTS AND DOCUMENTATION; ANY DISCREPANCIES BETWEEN HOW THE MONEY Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. ON HOW TO REQUEST DISBURSEMENTS. IF NECESSARY, THE DIRECTOR OF TECHNOLOGY AND ADMINISTRATION SCHEDULES A MEETING WITH THE RECIPIENT IF ORGANIZATIONS ARE REQUIRED TO COMPLETE AN INTERIM EVALUATION REPORT SIX MONTHS AFTER THE FIRST DRAW AND A CLOSE-OUT REPORT UPON FINAL WAS SPENT AND THE GRANT REQUEST ARE IMMEDIATELY ADDRESSED. THE DIRECTOR OF TECHNOLOGY AND ADMINISTRATION MAKES SITE VISITS TO THE WHICH INCLUDES CHECKS TO GRANTEES, AND ARE APPRISED OF ANY REQUESTS FOR REALLOCATION, DEADLINE EXTENSION, OR RESCISSION OF FUNDS. RECIPIENT'S FACILITIES, AS NEEDED, AND MAINTAINS THE GRANT FILES. MONTHLY, THE TRUSTEES REVIEW A GRANTS REPORT, WHICH STATES WHICH (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 353,178 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 156 1 SCHOLARSHIPS PAID TO INSTITUTIONS (a) Type of grant or assistance Part III N က 4 S ဖ

### SCHEDULE M (Form 990)

# **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

WACO FOUNDATION

Employer identification number

74-6054628

OMB No 1545-0047

2010

Part	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	1	7	151,418	AVG HI/LOW			
10	Securities—Closely held stock .							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous	1	2	835,709	FACE VALUE	E OF N	OTES	 }
13	Qualified conservation			· · · · · · · · · · · · · · · · · · ·				
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (EVENT FLOWERS )	<b>✓</b>	1	500	SELLING PR	ICE		
26	Other ► (							
27	Other ► ()							
28	Other ► (							
29	Number of Forms 8283 received	by the or	ganization during the tax	year for contributions for				
	which the organization completed	d Form 828	3, Part IV, Donee Acknowle	dgement	29			0
							Yes	No
30a	During the year, did the organiza	ation receive	e by contribution any prop	erty reported in Part I, line	s 1-28 that			
	it must hold for at least three year	ars from th	e date of the initial contrib	ution, and which is not req	juired to be			i
	used for exempt purposes for the	entire hold	ling period?			30a		<b>√</b>
b	If "Yes," describe the arrangement	nt ın Part II.						
31	Does the organization have a			es the review of any no	n-standard			
	contributions?					31	1	-
32a	Does the organization hire or us	se third par	ties or related organization	ns to solicit, process, or s	ell noncash			
		•		·		32a		1
b	If "Yes," describe in Part II.				1	$\Box$		
33	If the organization did not report a	an amount II	n column (c) for a type of pro	operty for which column (a)	is checked,			

	Form 990) (2010)	Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 3 and 33. Also complete this part for any additional information.	2b,

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

201**0** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 990-EZ.

