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Form: 990

SCANNED SEP 1 8

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)

Department of the Treasury

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

OMB No 1545-0047

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			endar year, or tax year		January 1		12, and end	ling	Decem		, 20 12			
В		f applicable	C Name of organization T	op of Texas C	haritable Org. %	Melvin R.	Fowler			D Employer identification number				
		change	Doing Business As				1=		-		06-1797139			
닏	Name c	•	Number and street (or P	O box if mail is	not delivered to stre	eet address)	Room/	suite		E i elepno	ne number			
님	Initial re	turn	PO Box 50903								806-359-1977			
닏	Termina		City, town or post office	, state, and ZIP o	ode									
\sqcup	Amende	ed return	Amarillo, TX 79159-09							G Gross re	ecerpts \$	936416		
Ш	Applicat	tion pending	F Name and address of pr	incipal officer	Melvin R. Fowle	r- Chairma	in		H(a) Is this a	group return	for affiliates? Yes	✓ No		
			PO Box 50903, Amar	illo, TX 79159-	0903					all affiliates included? Yes No				
<u></u>	Tax-exe	mpt status	✓ 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1)	or 527		If "No	," attach a	a list (see instruction	ns)		
<u>J</u> _	Website								H(c) Group	exemption	number >			
_		organization	Corporation Trust	Association	Other ►	1	L Year of form	nation	2008	M State	of legal domicile	TX		
P	art I	Summ												
	1	Briefly de	escribe the organizati	on's mission	or most signific	ant activit	ties. Four	ided	to help sin	gle moth	ers and childre	n.		
Φ,														
Activities & Governance	ĺ													
ž														
Š	2	Check th	his box $ ightharpoonup \square$ if the orga	anızatıon disc	continued its op	erations o	or disposed	d of r	nore than	25% of	its net assets.			
رن مح	3	Number	of voting members of	f the governin	g body (Part VI	, line 1a)				3		7		
Ses	4	Number	of independent voting	g members of	f the governing	body (Par	t VI, line 11	b) .		4				
Ϋ́	5	Total nur	nber of individuals en	nployed in ca	lendar year 201	I2 (Part V,	line 2a)			5				
Cţ	6	Total nur	mber of volunteers (es	stimate if nec	essary) .					6				
⋖	7a	Total unr	elated business revei	nue from Part	: VIII; column (C), line 12				7a				
	b	Net unre	lated business taxabl	e income froi	n Form 990-T,	line 347	· · · · · · · · · · · · · · · · · · ·			7b				
							1		Prior Yea	ar	Current Y	ear		
Revenue	8	Contribu	tions and grants (Par	t VIII, line 1h)			- ()/					6070		
	9		service revenue (Par		·笠、SFP(្នៃ ខ្សារ	7		-			_		
eke	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)										922710		
Œ	11	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										7591		
	12		enue—add lines 8 thro					-			_	936371		
	13		nd similar amounts p									45700		
	14	taran da antara da a								-				
S	15		other compensation, e	-										
3Se	16a		onal fundraising fees											
Expenses	b		idraising expenses (P						*	*	\$x v ,	· ,		
Щ	17		penses (Part IX, colur									66		
	18		penses Add lines 13-				e 25) .					45766		
	19		less expenses Subt									890605		
or Ses								Beç	inning of Cur	rent Year	End of Ye			
ets (20	Total ass	sets (Part X, line 16)						-			873581		
Ass Ba	21		pilities (Part X, line 26)						-			0		
Net Assets Fund Balanc	22		ets or fund balances		21 from line 20							873581		
_	art II		ture Block											
_			ury, I declare that I have exa	amined this return	n. including accome	panving sche	edules and sta	teme	nts, and to th	e best of	my knowledge and	belief, it is		
			lete Declaration of prepare								,	,		
								-						
Sig	ın	Sign	nature of officer	will	/				Dat	e /	1			
He			and it is	Je pre						04	/17/20	013		
	. •	TVD	e or print name and title	A Juin 1	Fouller	- C	haira	a	<u>(1)</u>	<u> </u>				
		<u> </u>	/pe preparer's name	Pre	parer's signature		V A-C I NA	Date	· · · · · · · · · · · · · · · · · · ·	6:	PTIN			
Pa		'	the Arranda arrange of the Arrange o	1						Check self-em	<u> </u>			
	epare								E					
Us	e On					·				's EIN ▶				
Ma	v the li		address > s this return with the	preparer show	wn above? (see	einstructio	ons)		Pnor	ne no	Ye.	s No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

