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Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Wichita Falls Area Community Foundation

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

807 8th St.

Room/suite

750

City or town, state or country, and ZIP + 4

Wichita Falls, TX 76301

F Name and address of principal officer Teresa Pontius Caves

Same as C above.

D Employer identification number

75-2817894

E Telephone number

940-766-0829

G Gross receipts \$

16,843,308.

H(a) Is this a group return

for affiliates?

☐ Yes

☒ No

H(b) Are all affiliates included?

☐ Yes

☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.wfacf.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1999

M State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	To function as a community foundation and provide grants for charitable, religious, scientific,	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	0
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8		Contributions and grants (Part VIII, line 1b)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2b)	4,933,379.	9,453,388.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 10c, and 11e)	932,762.	521,116.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	182,903.	199,172.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,049,044.	10,173,676.
14		Benefits paid to or for members (Part IX, column (A), line 4)	5,744,826.	3,540,745.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	192,708.	225,324.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	0.
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	0.	0.
	19	Revenue less expenses - Subtract line 18 from line 12	180,397.	198,208.
	20	Total assets (Part X, line 16)	6,117,931.	3,964,277.
	21	Total liabilities (Part X, line 26)	<68,887.>	6,209,399.
	22	Net assets or fund balances - Subtract line 21 from line 20	Beginning of Current Year	End of Year
			33,227,372.	37,316,202.
			0.	0.
		33,227,372.	37,316,202.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer *Teresa Pontius Caves* Date 11/5/12
Type or print name and title Teresa Pontius Caves, Executive Director

Paid Preparer Use Only Print/Type preparer's name Mac Cannedy Preparer's signature *Mac Cannedy* Date 11/4/12 Check ☐ if self-employed PTIN P00123468
Firm's name Freeman, Shapard & Story Firm's EIN 75-0706311
Firm's address 807 8th Street, 2nd Floor Wichita Falls, TX 76301-3381 Phone no. (940) 322-4436

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

Wichita Falls Area Community
Foundation

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Part III 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

To provide charitable opportunities for area residents; to leave a legacy for the future; to facilitate donors' varied interests; and to promote philanthropy.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 3,672,148. including grants of \$ 3,540,745.) (Revenue \$)

Wichita Falls Area Community Foundation seeks to provide grants to various qualified organizations as approved by the Board of Directors through the cultivation, investment, and establishment of contributed funds in order to provide long-term income and fund growth for the provision of grants and support of community organizations, now and in the future. Grants made in the current year benefitted more than 500 organizations and individuals.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,672,148.

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**Wichita Falls Area Community
Foundation**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Foundation**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 4		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c X	
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 5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b X
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 X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b
7 Organizations that may receive deductible contributions under section 170(c).			
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 X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c X	
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d 1		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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 X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			9a X
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	19	
1b Enter the number of voting members included in line 1a, above, who are independent	18	
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 X	
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
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	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
Teresa Pontius Caves - (940)766-0829
807 8th St., Ste. 750, Wichita Falls, TX, Wichita Falls, TX 76301

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Foundation**

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Charlie Prothro Chairman	1.00	X		X				0.	0.	0.
(2) Teresa Pontius Caves CEO	40.00	X		X				104,582.	0.	9,513.
(3) Pat Thacker Vice-Chairman	1.00	X		X				0.	0.	0.
(4) Warren Ayers Sec./Treas.	1.00	X		X				0.	0.	0.
(5) Randy Aaron Director	1.00	X						0.	0.	0.
(6) Mac Cannedy Director	1.00	X						0.	0.	0.
(7) Drew Carnes Director	1.00	X						0.	0.	0.
(8) Barry Donnell Director	1.00	X						0.	0.	0.
(9) John Hirschi Director	1.00	X						0.	0.	0.
(10) Sara Johnson Director	1.00	X						0.	0.	0.
(11) Matt LeVasseur Director	1.00	X						0.	0.	0.
(12) Katherine McGregor Director	1.00	X						0.	0.	0.
(13) Harry Patterson Director	1.00	X						0.	0.	0.
(14) Sara Jane Snell Director	1.00	X						0.	0.	0.
(15) Brian Stahler Director	1.00	X						0.	0.	0.
(16) Frank Tate Director	1.00	X						0.	0.	0.
(17) Danny Taylor Director	1.00	X						0.	0.	0.