Employer identification number Name of the organization **WACO FOUNDATION** 74-6054628 Form 990, Part III, Line 2 - THE GREATER WACO COMMUNITY EDUCATION ALLIANCE IS A PROGRAM WHICH ORGANIZES THE COMMUNITY IN SUPPORT OF EDUCATION. THE OVERALL GOAL IS TO INCREASE THE PERCENTAGE OF THE WACO COMMUNITY POPULATION WITH AN ASSOCIATES DEGREE OR HIGHER FROM THE RATE OF 28%, ACCORDING TO CENSUS ESTIMATES FROM 2007, THE YEAR THE ALLIANCE BEGAN TO ORGANIZE. SPECIFICALLY, THE ALLIANCE HAS THREE GOALS TO ENSURE STUDENTS: COME TO SCHOOL READY TO LEARN; GRADUATE FROM HIGH SCHOOL PREPARED FOR POST-SECONDARY EDUCATION; AND, COMPLETE POST-SECONDARY EDUCATION PREPARED FOR CAREER AND LIFE. THE ALLIANCE COORDINATES PROGRAMMING AND EVALUATION OF VARIOUS NONPROFIT ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS TO ENHANCE COLLABORATION AND EFFECTIVENESS, AND IT OVERSEES AN EVALUATION OF THE COMMUNITY'S EDUCATION PERFORMANCE ON AN ANNUAL BASIS. AMONG THEIR ACTIVITIES ARE AN ANNUAL EDUCATION SUMMIT (WITH AN AVERAGE ATTENDANCE OF 500), WHICH INVITES ALL RESIDENTS INTERESTED IN EDUCATION TO GATHER AND CONTRIBUTE TO PLANS AND STRATEGIES OF THE ALLIANCE. IN ADDITION, THE ALLIANCE HOSTS PERIODIC EVENTS, INCLUDING TWO RECENT EVENTS FOR PARENTS, TO HELP PARENTS SUPPORT THE EDUCATION OF THEIR CHILDREN (WITH COMBINED ATTENDANCE OVER 1,000). EARLY EVALUATIONS INDICATE THAT THE EFFORTS ARE SUCCESSFUL, INCLUDING A 9% DECREASE IN STUDENTS REQUIRING REMEDIATION AT THE LOCAL COMMUNITY COLLEGE FROM 2000 TO 2010 (SOURCE IS MCLENNAN COMMUNITY COLLEGE), AS WELL AS AN INCREASE IN THE NUMBER OF RESIDENTS WITH A BACHELOR'S DEGREE OR HIGHER, FROM 16% IN 1990 TO 24% IN 2010. (SOURCE IS 201 CENSUS; \*AMERICAN COMMUNITY SURVEY 1 YEAR ESTIMATE). Form 990, Part VI, Section B, Line 11a - THE BOARD IS GIVEN A COPY OF THE COMPLETED, UNFILED FORM 990. THE DIRECTOR OF FINANCE EXPLAINS THE MOST IMPORTANT ITEMS OF INTEREST ON THE FORM 990 THERE IS A GENERAL DISCUSSION ABOUT THE FORM 990. Form 990, Part VI, Section B, Line 12c - CONFLICTS OF INTEREST ARE DETERMINED AND REVIEWED ON THE LEVELS OF EXECUTIVE DIRECTOR, COMMITTEE MEMBERS, AND BOARD MEMBERS. IF THERE IS REASON TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OR DUALITY OF INTEREST, THEY WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN. UPON FURTHER INVESTIGATION, THE BOARD OR COMMITTEE MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY RESULT IN THE REMOVAL OF THAT PERSON FROM THEIR BOARD POSITION, OR TERMINATION OF EMPLOYMENT, IF AN EMPLOYEE. IF A MEMBER DISCLOSES A CONFLICT OR DUALITY OF INTEREST, THEY ARE ALLOWED TO REMIAN IN THE BOARD MEETING DURING DISCUSSIONS, BUT ARE REQUIRED TO ABSTAIN FROM VOTING ON THE SUBJECT. Form 990, Part VI, Section B, Line 15 - THE BOARD USES THE COUNCIL ON FOUNDATIONS SALARY SURVEY, WHICH HAS INFORMATION ON EXECUTIVES FROM OTHER FOUNDATIONS AND INCLUDES COMPARISON DATA RELATED TO SIMILAR ASSET SIZE AND DIFFERENCES IN WAGE RATES BASED ON GEOGRAPHY. THE WACO FOUNDATION CONSIDERS FOR COMPARISON COMMUNITY FOUNDATIONS IN THE 50-100 MILLION ASSET RANGE AND THAT ARE LOCATED IN THE SOUTHWEST REGION OF THE UNITED STATES. A COMPENSATION PACKET, WHICH INCLUDES INFORMATION ON EXECUTIVE PERFORMANCE, IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO THE BOARD'S VOTE ON SALARIES, AND IS MAINTAINED AS A PART OF THE ORGANIZATIONAL RECORDS. INPUT FROM THE FULL BOARD IS OBTAINED THROUGH FORMAL ONLINE SURVEYS OF OBJECTIVE CRITERIA OR THROUGH THE CHAIRMAN'S POLLING OF BOARD MEMBERS VIA TELEPHONE CALLS AND MEETINGS. THE PROCESS FOR SETTING ALL EMPLOYEES' SALARIES IS BASED ON THE SAME SALARY SURVEY AND A PERFORMANCE REVIEW. ALL SALARIES ARE APPROVED BY THE BOARD. Form 990, Part VI, Section C, Line 19 - THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO PUBLIC.