Form 99) (2012)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
<u>` </u>	Briefly describe the organization's mission:	· · · L
·	en alla del trata del constitución de la constituci	
	Founded to help single mothers and children.	
2		Yes ☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	w . []N-
	If "Yes," describe these changes on Schedule O.	Yes
4	Describe the organization's program service accomplishments for each of its three largest program services, as responses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	measured by ons to others,
4a	(Code:) (Expenses \$ including grants of \$ 45000) (Revenue \$ The grant went to an Amarillo church that feeds hundreds of children each month in the poorer sections of Amarillo.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	The grant went to a single mother for living expenses.	
4c	(Code:) (Expenses \$ including grants of \$ 200) (Revenue \$ The grant went to a single mother for living expenses.)
		•••••
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$ 300) (Revenue \$) Total program service expenses \$ 45700	

Part	V 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)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7 8	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> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		1
	complete Schedule D, Part III	8_		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	i	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No_
00	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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? If "Yes," complete Schedule L, Part III	27		✓
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):	,	11	_ ^
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		./
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
		Ec-	മമറ	(2012)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			\Box
	Oneck if ochequie o contains a response to any question in this Part V	· ·	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	7,37,3	· 16. 18.	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	3,,	2 . 7	,
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
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	_		1
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	< <		
E 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>,</u>
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 as charitable contributions?	6a		✓
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).			1
а	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
_	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	-	استر
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u></u>
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g 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			Г,
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	'		١,
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:	£ ,	٠,	-
а	Initiation fees and capital contributions included on Part VIII, line 12	` f		, ,
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	1		
b	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ه ۳۰۰ د آو د د	,	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
u	Note. See the instructions for additional information the organization must report on Schedule O.	, t _i		
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]		
С	Enter the amount of reserves on hand	<u> </u>	L	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		For	n 990	(2012)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.				
Secti	on A. Governing Body and Management							
	Ed. N		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.	,		* ',				
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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	√					
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		✓				
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6		✓ ✓				
one or more members of the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	_					
а	The governing body?	8a	✓	<u> </u>				
9 9	Each committee with authority to act on behalf of the governing body?	<u>8b</u>		├—				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	-				
			Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		√				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1				
13 14 15	Did the organization have a written whistleblower policy?	13		1				
a	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 15b		-				
16a	Other officers or key employees of the organization	*, *						
ь	with a taxable entity during the year?	16a		1				
_	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						
	on C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	n 501	(c)(3)s	s only)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Malvin P. Fowler 8009 Kerr Pl. Amarillo, TX 79121 806-359-1977	of the	9					

	$\alpha \alpha \alpha$	(2012)	
COLLI	300	1/1/1/2	

Part VII	Compensation of Officers, Di	rectors, Trustees,	Key Employees, High	nest Compensated	Employees,	and
•	Independent Contractors					
						_