**Wichita Falls Area Community
Foundation**

Form 990 (2011)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Carol Wagner Director	1.00	X						0.	0.	0.
(19) Chuck White Director	1.00	X						0.	0.	0.
(20) Julia Whitmire Director	1.00	X						0.	0.	0.
1b Sub-total								104,582.	0.	9,513.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								104,582.	0.	9,513.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Wichita Falls Area Community
Foundation**

Form 990 (2011)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,453,388.				
	g Noncash contributions included in lines 1a-1f \$		1,383,049.				
	h Total. Add lines 1a-1f			9,453,388.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			427,687.			427,687.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			199,172.			199,172.
		(i) Real	(ii) Personal				
	6 a Gross rents						
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	6763061.			
	b Less. cost or other basis and sales expenses			6669632.			
	c Gain or (loss)			93,429.			
	d Net gain or (loss)			93,429.			93,429.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less. direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less. direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less. cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				10173676.	0.	0.	720,288.

**Wichita Falls Area Community
Foundation**

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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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	3,273,724.	3,273,724.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	267,021.	267,021.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,095.	38,039.	38,028.	38,028.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	89,635.	29,885.	29,875.	29,875.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	3,013.	1,005.	1,004.	1,004.
9 Other employee benefits	3,723.	1,241.	1,241.	1,241.
10 Payroll taxes	14,858.	4,954.	4,952.	4,952.
11 Fees for services (non-employees)				
a Management				
b Legal	705.		705.	
c Accounting	40,318.		40,318.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	41,287.	5,721.	5,720.	29,846.
13 Office expenses	28,657.	9,555.	9,551.	9,551.
14 Information technology	7,012.	2,338.	2,337.	2,337.
15 Royalties				
16 Occupancy				
17 Travel	23,109.	7,705.	7,702.	7,702.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,658.		3,658.	
23 Insurance	2,569.		2,569.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Severance tax	27,207.	27,207.		
b Dues & subscriptions	12,427.		6,213.	6,214.
c Fees, licenses, permits	7,390.	2,464.	2,463.	2,463.
d Postage	3,869.	1,289.	1,290.	1,290.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	3,964,277.	3,672,148.	157,626.	134,503.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Wichita Falls Area Community
Foundation**

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	8,918,557.	2	11,788,965.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,151.	4	32,251.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,648.	9	3,034.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 73,218.		
	b Less accumulated depreciation	10b 62,998.	10c 12,841.	10,220.
	11 Investments - publicly traded securities	24,022,192.	11	25,229,161.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	242,983.	15	252,571.
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,227,372.	16	37,316,202.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		19,849,306.	27	25,282,069.
28 Temporarily restricted net assets		8,177,254.	28	7,007,016.
29 Permanently restricted net assets		5,200,812.	29	5,027,117.
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		33,227,372.	33	37,316,202.
34 Total liabilities and net assets/fund balances		33,227,372.	34	37,316,202.

Form 990 (2011)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,173,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,964,277.
3	Revenue less expenses Subtract line 2 from line 1	3	6,209,399.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,227,372.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<2,120,569.>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	37,316,202.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c 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?
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
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number
75-2817894

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).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete 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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2011 **Foundation**

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6861776.	8692052.	7629923.	4933379.	3732790.	31849920.
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	6861776.	8692052.	7629923.	4933379.	3732790.	31849920.
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)						10681501.
6 Public support. Subtract line 5 from line 4						21168419.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6861776.	8692052.	7629923.	4933379.	3732790.	31849920.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	798,976.	985,139.	660,492.	754,670.	725,472.	3924749.
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.)	202,235.	220,486.	221,225.	263,119.	291,282.	1198347.
11 Total support. Add lines 7 through 10						36973016.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	57.25	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	69.31	%

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2011.** 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 - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2011 Foundation

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Part IV **Supplemental Information.** 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)

Schedule A, Part II, Line 10, Explanation for Other Income:

Fee income, offset by fee expense

Schedule A, List of Unusual Grants Received:

Cash, Partnership Interest, & Securities

Date: 12/30/11 Amount: 3850598.