Schedule O (Form 990) 2010	Page Z
Supplemental Information (Continued)	
Form 990, Part XI, Line 5 - \$6,878,026 - UNREALIZED GAINS.	
•••••••••••••••••••••••••••••••••••••••	
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	c

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization WACO FOUNDATION

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.	
990.	
For	
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2010

OMB No 1545-0047

Open to Public Inspection Employer Identification number

74-6054628

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 ŝ (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity WACO FOUNDATION (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) LINE 11, TYPE 1 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(C)(3) Cat No 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity ĭ TYPE 1 SUPPORTING OR (b) Primary activity (1) For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity (a)
Name, address, and EIN of related organization 1105 WOODED ACRES STE 701, WACO, TX 76710 (1) WF ASSETS INC (74-2783048) (9) Part I Part II **€** <u>8</u> 8 ල 3 ල € © 9 E

Schedule R (Form 990) 2010

(k) Percentage ownership Schedule R (Form 990) 2010 (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34-because it had one or more related organizations treated as a partnership during the tax year.) (I) General or managing partner? Yes No end-of-year assets (g) Share of Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h)
Disproportionate ŝ Yes (g) Share of end-of-year (e)
Type of entity
(C corp, S corp, or trust) (d)

Orrect confrolling entity Share of total income (c) Legal domicile foreign country) (state or Predominant income (related, unrelated, excluded from tax under sections 512-514) e (b) Primary activity (d)

Direct controlling entity (1) (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity (7) Ë (9) related organization (a) Name, address, and Part IV Part III 9 Ε 8 Ξ 8 9 € 9 ල € 9

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note Complete line 1 if any entity is listed in Parts II III or IV	listed in Parts II. III. or IV of this schedule.			<u>&gt;</u>	Yes No	_
1 During the tax year, did the ord	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ations listed in Parts II-	-1/2			
a Receipt of (i) interest (ii) annuit	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			<b>1</b> a	>	1.
	on to other organization(s)			4	>	l
c Gift, grant, or capital contribution from other organization(s)	on from other organization(s)			ပု	<u> </u>	l
d Loans or loan quarantees to or for other organization(s)	for other organization(s)			P	>	I
	her organization(s)			<del>1</del>	>	
30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				7	-	1
				= ;	<b>&gt;</b>  `	1
	organization(s)			6 4	> `	-1
h Exchange of assets				ב י	<b>&gt;</b>	-
<ul> <li>Lease of facilities, equipment, or other assets to other or</li> </ul>	or other assets to other organization(s)			=	>	-
i Lease of facilities, equipment, or other assets from other	r other assets from other organization(s)	•		; <del>=</del>	<b>\</b>	
k Performance of services or me				<b>*</b>	>	ı
I Performance of services or me	Performance of services or membership or fundraising solicitations by other organization(s)			=	>	
m Sharing of facilities, equipment, mailing lists, or other assets	mailing lists, or other assets			13	>	
n Sharing of paid employees				두	>	- 1
<ul> <li>Beimbursement paid to other organization for expenses</li> </ul>	ganization for expenses			- 0		
	rganization for expenses			<del>1</del> 0	·   >	1 (
q Other transfer of cash or property to other organization(s	ty to other organization(s)			19		. 1
2 If the answer to any of the above is "Yes," see the instruction	ins for information on who must complete this line,	including covered relationshi	relationships and transaction thresholds.	Tr   tron thres	holds.	1
	(a) Name of other organization ty		(c) Amount involved Me	(d) Method of determining amount involved	ermining olved	Ì
WF ASSETS INC			20,000 CASH	SH		1
(1)						
(2)						- 1
(3)			-			
(4)						I
(5)						1
(9)						- 1
			Schedule	Schedule R (Form 990) 2010	990) 201(	0