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

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

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

Officer this box in fletther the organization flo	any relate		arriz) 2)	ornpe	1130	lied any curren	director	, or trustee.
(A) Name and Title	(B) Average hours per	box, office	unles er and	Pos eck s pe d a d	ition more rson irect	than on the than of the the than of the the than of the the than of the the than of the theta of the the than of the the than of the the than of the the the than of the	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Melvin R. Fowler- Chairman								0	0	0
(2) Shannon Kuster- President								0	0	0
(3) Carla Plischke- Secretary							j	o	0	0
(4) Douglas Thompson- Treasurer								0	o	0
(5) David Hoehns- Director								0	0	0
(6) Kathryn Johnson- Director								0	0	0
(7) Connie Snider- Director								0	0	0
(8)										
(9)										
(10)										
(11)										
(12)					-					
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		_	lighe	st C	ompensated E	mployees (continue	ed)	•	-9
•	(A) Name and trtle	(B) Average hours per	er officer and a director/trus						(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ons	compe fror orgar and i	ther ensation in the nization related izations	
(15)								_						
(16)														
(17)												<u>.</u>		
(18)												-		
(19)	••••													
(20)														
(21)												<u> </u>		
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	-		•			•	> > >						
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a	above	e) w	ho received me	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc						emp	oloyee, or high	est compe	ensated		Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual													
5	Did any person listed on line 1a receive of for services rendered to the organization'									ation or inc		5		√
Section	on B. Independent Contractors	,,,,,,	<i>p</i>											
1	Complete this table for your five highest of compensation from the organization. Repyear.													x
	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Pari	VIII	Statement of Reve	nue					
		Check if Schedule O	contains a respo	onse to any ques				<u> </u>
		e e e e e e e e e e e e e e e e e e e	; · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
~~~~	1a b c	Federated campaigns Membership dues Fundraising events	1b	0 0 0				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (con All other contributions, gi and similar amounts not inc	tributions) 1e	0 0 6070				
	g h	Noncash contributions include <b>Total.</b> Add lines 1a-1	•	▶	6070	,		
Program Service Revenue	2a b c			Business Code				-
Program Sen	d e f g	All other program sen	vice revenue .		0			
	3	Investment income and other similar amo	(including divide ounts)	ends, interest,	0			
	5 6a	Royalties	(i) Real 7636	▶ (ii) Personal	0			
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (		•	7591	# TAF = F	7591	
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(i) Securities	(ii) Other 922710		4	***	y ,
	c d	Gain or (loss) Net gain or (loss)		922710	922710	922710		
Revenue	8a	Gross income from fu events (not including \$ of contributions reporte						
Other Reve		Less: direct expenses						
	9a	•	ımıng activities.	events . ►	0			
	С	Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance	rom gaming activentory, less		o			
	b c	Less: cost of goods s Net income or (loss) fi Miscellaneous R	rom sales of inve		0			
	11a b c							
	d	All other revenue .  Total. Add lines 11a- Total revenue. See in	 11d		025271	000740	7704	
	12	. Juli 10 feriue. Jee II			936371	922710	7591	l

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).									
	Check if Schedule O contains a respon		in this Part IX		<u> </u>				
	t include amounts reported on lines 6b, 7b, , 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	_ 0		.,					
2	Grants and other assistance to individuals in the United States See Part IV, line 22	45700	45700	, ** ·	*				
3	Grants and other assistance to governments,			, w ² , , , , ,					
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16 .	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	0							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	0							
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	0							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees):								
<b>a</b>	Management	0							
b	Legal	0							
C	Accounting	0							
d	Lobbying	0	# \$ 1 × \$ 12.						
e	Professional fundraising services. See Part IV, line 17	0	W ' . '	, <b>v</b> ## #					
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column								
g	(A) amount, list line 11g expenses on Schedule O.) .	0							