Cash

Date: 12/29/11 Amount: 1870000.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011Open to Public
InspectionName of the organization **Wichita Falls Area Community
Foundation**Employer identification number
75-2817894**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	73	93
2 Aggregate contributions to (during year)	7,716,930.	1,736,458.
3 Aggregate grants from (during year)	1,307,170.	2,233,575.
4 Aggregate value at end of year	24,781,535.	12,534,667.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|--|--|
| ☐ Preservation of land for public use (e.g., recreation or education) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| (ii) Assets included in Form 990, Part X | ► \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ► \$ _____ |
| b Assets included in Form 990, Part X | ► \$ _____ |

**Wichita Falls Area Community
Foundation**

Schedule D (Form 990) 2011

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 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

Part 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 other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,149,265.	8,935,837.	6,680,900.	9,240,379.	
b Contributions	133,614.	1,000,531.	1,069,497.	612,003.	
c Net investment earnings, gains, and losses	<508,885.>	1,616,433.	1,423,230.	<2,817,356.>	
d Grants or scholarships	365,209.	275,952.	169,960.	268,117.	
e Other expenditures for facilities and programs	13,604.	13,810.	3,387.	4,333.	
f Administrative expenses	131,087.	113,774.	64,443.	81,676.	
g End of year balance	10,264,094.	11,149,265.	8,935,837.	6,680,900.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment **▶ 4.91 %**
b Permanent endowment **▶ 44.36 %**
c Temporarily restricted endowment **▶ 50.72 %**

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	73,218.		62,998.	10,220.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **▶ 10,220.**

Schedule D (Form 990) 2011

**Wichita Falls Area Community
Foundation**

Schedule D (Form 990) 2011

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Part VII Investments - Other Securities. See Form 990, Part X, 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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Wichita Falls Area Community
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Schedule D (Form 990) 2011

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,173,676.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,964,277.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,209,399.
4	Net unrealized gains (losses) on investments	4	<2,120,569.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	<649,827.>
9	Total adjustments (net) Add lines 4 through 8	9	<2,770,396.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	3,439,003.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,399,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<2,120,569.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	305,618.
e	Add lines 2a through 2d	2e	<1,814,951.>
3	Subtract line 2e from line 1	3	9,214,689.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	958,987.
c	Add lines 4a and 4b	4c	958,987.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,173,676.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,960,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	437,030.
e	Add lines 2a through 2d	2e	437,030.
3	Subtract line 2e from line 1	3	3,523,705.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	440,572.
c	Add lines 4a and 4b	4c	440,572.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,964,277.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: The goal of the Foundation's investment program for

funds held as endowments is to generate long term total return that is
sufficient to increase the capability of the Foundation to make grants and
to provide current income for grants and operating expenses.

Part XI, Line 8 - Other Adjustments:

Current year pledge accruals 9,250.

Prior year pledges received in the current year -1,026,959.

Schedule D (Form 990) 2011

Wichita Falls Area Community
Foundation

Schedule D (Form 990) 2011

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Part XIV Supplemental Information (continued)

Current year grant accruals	-76,432.
Prior year grants paid in current year	313,539.
Net Agency activity, removed for GAAP financials	195,005.
Uncollectible promises to give	-69,316.
Audit adjustment - agency interfund	5,086.
Total to Schedule D, Part XI, Line 8	-649,827.

Part XII, Line 2d - Other Adjustments:

Fee income collected from funds	291,282.
Current year pledge accrual	9,250.
Audit adjustment - agency interfund	5,086.
Total to Schedule D, Part XII, Line 2d	305,618.

Part XII, Line 4b - Other Adjustments:

Agency income reported as liabilities	-67,972.
Contributions pledged in 2010 received in 2011	1,026,959.
Total to Schedule D, Part XII, Line 4b	958,987.

Part XIII, Line 2d - Other Adjustments:

2011 Grant accrual	76,432.
Fee expense charged to funds	291,282.
Uncollectible promises to give	69,316.
Total to Schedule D, Part XIII, Line 2d	437,030.