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) (d) (e) Primary activity Legal domicile Are all partners Share	(c) Legal domicile	(d) Are all partners	of	(f) Disproportionate		(h) General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?
			Yes No		Yes No		Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)					_		
(10)							
(11)							
(12)							_
(13)							
(14)							
(15)							
(16)							
						Schedule R (Form 990) 2010	m 990) 2010

	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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WACO FOUNDATION 74-6054628

Form Schedule I

,Page 1

Line Number Part II

### Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	BAYLOR BEAR FOUNDATION	7,500	
	UNIVERSITY DEVELOPMENT		
	1 BEAR PL UNIT 97050		
	WACO, TX 76798-7050		
EIN	75-2172398		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance	CENEDAL SUDDODT		
Purpose of grant	GENERAL SUPPORT		
Name and address	BAYLOR UNIVERSITY	60,000	
	1 BEAR PL UNIT 97026		
	WACO, TX 76798-7026		
EIN	74-1159753		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance	DACKETDALL DROCDAM ENTREDDENIELIDIAL		
Purpose of grant	BASKETBALL PROGRAM, ENTREPRENEURIAL PROGRAM		
Name and address	BIG BROTHERS BIG SISTERS LONE STAR	17,500	
	450 E JOHN CARPENTER FWY		
	IRVING, TX 75062		
EIN	75-0800632		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	GENERAL SUPPORT		
Name and address	CAMERON PARK ZOOLOGICAL AND BOTANICAL	75,500	
	SOCIETY		
	1701 N 4TH ST	•	
	WACO, TX 76707		
EIN	74-1290001		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance	SDECIAL EVENTS DAVILLON, CENEDAL		
Purpose of grant	SPECIAL EVENTS PAVILION, GENERAL SUPPORT		
Name and address	CAMPFIRE USA TEJAS COUNCIL	219,683	
	321 N 30TH ST		
P10.1	WACO, TX 76710		
EIN	74-1285451		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance	DERT DELIEE GENERAL SURBORT		
Purpose of grant	DEBT RELIEF, GENERAL SUPPORT		
Name and address	CARITAS OF WACO	32,073	
	300 S 15TH ST		
	WACO, TX 76701		

Schedule I, Part IV, Statement 1 **WACO FOUNDATION** ΕIN 74-1711575 JRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant ROOF REPAIR, GENERAL SUPPORT 15,000 MCLENNAN COUNTY PO BOX 20432 WACO, TX 76702 **EIN** 52-2407679 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant JOB TRAINING INTERNSHIPS Name and address COMMUNITY TRAINING CENTER INC 23,500 704 ELM ST WACO, TX 76704 **EIN** 74-2621655 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant AFTER SCHOOL TUTORING AND SUMMER **PROGRAMS** Name and address CONGREGATION AGUDATH JACOB 15,913 4925 HILLCREST DR WACO, TX 76710 EIN 74-1200140 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant **GENERAL SUPPORT** Name and address COUNCIL ON FOUNDATIONS 5,690 2121 CRYSTAL DR **STE 700** ARLINGTON, VA 22202-3706 EIN 13-6068327 IRC code section 501(C)(3) Method of valuation Description of noncash assistance BALANCE OF 2011 DUES OVER \$500 Purpose of grant Name and address DR PEPPER MUSEUM AND FREE ENTERPRISE 25,000 INSTITUTE 300 S 5TH ST WACO, TX 76701 EIN 74-2497117 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant PHASE III BUILDING EXPANSION Name and address FAMILY ABUSE CENTER 27,990