12	Advertising and promotion	0							
13	Office expenses	66		66	-				
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0	-	-					
17	Travel	0							
18	Payments of travel or entertainment expenses								
•	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0			-				
23	Insurance	0							
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			-						
b					<del> </del>				
C		-							
d	All other expenses	0	<del> </del>		-				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e			66					
25 26	Joint costs. Complete this line only if the	43/60	43700						
20	organization reported in column (B) joint costs								
	from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)								

Pa	art X	Balance Sneet			
		Check if Schedule O contains a response to any question in this Part		•	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	765	1	613276
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
- [		trustees, key employees, and highest compensated employees.	ADDRESS OF THE PARTY OF THE PAR	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
		Complete Part II of Schedule L	0	5	0
s	6	Loans and other 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) Complete Part II of Schedule L	0	* 6	0
Assets	7	Notes and loans receivable, net	O	7	120000
Asi	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or	11. A.L.		31
		other basis. Complete Part VI of Schedule D 10a 140292		٠,	
	b	Less accumulated depreciation 10b 0	7210	10c	140292
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7975	16	873568
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	0
68	22	Loans and other payables to current and former officers, directors,			, , , , , , , , , , , , , , , , , , , ,
Liabilities		trustees, key employees, highest compensated employees, and	- 12	**	
abi		disqualified persons. Complete Part II of Schedule L	0	22	0
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	« *	* -	, , , , , , , , , , , , , , , , , , , ,
Juc.	27	Unrestricted net assets	0	27	0
3al	28	Temporarily restricted net assets	0	28	0
Ā	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds	0	30	0
sel	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
<u>f</u> et	33	Total net assets or fund balances	7975		873568
_	34	Total liabilities and net assets/fund balances	0	34	0
					Form <b>990</b> (2012)

Page 1	2
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Part	XI Reconciliation of Net Assets	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	936371
2	Total expenses (must equal Part IX, column (A), line 25)	45766
3	Revenue less expenses. Subtract line 2 from line 1	890605
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7975
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	<u> </u>
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
	33, column (B))	
Part	XII Financial Statements and Reporting	_
	Check if Schedule O contains a response to any question in this Part XII	
		Yes No
1	Accounting method used to prepare the Form 990  Cash  Accrual  Other	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	
_		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.	
	·	
L	Separate basis Consolidated basis Both consolidated and separate basis	2b
D	Were the organization's financial statements audited by an independent accountant?	
	separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis Both consolidated and separate basis	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	*
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c   ✓
	If the organization changed either its oversight process or selection process during the tax year, explain in	2.7
	Schedule O	* * *     * * *
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?	3a  ✓
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	3b ✓
		Form <b>990</b> (2012

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

### **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Top o			Organization	rity Status (All orga	nization	e must c	omplete	this na	rt \ Soo i	06-17		<u> </u>	
_				ition because it is: (Fo						i i de li c	7113.		
1	_		•	hes, or association of		_	-	•	•	`			
2				170(b)(1)(A)(ii). (Attac			50 III <b>560</b>	ווטוו וויטן		<i>j</i> .			
_	_							70/6\/4\/	/ <b>A</b> \ /!::\				
3 4	☐ A ☐	medical rese		spital service organiza on operated in conjund e.						D(b)(1)(A)	(iii). E	inter the	
5	☐ An	organization		the benefit of a colle	ge or uni	versity ov	wned or	operated	by a go	vernment	al un	ıt descri	bed in
6 7	=												
8	□ A €	community 1	trust described i	n section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	ırt II.)						