Part XIII, Line 4b - Other Adjustments:

Agency expenses reported as liabilities	127,033.
Grants paid 2011; expensed in 2010 per Auditor	313,539.
Total to Schedule D, Part XIII, Line 4b	440,572.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **Wichita Falls Area Community Foundation** Employer identification number **75-2817894**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross 1809 Fifth Street Wichita Falls, TX 76301	53-0196605	501 (c)(3)	11,500.	0.			Health/Disaster Readiness
Kemp Center for the Arts 1300 Lamar St. Wichita Falls, TX 76301	75-2577651	501 (c)(3)	63,350.	0.			Arts/Culture
Child Advocates 808 Austin St. Wichita Falls, TX 76301	48-0984043	501 (c)(1)	67,451.	0.			Human Service
A Hand Up Food Ministry Program P.O. Box 214 Nocona, TX 76255	76-0769785	501 (c)(3)	5,000.	0.			Human Service
First Presbyterian Church 3601 Taft Blvd. Wichita Falls, TX 76309	75-0850400	501 (c)(3)	7,550.	0.			Religion
Hands to Hands Community Fund 3707 Maplewood, Suite 100 Wichita Falls, TX 76308	27-0907188	501 (c)(3)	172,695.	0.			Community Development
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			93.				
3 Enter total number of other organizations listed in the line 1 table			2.				

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

Schedule I (Form 990) (2011)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
First United Methodist Church P.O. Box 2125 Wichita Falls, TX 76307	20-0593419	501 (c)(3)	6,000.	0.			Religion
Children's Aid Society 1101 30th Street Wichita Falls, TX 76302	75-0851203	501 (c)(1)	61,802.	0.			Human Service
World Neighbors 4127 NW 122nd St. Oklahoma City, OK 73120	73-0707328	501 (c)(3)	7,500.	0.			Human Service
Archer City Volunteer Fire Department - P.O. Box 771 - Archer City, TX 76351	75-6000449	501 (c)(3)	9,546.	0.			Fire Protection
Boys & Girls Clubs of Wichita Falls - 1318 6th St. - Wichita Falls, TX 76301	75-0883102	501 (c)(3)	13,150.	0.			Youth Development
Archer Service Center P.O. Box 578 Archer City, TX 76351	75-1408240	501 (c)(3)	14,555.	0.			Human Service
First Christian Church 3701 Taft Blvd. Wichita Falls, TX 76308	75-0818158	501 (c)(3)	8,900.	0.			Religion
Midwestern State University President's Excellence Circle - 3400 Taft Blvd. - Wichita Falls, TX 76308	75-6001738	501 (c)(3)	18,000.	0.			Education
Interfaith Ministries 1101 11th St. Wichita Falls, TX 76301	75-1780886	501 (c)(3)	17,038.	0.			Health/Shelter

Schedule I (Form 990)

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Northwestern Mutual P.O. Box 3009 Milwaukee, WI 53201	39-0509570	501 (c)(3)	39,319.	0.			General Philanthropy
	Wichita Falls Symphony Orchestra 1300 Lamar St. Wichita Falls, TX 76301	75-6003129	501 (c)(3)	97,835.	0.			Arts/Culture
	Bellevue Volunteer Fire Department P.O. Box 110 Bellevue, TX 76228	75-2176053	501 (c)(3)	7,730.	0.			Fire Protection
	North Texas Area United Way P.O. Box 660 Wichita Falls, TX 76307	75-0950126	501 (c)(3)	9,600.	0.			Human Service
	Dallas Theological Seminary 3909 Swiss Avenue Dallas, TX 75204	75-0827421	501 (c)(3)	25,050.	0.			Religion/Education
	Bowie Rural Volunteer Fire Department - P.O. Box 1011 - Bowie, TX 76230	75-1139114	501 (c)(3)	6,000.	0.			Fire Protection
	Christ's Home Place Ministries 1420 Twin Oaks St. Wichita Falls, TX 76302	75-2447470	501 (c)(3)	18,900.	0.			Religion/Human Service
	Christ Academy 5105 Stone Lake Drive Wichita Falls, TX 76310	75-0868389	501 (c)(3)	468,400.	0.			Education
	River Bend Nature Works P.O. Box 3674 Wichita Falls, TX 76310	75-2596907	501 (c)(3)	54,250.	0.			Environmental/Education