PO BOX 20395

**WACO FOUNDATION** Schedule I, Part IV, Statement 1 WACO, TX 76702 74-2080943 .EIN IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant **EVAPORATOR COIL/GAS FURNACE** REPLACEMENT Name and address FRIENDS FOR LIFE 6,300 PO BOX 23491 WACO, TX 76702-3491 EIN 74-2550748 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant **GENERAL SUPPORT** 37,058 Name and address FUZZY FRIENDS RESCUE PO BOX 20966 WACO, TX 76702 EIN 75-2699210 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant NEW KENNELS AND FLOORING, GENERAL SUPPORT Name and address GREATER WACO CHAMBER OF COMMERCE 50,000 PO BOX 1220 WACO, TX 76703-1220 EIN 74-0967440 IRC code section 501(C)(3) Method of valuation Description of noncash assistance 2011 MOMENTUM FUND FOR ECONOMIC AND Purpose of grant COMMUNITY DEVELOPMENT Name and address HAGGAI INSTITUTE OF ADVANCED LEADERSHIP 9,100 TRAINING INC PO BOX 13 ATLANTA, GA 30370 58-0898309 EIN IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant **GENERAL SUPPORT** 16,325 Name and address HISTORIC WACO FOUNDATION 810 S 4TH ST WACO, TX 76706 EIN 74-1563772 IRC code section 501(C)(3) Method of valuation Description of non-

35,890

cash assistance Purpose of grant

Purpose of grant GENERAL SUPPORT

Name and address JEWISH FEDERATION OF WACO AND CENTRAL

Schedule I, Part IV, Statement 1 **WACO FOUNDATION** 

25,000

219,256

12,000

25,000

33,178

**TEXAS** 

PO BOX 8031

WACO, TX 76714

EIN

74-1167963

IRC code section

501(C)(3)

Method of valuation Description of noncash assistance

Purpose of grant

**GENERAL SUPPORT** 

Name and address JUNIOR LEAGUE OF WACO

2600 AUSTIN AVE

WACO, TX 76710

EIN

74-6046993

IRC code section

501(C)(3)

Method of valuation Description of noncash assistance

Purpose of grant

**CLIFTON HOUSE PRESERVATION** 

Name and address MCLENNAN COMMUNITY COLLEGE

FOUNDATION

1400 COLLEGE DR

WACO, TX 76708 74-2550278

EIN IRC code section

501(C)(3)

Method of valuation Description of non-

cash assistance Purpose of grant

STEINWAY PIANO INITIATIVE, NEW SCIENCE

BUILDING

Name and address MCLENNAN COUNTY CHILDREN'S PROTECTIVE

SERVICES BOARD

PO BOX 977

31-1590878

WACO, TX 76703-0977

EIN IRC code section

501(C)(3)

Method of valuation Description of non-

cash assistance

Purpose of grant SPECIAL NEEDS FOR FOSTER CHILDREN

Name and address MCLENNAN COUNTY HUNGER COALITION

300 S 15TH ST

WACO, TX 76701-1704 26-2874339

EIN IRC code section

501(C)(3)

Method of valuation Description of non-

cash assistance

Purpose of grant **GENERAL SUPPORT** 

Name and address MEALS & WHEELS

CENTRAL TEXAS SENIOR MINISTRY

**PO BOX 85** WACO, TX 76703

IRC code section

74-1776447 501(C)(3)

Method of valuation Description of non-

cash assistance

Purpose of grant CLIENT SERVICES DIRECTOR, GENERAL

EIN

Schedule I, Part IV,	SUPPORT		WACO FOUNDATION
Name and address	MOODY INDEPENDENT SCHOOL DISTRICT 107 CORA LEE LN MOODY, TX 76557	6,250	
EIN	74-6001752		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	TO FUND LOCAL MOODY SCHOLARSHIP FUND		
Name and address	PLANNED PARENTHOOD OF CENTRAL TEXAS INC PO BOX 1459	121,062	
	WACO, TX 76703		
EIN	74-1143143		
IRC code section  Method of valuation	501(C)(3)		
Description of non-			
cash assistance			
Purpose of grant	EXAM ROOM ADDITION, NOBODY'S FOOL		
	PROGRAM, GENERAL SUPPORT		
Name and address	POTTER'S VESSEL MINISTRIES INC	30,000	
	PO BOX 1607		
	WACO, TX 76703		
EIN	01-0573158		
IRC code section	501(C)(3)		
Method of valuation Description of non-			
cash assistance			
Purpose of grant	TWO-DAY CHARITABLE DENTAL CLINIC		
Name and address		28,600	
manio and dadiess	6901 MEDICAL PARKWAY	20,000	
	WACO, TX 76712		
EIN	74-2683112		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	BREAST HEALTH CENTER, CRITICAL CARE TRAINING, GENERAL SUPPORT		
Name and address	RAPOPORT ACADEMY	6,000	
	1020 ELM ST		
	BLDG 1000		
	WACO, TX 76704		
EIN IRC code section	74-2798827		
Method of valuation	501(C)(3)		
Description of non-			
cash assistance			
Purpose of grant	GENERAL SUPPORT		
Name and address		25,000	
una audiess	2102 N 23RD ST	23,000	
	WACO TY 76709		