9	☐ An red su	organization ceipts from pport from	on that normally activities related gross investme	receives: (1) more that to its exempt functent income and unrelater June 30, 1975. Se	an 331/3% ions—sul lated bus	of its subject to disiness tax	upport fro certain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	thar	n 33¹/₃%	of its
10 11	☐ An pu	organization	on organized ar one or more pub	operated exclusively nd operated exclusive plicly supported organ	ely for th	e benefit described	t of, to p	perform to on 509(a	the funct a)(1) or se	ions of, ection 50	9(a)(2	). See <b>s</b>	
	50	<b>9(a)(3).</b> Che	ck the box that of	describes the type of	supportin	ig organiz	ation and	d comple	te lines 1	1e throug	gh 11	h.	
	а	☐ Type I	<b>b</b> 🗌 Type	II c 🗌 Type III	I–Functio	nally integ	grated	d 🔲 -	Type III-N	Non-funct	ionall	y integra	ated
е	oth		indation manage	that the organization ers and other than one	is not co	ntrolled d	- lirectly or						
f				written determination	on from 1	the IRS t	hat it is	a Type	I Type	ll or Tyr	االصد	eunnort	ına
•			check this box .	witten determination	)II II () III I		inat it is	и турс	i, type	ii, O. 196	,C III	Jupport	. 🗆
g	Sır	•	17, 2006, has t	he organization accep	oted any	gift or co	ontributio	n from a	iny of the	•	•		. Ц
				ndirectly controls, eiti	her alone	or toget	her with	nersons	describe	d in (ii) ai	hr	Yes	No
	1.7			ody of the supported								1g(i)	+
	<i>(</i> ::)			•	_					• •			<del> </del>
		-	·	on described in (i) abo				• •			-	1g(ii)	
				a person described in							[1	1g(iu)	
h	Pro	ovide the to	llowing informati	on about the support	ed organi	zation(s).					,		
(i)		f supported azation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	ls the tion in col zed in the S?	(vii) A	mount of m support	
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)					_								
(D)								_	1	-			
(E)													
					-				<del>                                     </del>	<del>                                     </del>		<del></del>	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") 1694.65 0.00 300.00 300.00 6070.00 8364.65 revenues organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 1694.65 0.00 300.00 300.00 6070.00 8364.65 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 7550 00 Public support. Subtract line 5 from line 4. 814.65 Section B. Total Support (b) 2009 (c) 2010 (d) 2011 (e) 2012 Calendar year (or fiscal year beginning in) ▶ (a) 2008 (f) Total Amounts from line 4 . . . . . . 300.00 300.00 6070.00 1694.65 0 00 8364.65 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . 0.00 0.00 0.00 0.00 11525 75 11525.75 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 0.00 0.00 0.00 0.00 0.00 0.00 Total support. Add lines 7 through 10 11 19890.40 12 12 0.00 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)  $\mathbf{V}$ Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 14 14 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . . . . . . . . 15 15 % 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a b 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. 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 10%-facts-and-circumstances test - 2011. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

### 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.)

Sect	ion A. Public Support				ompiete i uit	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						<u> </u>
_	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						i
3	Gross receipts from activities that are not an						<del>                                     </del>
	unrelated trade or business under section 513						
4	Tax revenues levied for the						1
	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				İ		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			_			
	received from disqualified persons .		ė.				
b	Amounts included on lines 2 and 3			<del></del>			
	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	3	,	,	- 5 "	* *	
	line 6.)	* *			,	, ,	
Secti	on B. Total Support		_				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				1		
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				1		
	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.)		<u> </u>		<u></u>		
14	First five years. If the Form 990 is for the				=		
<del></del>	organization, check this box and stop her			· · · <u>· ·</u>		<u> </u>	<b>&gt;</b> [_
	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8					<del></del>	<u>%</u>
16 Socti	Public support percentage from 2011 Sch			<u> </u>		16	<u>%</u>
	on D. Computation of Investment Inc						
17	Investment income percentage for 2012 (I						%
18	Investment income percentage from 2011						%
19a	331/3% support tests – 2012. If the organi 17 is not more than 331/3%, check this box	zation did not	The examination	c on line 14, al	na line 15 is m	iore inan 331/3	%, and line