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bowman Volunteer Fire Department 15975 FM 1954 Wichita Falls, TX 76310	04-3594464	501 (c)(3)	10,091.	0.			Fire Protection
Wichita Falls Area Food Bank P.O. Box 623 Wichita Falls, TX 76307	75-1812865	501 (c)(3)	63,600.	0.			Food/Nutrition/Human Service
Bryson Volunteer Fire Department P.O. Box 465 Bryson, TX 76427	80-0654811	501 (c)(3)	18,158.	0.			Fire Protection
Boys & Girls Clubs of Burkburnett 800 County Rd Burkburnett, TX 76354	75-1478734	501 (c)(3)	15,000.	0.			Human Service/Youth Development
Grace Church 5214 Stone Lake Dr. Wichita Falls, TX 76308	75-1414060	501 (c)(3)	123,335.	0.			Religion
Friberg-Cooper Volunteer Fire Department - 291 Bailey Rd. - Wichita Falls, TX 76305	71-0999474	501 (c)(3)	8,000.	0.			Fire Protection
Center Peace P.O. Box 3384 Abilene, TX 79609	20-5181132	501 (c)(3)	25,000.	0.			Religion
Wichita Falls Band Booster Club 3006 Speedway Wichita Falls, TX 76308	75-6002774	501 (c)(3)	33,482.	0.			Education/Youth Development
Charlie/Thornberry Volunteer Fire Department - 14320 W FM 171 - Wichita Falls, TX 76305	80-0277573	501 (c)(3)	8,752.	0.			Fire Protection

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Part II	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Christian Women's Job Corps 2301 Ninth Street Wichita Falls, TX 76301	83-0430467	501 (c)(3)	8,800.	0.			Human Service
	North Central Texas Community Healthcare Center - 1000A Juarez St. - Wichita Falls, TX 76301	75-2429644	501 (c)(3)	8,221.	0.			Health/Human Service
	United Regional Health Care Foundation - 1600 Eleventh St. - Wichita Falls, TX 76301	75-2761467	501 (c)(3)	7,300.	0.			Health/General Philanthropy
	Camp Fire USA North Texas Council 2414 Ninth St. Wichita Falls, TX 76301	75-0957328	501 (c)(3)	78,364.	0.			Youth Development
	Wichita Falls Crimestoppers 610 Holliday Wichita Falls, TX 76301	75-1751466	501 (c)(3)	10,000.	0.			Community Development/Education
	The ARC 3115 Buchanan Wichita Falls, TX 76308	75-1368674	501 (c)(3)	93,959.	0.			Health/Human Service
	Crowell Volunteer Fire Department P.O. Box 814 Crowell, TX 79227	75-2652772	501 (c)(3)	5,000.	0.			Fire Protection
	Dean Dale Volunteer Fire Department - 6939 State Highway 79 N - Wichita Falls, TX 76301	75-2630933	501 (c)(3)	11,335.	0.			Fire Protection
	District 5790 Foundation 600 Six Flags Dr. Suite 600 Arlington, TX 76012	27-1300535	501 (c)(3)	10,000.	0.			Community Development

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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Electra Community Church 1210 North Bailey Street Electra, TX 76360	75-1945900	501 (c)(3)	5,000.	0.			Religion
Eldorado Volunteer Fire Department P.O. Box 388 Eldorado, OK 73526	73-6005190	501 (c)(3)	5,800.	0.			Fire Protection
NW TX Council - Boy Scouts of America - 3604 Maplewood Ave. - Wichita Falls, TX 76308	75-0800620	501 (c)(3)	49,231.	0.			Youth Development
Vashti Volunteer Fire Department 519 Liggett Rd. Bellevue, TX 76228	75-2197097	501 (c)(3)	5,196.	0.			Fire Protection
Wichita County Heritage Society 900 Bluff Wichita Falls, TX 76301	75-1575382	501 (c)(3)	32,140.	0.			History/Culture
Lake Kickapoo Volunteer Fire Department - 12442 FM 368 S. - Holliday, TX 76366	75-1713325	501 (c)(3)	15,780.	0.			Fire Protection
Electra Volunteer Fire Department 111 E. Cleveland Electra, TX 76360	75-6000598	501 (c)(3)	22,820.	0.			Fire Protection
Felix Lister Elks Lodge #1217 811 Homes Avenue Wichita Falls, TX 76301	23-7621713	501 (c)(3)	6,000.	0.			General Philanthropy/Community Development
Wichita Falls Chamber of Commerce P.O. Box 1860 Wichita Falls, TX 76307	75-1102461	501 (c)(3)	220,653.	0.			Community Development

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Schedule I (Form 990) Foundation