EIN

IRC code section Method of valuation Description of non-

WACO, TX 76708

74-1216244 501(C)(3) Schedule I, Part IV, Statement 1 **WACO FOUNDATION** cash assistance Purpose of grant REICHER RENAISSANCE CAPITAL IMPROVEMENT PROJECT Name and address SOLIDE INC 5,500 2125 WASHINGTON AVE WACO, TX 76701 EIN 74-2667137 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant **GENERAL SUPPORT** Name and address ST PAUL'S EPISCOPAL CHURCH 119,875 **601 COLUMBUS AVE** WACO, TX 76701 EIN 74-1109762 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant BUILDING FUND, CLERGY TUITION FUND, **GENERAL SUPPORT** Name and address TALITHA KOUM INSTITUTE 90,471 **CROSSTIES MINISTRIES** PO BOX 2202 WACO, TX 76703 EIN 75-2849153 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant BRAIN DEVELOPMENT SYMPOSIUM, DEBT REDUCTION Name and address TEMPLE RODEF SHOLOM 12,065 1717 N NEW RD WACO, TX 76707 **EIN** 74-1690262 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant GENERAL SUPPORT Name and address THE SALVATION ARMY 23,150 WACO CORPS 4721 W WACO DR WACO, TX 76710 EIN 58-0660607 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant MEN'S SHELTER AND COMMUNITY KITCHEN;

8,000

Page 6

GENERAL SUPPORT

Name and address UNITARIAN UNIVERSALIST FELLOWSHIP OF

4209 N 27TH ST WACO, TX 76708

WACO

Schedule I, Part IV, Statement 1 **WACO FOUNDATION** EIN 74-6070818 JRC code section 501(C)(3) Method of valuation Description of noncash assistance **GENERAL SUPPORT** Purpose of grant Name and address VANGUARD COLLEGE PREPARATORY SCHOOL 797,272 2517 MT CARMEL DR WACO, TX 76710 EIN 74-1563772 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant HERITAGE CAMPAIGN Name and address WACO CHAMBER OF COMMERCE 20,000 COMMUNITY DEVELOPMENT FOUNDATION PO BOX 1220 WACO, TX 76703 EIN 75-2420690 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant COMMUNITY DEVELOPMENT CHALLENGE Name and address WACO COMMUNITY DEVELOPMENT 94,600 1624 COLCORD AVE WACO, TX 76707 EIN 74-2995407 IRC code section 501(C)(3) Method of valuation Description of noncash assistance EAST WACO COMMUNITY DEVELOPMENT PLAN Purpose of grant Name and address WACO COTTON PALACE PAGEANT INC 23,700 5918 MT ROCKWOOD CIR WACO, TX 76710 EIN 23-7045330 IRC code section 501(C)(3) Method of valuation Description of noncash assistance Purpose of grant **GENERAL SUPPORT** Name and address WACO CULTURAL ARTS FEST 242,414 801 WASHINGTON AVE **STE 405** WACO, TX 76701-1260 EIN 05-0616886 IRC code section 501(C)(3) Method of valuation Description of non-