L							
b	331/2% support tests – 2011. If the organiz line 18 is not more than 331/2%, check this b						
20	Private foundation of the organization di					-	

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).	Page

#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Employer identification number Name of the organization Top of Texas Charitable Organization 06-1797139 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 . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 ☐ Preservation of a certified historic structure □ Protection of natural habitat Preservation of open space 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 Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 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 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIII, the text of the footnote to its financial statements that describes these items. 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: 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: 

Part	III Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and o	ther recor	ds, chec	k any of th	e follov	ving that are a si	gnificant use of its
а	☐ Public exhibition					or exchang			
b	☐ Scholarly research			е	☐ Othe	r			
C	☐ Preservation for future generations								
4	Provide a description of the organizat	ion's	collections	and expla	in how t	hey further	the org	ganization's exem	npt purpose in Part
_	XIII.	_							
5	During the year, did the organization assets to be sold to raise funds rather								
0.00									Yes No
Part						janization a	answe	rea "Yes" to Fo	rm 990, Part IV,
12	line 9, or reported an amoun ls the organization an agent, trustee,	Cust	odian or oth	Pari A, III	nediany f	or contribut	IODS OF	other assets no	<u></u>
ıa	included on Form 990, Part X?	Cusi				or continuat			Yes 🗌 No
b	If "Yes," explain the arrangement in Pa								☐ 163 ☐ NO
	ii 103, explain the arrangement iii i	AI ( //II	rana compi	ctc the lo	nowing t	abic.		Ar	nount
С	Beginning balance						10	;	<u> </u>
d	Additions during the year						1d	1	· · · · · · · · · · · · · · · · · · ·
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amoun	it on i	Form 990, P	art X, line	21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa								
Par	V Endowment Funds. Comple								
		(a)	Current year	(b) Pro	or year	(c) Two year	s back	(d) Three years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions			<del> </del>		<del></del>			<del> </del>
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and						_		<del></del>
	programs								
f	Administrative expenses								
g	End of year balance				<del></del>				
2	Provide the estimated percentage of the	he cu	rrent year er	nd balanc	e (line 1ç	j, column (a	)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨		%					
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶								
_	The percentages in lines 2a, 2b, and 2								
за	Are there endowment funds not in the	pos	session of t	ne organi	zation th	at are neid	and ad	iministered for th	
	organization by:								Yes No
	(i) unrelated organizations (ii) related organizations				•				3a(i) 3a(ii)
b	If "Yes" to 3a(II), are the related organi			required c	n Sched	 Jule R?	• •		3b
4	Describe in Part XIII the intended uses						• •		
Part								***	<del></del>
	Description of property		(a) Cost or o	ther basis	(b) Cost	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	$\overline{}$					*	, '* ,	
Ь	Buildings	.		7210		133082		0	140292
С	Leasehold improvements								
d	Equipment	.							
e	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust e	qual Form 9	90, Part )	K, columi	n (B), line 10	)(c).)	<b>▶</b>	

Part VII	Investments—Other Securities	s. See Form 990, Part X	, line 12.	
(	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	·····			
(G) (H)				<del></del> -
(l)				· · · · · · · · · · · · · · · · · · ·
	(h) must squal Form 000 Part V sel (P) kno 12 \			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Relate		/ line 13	
rait VIII	(a) Description of investment type	(b) Book value	(c) Method of value	untion.
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				<del></del>
<u>(7)</u>				
(8)				
(9)				·
(10)	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, P			
Tareix		(a) Description		(b) Book value
(1)	· ·			
(2)		<del></del>		<del></del>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
(10)				
	umn (b) must equal Form 990, Part X, o			
Part X	Other Liabilities. See Form 990	(b) Book value		
1. (1) Fodoro	(a) Description of liability  I income taxes	(b) Book value	_	
	i income taxes		_	(
(3)				
(4)	· ·		-	