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Randlett Volunteer Fire Department P.O. Box 218 Randlett, OK 73562	73-1153424	501 (c)(3)	11,796.	0.			Fire Protection
Munday Volunteer Fire Department 121 E. Main Munday, TX 76371		501 (c)(3)	5,000.	0.			Fire Protection
Sunset Volunteer Fire Department P.O. Box 243 Sunset, TX 76270	75-1935607	501 (c)(3)	6,000.	0.			Fire Protection
Olney Community Library P.O. Box 67 Olney, TX 76374	75-1738379	501 (c)(3)	19,162.	0.			Education/Community Development
Wichita Falls Faith Mission/Refuge P.O. Box 965 Wichita Falls, TX 76307	75-1779401	501 (c)(3)	69,200.	0.			Human Service
Friendly Door Senior Citizens 810 N Third Street Iowa Park, TX 76367	75-1548987	501 (c)(3)	58,885.	0.			Community Development
Haskell Volunteer Fire Department 301 N. 1st St. Haskell, TX 79521	75-6000552	501 (c)(3)	8,400.	0.			Fire Protection
Girl Scouts of Texas Oklahoma Plains - 4901 Briarhaven Rd. - Ft. Worth, TX 76109	75-0818162	501 (c)(3)	30,431.	0.			Youth Development
Goree Volunteer Fire Department P.O. Box 248 Goree, TX 76363	75-6000539	501 (c)(3)	12,632.	0.			Fire Protection

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Part II	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	Hood River County Library Foundation - P.O. Box 1582 - Hood River, OR 97031	93-1253154	501 (c)(3)	20,000.	0.			Education/Community Development
	Jolly Volunteer Fire Department 12471 FM 2393 Wichita Falls, TX 76305	75-1920235	501 (c)(3)	5,500.	0.			Fire Protection
	Literary Arts, Inc. P.O. Box 40606 Portland, OR 97240	93-0909494	501 (c)(3)	20,000.	0.			Education/Culture
	Methodist Hospital Education Institute - 6565 Fannin Street - Houston, TX 77030	76-0094743	501 (c)(3)	100,000.	0.			Health
	Midwestern State University Burns Fantasy of Lights - 3410 Taft Blvd. - Wichita Falls, TX 76301	75-1101337	501 (c)(3)	5,500.	0.			Community Development
	Mount Vernon Ladies' Association of the Union - P.O. Box 110 - Mount Vernon, VA 22121	54-0564701	501 (c)(3)	15,000.	0.			History/Culture/Education
	Museum of North Texas History P.O. Box 1619 Wichita Falls, TX 76307	75-2877818	501 (c)(3)	5,500.	0.			History/Culture/Education
	New Horizons Ranch and Center, Inc. - P.O. Box 549 - Goldthwaite, TX 76844	75-1530340	501 (c)(3)	25,000.	0.			Human Service/Child Advocacy
	Newcastle Volunteer Fire Department - P.O. Box 67 - Newcastle, TX 76372	37-1586527	501 (c)(3)	8,400.	0.			Fire Protection

Schedule I (Form 990)

Wichita Falls Area Community

75-2817894

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Part II	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	North Texas Rehabilitation Center 1005 Midwestern Parkway Wichita Falls, TX 76302	75-1053631	501 (c)(3)	19,700.	0.			Health/Rehabilitation
	Odell Volunteer Fire and Rescue 15535 FM 91 Odell, TX 79247	04-3811416	501 (c)(3)	11,521.	0.			Fire Protection
	Oklahoma Christian University P.O. Box 11000 Oklahoma City, OK 73136	73-0555460	501 (c)(3)	100,000.	0.			Education
	Paducah Volunteer Fire Department P.O. Box 759 Paducah, TX 79248		501 (c)(3)	5,700.	0.			Fire Protection
	Parkway Presbyterian Church 3707 Santa Fe Corpus Christi, TX 78411	74-1200131	501 (c)(3)	5,000.	0.			Religion
	Patsy's House 1411 Tenth Street Wichita Falls, TX 76301	75-2666677	501 (c)(3)	5,450.	0.			Human Service
	Petrolia Volunteer Fire Department P.O. Box 39 Petrolia, TX 76377	75-2624406	501 (c)(3)	28,337.	0.			Fire Protection
	Quanah Volunteer Fire Department P.O. Box 186 220 Mercer St. Quanah, TX 79252	75-6000643	501 (c)(3)	5,000.	0.			Fire Protection
	Rider Band and Orchestra Parents Association - P.O. Box 4692 - Wichita Falls, TX 76308	75-2817894	501 (c)(3)	61,775.	0.			Education/Culture/Youth Development