10,000

EIN

cash assistance Purpose of grant

Name and address WACO GIRLS CLUB INC

74-1143145

**BRANDING THE BRAZOS PROJECT** 

1905 WASHINGTON AVE WACO, TX 76701

Schedule I, Part IV,	Statement 1		WACO FOUNDATION
IRC code section	501(C)(3)		
Method of valuation			
Description of non- cash assistance			
Purpose of grant	EARLY CHILDHOOD PLAYGROUND		
Name and address	WACO HABITAT FOR HUMANITY	60,503	
Name and address	PO BOX 2124	00,303	
	WACO, TX 76703		
EIN	75-2130884		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance	FINANCE CUETON HOUSE HE MEIOURORUSOR		
Purpose of grant	FINANCE CLIFTON HOUSE #6, NEIGHBORHOOD REVITALIZATION INITIATIVE		
<u> </u>	<del></del>		
Name and address	WACO HUMANE SOCIETY AND ANIMAL SHELTER	20,163	
	2032 CIRCLE RD WACO, TX 76706		
EIN	74-2355124		
IRC code section	501(C)(3)		
Method of valuation			
Description of non-			
cash assistance	,		
Purpose of grant	SPAY AND NEUTER PROGRAM		
Name and address	WACO MAMMOTH FOUNDATION INC	20,000	
	PO BOX 326		
FIN	WACO, TX 76703		
EIN IRC code section	20-1161717		
Method of valuation	501(C)(3)		
Description of non-			
cash assistance			
Purpose of grant	GENERAL SUPPORT		
Name and address	WACO SOUTHERN LITTLE LEAGUE	28,000	
	PO BOX 1612		
	WACO, TX 76703		
EIN	52-1344252		
IRC code section	501(C)(3)		
Method of valuation Description of non-			
cash assistance			
Purpose of grant	RENOVATION OF BASEBALL FIELDS		
Name and address	WACO SYMPHONY ASSOCIATION INC	6,026	
	PO BOX 1201	-,	
	WACO, TX 76703		
EIN	74-6062658		
IRC code section	501(C)(3)		
Method of valuation			
Description of non- cash assistance			
Purpose of grant	GENERAL SUPPORT		
Name and address	WILLIAM CAMERON PARK CENTENNIAL	196,000	
Hamie and address	CELEBRATION	150,000	
	C/O CITY OF WACO		
	PO BOX 2570		
	WACO, TX 76702		
EIN	74-6002486		

Schedule I, Part IV, Statement 1 WACO FOUNDATION IRC code section 501(C)(3) Method of valuation Description of noncash assistance **CENTENNIAL CELEBRATION EVENTS** Purpose of grant Name and address YMCA OF CENTRAL TEXAS 53,376 PO BOX 20515 WACO, TX 76702 EIN 74-2668685 IRC code section 501(C)(3) Method of valuation

Description of noncash assistance

Purpose of grant

MINIBUS; GENERAL SUPPORT

Schedule O, Statement 1

Form 990 Page 1

Line Number: Part I Line 1

WACO FOUNDATION 74-6054628

### **Activity Or Mission Description**

### Description

BENEFIT OF COMMUNITY-BASED CHARITIES THE GOAL OF THE WACO FOUNDATION IS TO ENABLE AND ENCOURAGE PEOPLE TO CREATE CHARITABLE FUNDS THAT COLLECTIVELY SERVE THE ENTIRE COMMUNITY AND ENHANCE PUBLIC GOOD AND OVERALL QUALITY OF LIFE, AND THE BOARD OF TRUSTEES USES ITS VARIANCE POWER TO ENSURE THAT THE INTERESTS OF THE ENTIRE COMMUNITY ARE THE FOCUS OF THE WORK

Schedule O, Statement 2

Form. 990

Page. 2

Line Number Part III Line 4d

WACO FOUNDATION 74-6054628

### Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	GREATER WACO COMMUNITY EDUCATION ALLIANCE AND SUMMIT FUNDS SEE DETAILED DESCRIPTION OF THIS PROGRAM AT PART III, LINE 2 (DETAIL IN SCHEDULE O)	108,272	0	0
	THIS INCLUDES ALL OTHER FUNDS OWNED AND MANAGED BY THE WACO FOUNDATION - 149 DESIGNATED, DONOR ADVISED, SCHOLARSHIP, FIELD OF INTEREST AND DISCRETIONARY FUNDS	2,689,697	2,635,826	0
Total:		2.797.969	2.635,826	