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(11)		<del>                                     </del>		
	(b) must equal Form 990, Part X, col (B) line 25.) ▶		┥	
	SC 740) Footnote. In Part XIII, provide the		rganization's financial statements that	reports the organization's
liability for u	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	of the footnote has been provided in Pa	art XIII

inancial Statements	2 2 2 2 2	a b c c c c c c c c c c c c c c c c c c	Expenses p	2e 3 4c 5	
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inancial Statements	atemer	nts With	Expenses p		
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orm	  . 990, Par	990, Part I, line 1		1990, Part I, line 18.)	

children and the cost basis is what we paid for it.

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Top o	of Texas Charitable Org	anization								06-1	7971	39		
Pa	t Excess Bene	fit Transaction	ns (section 501 answered "Ye	l(c)(3) a s" on F	and sect Form 990	ion 501(c)(4 0, Part IV, I	1) orga ine 25	anızations only). a or 25b, or For	m 990	)-EZ,	Part \	V, line	40b.	
1	(a) Name of disqualified	poreon	(b) Relationship be			person and		(c) Description	of tran	saction	,		(d) Corr	ected?
_ '	(a) Name of disqualified	person		organiza	ition			(c) Description	1 Or trai				Yes	No
(1)											_			
(2)													<b>.</b>	
(3)														
(4)					-									
(5)														
(6)														<u> </u>
2	Enter the amount under section 4958			nızatıor	_	-		ed persons du		ne ye !	ar ► \$	i		
3	Enter the amount o	of tax, if any, on	line 2, above,	reimbi	ursed by	the organi	zatior	1		1	▶ \$	S		
Par	Complete if th	l/or From Interne organization eported an am	answered "Ye	es" on F 990, Pa	Form 990 art X, line	0-EZ, Part \\ e 5, 6, or 22	2. ———	38a or Form 99	Τ	rt IV,	ı	6; or	r	ritten
(4)	varie of interested person	with organization	loan	fro	m the	principal an		(,, 24,4,100	(5)	1	by board or committee?		agreement?	
				То	From				Yes	No	Yes	No	Yes	No
(1)	CW Day Enterprises	Former Sec.	Buy a motel	<u> </u>	<b>✓</b>	12	20000	117000 Approx.	ļ	✓	<b>✓</b>	<u> </u>	<b>✓</b>	
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(10)					<u> </u>			Φ	1.6				;	ļ
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Par	Grants or As Complete if the	sistance Bene ne organization	answered "Ye	ed Peres" on f	rsons. Form 99	0, Part IV, I	ine 27	<b>'</b> .		,		_		
(2	a) Name of interested person		ship between inter and the organization		(c) Amount	t of assistance	(	d) Type of assistance	:e	(e	) Purpo	ose of a	assistar	ice
(1)										ļ				
(2)														
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(9)							1							

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zatioi
CW Day Enterprises	Former Secretary	120000	Loan to purchase a motel	163	\ \d
Ow Day Enterprises	Tomici Secretary	120000	Loan to parenase a moter		Ť
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t V Supplemental Information					-
Complete this part to provide	le additional information for re	sponses to questioi	ns on Schedule L (see instruction	ns).	
ipal and interest has been paid since	the loan was made during 2012	in the amount of \$38	89.57.		
				•••••	
			•		

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection Employer identification number

Top of Texas Charitable Organization	06-1797139
Part VI 11b- It will be available to all directors and interested parties by request via telephone, mail, FA	X, or can come to the designated
physical address located at 8009 Kerr Pl., Amarillo, TX 79121.	
Part VI 19- The directors and interested public are allowed to view the information at the above address	5.
Part VI Section A line 2- Early in 2012 we had a mother and her son who were directors. The son resign	ed without explanation and the mother
resigned later in the year. We presently have a director on the board who is a daughter of the founder/t	penefactor. The founder passed away
recently in 2013. The mother mentioned earlier married the founder a few years after the foundation was	s established.
The reason for the delay of this Form 990 is because of the untimely death of the founder, Joe Kuster,	
Mr. Kuster had been seeing to all the tax forms and such. After his death, his widow has been doing he	er best to find all of the organizations
paperwork from its inception. I used all the bank statements to build a financial history on Quickbooks	and this is where the information
is coming from to fill out the Form 990. I'm sure I have probably made many entry mistakes and I beg y	our forgiveness and hope you can
correct them or tell me how to put them in the proper place. I am really praying that this will suffice. The	ank you very much.