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seminole High School Hall of Fame P.O. Box 1666 Seminole, OK 74818	20-2020822	501 (c)(3)	5,000.	0.			Education/Youth Development
Seymour Volunteer Fire Department P.O. Box 31 Seymour, TX 76380	75-6000824	501 (c)(3)	18,600.	0.			Fire Protection
Spray Community School Education Association - P.O. Box 230 - Spray, OR 97874	75-3126440	501 (c)(3)	5,000.	0.			Education
Talking Book and Braille Services - Oregon State Library - 250 Winter Street NE - Salem, OR 97301	93-6001773	501 (c)(3)	10,000.	0.			Education/Community Development
Temple Volunteer Fire Department P.O. Box 40 Temple, OK 73568	73-6005462	501 (c)(3)	6,800.	0.			Fire Protection
Salvation Army P.O. Box 2189 Wichita Falls, TX 76307	58-0660607	501 (c)(3)	7,500.	0.			Human Service
Throckmorton Volunteer Fire Department - P.O. Box 326 - Throckmorton, TX 76483	80-0698580	501 (c)(3)	9,780.	0.			Fire Protection
Union of Concerned Scientists Two Brattle Square Cambridge, MA 02238	04-2535767	501 (c)(3)	5,000.	0.			Education/Science
Virginia Tech Corps of Cadets 902 Prices Fork Road Blacksburg, VA 24061	54-0721690	501 (c)(3)	50,000.	0.			Education/History

Schedule I (Form 990)

Wichita Falls Area Community

75-2817894

Page 1

Schedule I (Form 990)

Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vision Africa P.O. Box 600008 Dallas, TX 75360	75-2819939	501 (c)(3)	37,500.	0.			Human Service/Health
Wichita County Sheriff's Department - P.O. Box 8466 - Wichita Falls, TX 76308	75-6001198	501 (c)(3)	14,150.	0.			Community Development
Wichita County Welfare Board 925 Lamar Wichita Falls, TX 76301	02-0704400	501 (c)(3)	5,600.	0.			Human Service
Wichita Falls Independent School District - 1104 Broad St. - Wichita Falls, TX 76301	75-2144529	501 (c)(3)	5,400.	0.			Education
Wichita West Volunteer Fire Department - 7622 Seymour Highway - Wichita Falls, TX 76310	75-1642111	501 (c)(3)	13,000.	0.			Fire Protection
Rider High School Band England Trip-Youth Music/DEL/PTL - 5366 Twin Hickory Road Suite A - Glen Allen, VA 23059	501 (c)(3)	501 (c)(3)	32,000.	0.			Education/Culture
Midwestern State University 3410 Taft Blvd. Wichita Falls, TX 76308	75-6001738	501 (c)(3)	14,100.	0.			Education
Vernon College Foundation 4400 College Drive Vernon, TX 76384	75-2045268	501 (c)(3)	5,000.	0.			Education

Schedule I (Form 990)

Wichita Falls Area Community

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Page 2

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Educational Assistance	75	210,250.	0.		
Human Services	179	56,771.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

Schedule I, Part I, Line 2: Grant recommendations are received from fund holders and through grant applications. The Wichita Falls Community Foundation conducts due diligence by utilizing Guidestar and Guidestar Charity Check. The Foundation reviews potential grantees' IRS determination letters, 990's, and reviews for supporting organization classification. Unlisted grantees are contacted personally concerning proper documentation. Eligible grantee organizations' applications are forwarded to the Grant Committee for approval/disapproval. If the full board approves, then a letter of the approved purpose of the grant

Wichita Falls Area Community
Foundation

Schedule I (Form 990) 2011

75-2817894 Page 2

Part IV Supplemental Information

accompanies the grant check.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization **Wichita Falls Area Community Foundation** Employer identification number **75-2817894**

Part I 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	(d) Method of determining noncash contribution amounts
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	X	7	1,343,049.	Avg stock price at d
10 Securities - Closely held stock	X	1	40,000.	Appraisal
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
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 ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2011)

Wichita Falls Area Community

Schedule M (Form 990) (2011) **Foundation**

75-2817894 Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b: All gifts of securities are deposited directly to American National Bank upon donation. They are sold immediately and the proceeds are reinvested in accordance with the Foundation's investment policy. The Foundation recognizes contribution revenue and records basis in the amount of the average stock price on the date of donation; the Foundation recognizes gain or loss on the sale of the securities.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

Wichita Falls Area Community
Foundation

Employer identification number

75-2817894

Form 990, Part I, Line 1, Description of Organization Mission:

public safety, literary or educational purposes to organizations that
qualify as exempt 501(c)(3) organizations.

Form 990, Part VI, Section A, line 2: Randy Aaron and Warren Ayres have a
business relationship. Charlie Prothro and Katherine McGregor have a
business relationship.

Form 990, Part VI, Section B, line 10b: The Foundation has complete control
of WFACF LLC, a disregarded entity. This entity was created in order to
limit the Foundation's liability associated with the receipt of contributed
real estate and other property contributions. Contributed property is held
in the LLC until sale. The existence of this entity is strictly as an
asset protection vehicle and is regarded as an investment of the
Foundation.

Form 990, Part VI, Section B, line 11: Form 990 is provided to all board
members prior to reviewing. The Board reviews and discusses both the audit
and 990 prior to filing. All Board members retain a personal copy.

Form 990, Part VI, Section B, Line 12c: All board and non-board committee
members complete an annual conflict of interest policy statement and
questionnaire. Any conflict of interest is documented. Compliance program
includes monitoring of the conflict of interest statements and activity.
Potential or substantiated conflicts of interest would be brought before
the Board for deliberation and upon confirmation, the affected board member

Name of the organization Wichita Falls Area Community
Foundation

Employer identification number
75-2817894

is excluded from governing decisions related to the conflicting
transaction(s).

Form 990, Part VI, Section B, Line 15: On an annual basis, the entire
Board of Directors reviews the Executive Director's performance and salary.
The Executive Committee meets to deliberate on comments from the board and
uses comparative data from other foundations of similar asset size. From
collected data, the Executive Committee sets contract requirements and
salary. Had the Foundation had any compensated officers or key employees,
the above policies would have applied.

Form 990, Part VI, Section C, Line 19: Governing documents, financial
statements, and conflict of interest policies are made available to the
public upon request, are included in the annual meeting documents, and
through webpage notices.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments: -2,120,569.

Form 990, Part XII, line 2c:

Like last year, the Foundation has a committee that assumes
responsibility for oversight of the audit of its financial statements
and the selection of an independent auditor.

Part III
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)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

**Wichita Falls Area Community
Foundation**

75-2817894 Page 3

Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

[illegible]

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization 990**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011Attachment
Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Wichita Falls Area Community
Foundation

Form 990 Page 10

75-2817894

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	3,502.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		1,037.	5 yr	MM	SL	156.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
		/		27 5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year			12 yrs.	S/L	
c	40 year	/		40 yrs	MM	S/L

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,658.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

118251
11-21-11

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

**Wichita Falls Area Community
Foundation**

Form 4562 (2011)

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Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No				24b If "Yes," is the evidence written? ☐ Yes ☐ No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

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

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

Part I only ☐

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

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. Wichita Falls Area Community Foundation	Employer identification number (EIN) or ☒ 75-2817894
	Number, street, and room or suite no. If a P.O. box, see instructions. 807 8th St., No. 750	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Wichita Falls, TX 76301	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Teresa Pontius Caves - 807 8th St., Ste. 750, Wichita

- The books are in the care of ► **Falls, TX - Wichita Falls, TX 76301**

Telephone No. ► **(940) 766-0829**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2011** or
► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions Wichita Falls Area Community Foundation	Employer identification number (EIN) or ☒ 75-2817894
	Number, street, and room or suite no. If a P.O. box, see instructions. 807 8th St., No. 750	Social security number (SSN) ☐
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Wichita Falls, TX 76301		

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

Teresa Pontius Caves - 807 8th St., Ste. 750, Wichita

- The books are in the care of **Falls, TX - Wichita Falls, TX 76301**

Telephone No. **(940) 766-0829**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15, 2012.**

5 For calendar year **2011**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

The audit has not been completed yet so additional time is needed in order to file the tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Mae Connolly** Title **CPA**

Date **7/31/12**

Form 8868 (Rev. 1-2012)