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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A Fo	r the 2012 ca	endar year, or tax year beginning 01-01-2012	, 2012, and ending 12-3	31-2012		
	eck if applicable	C Name of organization BRAZOS EDUCATION FOUNDATION INC			D Employer ic	lentification number
	Iress change ne change	Doing Business As			26-45624	36
	ne change ial return					
	minated	Number and street (or P O box if mail is not delive 2612 WASHINGTON AVE	red to street address) Room/si	ııte	E Telephone nu	ımber
	ended return	City or town, state or country, and ZIP + 4			(254)753	-0915
_	olication pending	WACO, TX 76710			G Gross receipt	s \$ 346.098
		F Name and address of principal officer		H(a) Is	this a group retu	
		RICKY TURMAN 2612 WASHINGTON AVENUE			ılıates?	┌ Yes ┌ No
		WACO,TX 76710		H(b) Are	e all affiliates inc	luded? TYes TNo
_ T-						t (see instructions)
	x-exempt status	,(-),(-),(-), (4947(a)(1) or 527	H(c) G	oup exemption n	umber ►
J W	ebsite: ► WV	W BRAZOSFOUNDATION ORG			<u> </u>	
		Corporation Trust Association Other		L Year of	formation 2009	M State of legal domicile TX
Pa		mary escribe the organization's mission or most sig				
Governance	CREATI GOVER AND FI SECON SUCH P THE ME FOUND ATTENI	ECONDARY EDUCATIONAL INSTITUTION ED OR ACTING PERSUANT TO SECTION 53 NMENT IN PROMOTING THE UTILIZATION NANCIAL SERVICES TO STUDENTS TO PROMOTINES, SO AS TO EROGRAMS OF STUDY AS THE BOARD OF DRANING OF CHARITABLE OR EDUCATIONAL ATION CONTINUES TO OFFER SCHOLARS DING POST-SECONDARY OR GRADUATE IN LD WORK WITH COLLEGES OR UNIVERSIT	3 47 OF THE TEXAS EDU NOF THE STUDENT LOA ROVIDE FUNDS FOR GRA NABLE THE STUDENTS DIRECTORS MAY DETER L PURPOSES AS DEFIN HIPS TO QUALIFIED HI NSTITUTIONS THE FOU	CATION C N PROGRA NT AND SO TO SUCCES MINE TO B ED IN THE GH SCHOO	ODE AND ANY OM AND PROVID SHOLARSHIPS TO SEFULLY GRADUE SUITABLE AN INTERNAL REVIOLSTUDENTS FOR	JNIT OF ING FINANCIAL AID TO QUALIFIED JATE OR COMPLETE D DESIRABLE WITHIN ENUE CODE THE DR THE PURPOSE OF
<u>e</u> 8						
Activities &	2 Checkt	nis box দ if the organization discontinued it	s operations or disposed	of more thai	n 25% of its net	assets
AC	3 Number	of voting members of the governing body (Pai	з	5		
	4 Number	of independent voting members of the govern	ıng body (Part VI, lıne 1b)	4	5
		mber of individuals employed in calendar year	, , , , , , , , , , , , , , , , , , , ,			
		mber of volunteers (estimate if necessary) . related business revenue from Part VIII, coli				
		elated business taxable income from Form 99				-
					rior Year	Current Year
0.	8 Contr	butions and grants (Part VIII, line 1h)			28,775	181,883
Revenue		am service revenue (Part VIII, line 2g)			004	0
₽è√		tment income (Part VIII, column (A), lines 3, revenue (Part VIII, column (A), lines 5, 6d, 8	·		904	4,149
		revenue—add lines 8 through 11 (must equal		е 📉		130,110
	12) .	<u> </u>	<u> </u>		29,679	316,148
		s and sımılar amounts paıd (Part IX, column (ts paıd to or for members (Part IX, column (A			14,438	33,564
		es, other compensation, employee benefits (P		·		
\$	5-10					0
Expenses		ssional fundraising fees (Part IX, column (A),	line 11e)	•		0
ቯ		indraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ expenses (Part IX, column (A), lines 11a-11	d 11f-24e\		1,193	1,645
		expenses Add lines 13–17 (must equal Part		'	15,631	35,209
		ue less expenses Subtract line 18 from line			14,048	280,939
s ox 30.es				Beginn	ing of Current Year	End of Year
Not Assets or Fund Balances	20 Total	assets (Part X, line 16)			172,871	452,386
유 주 등	21 Total	liabilities (Part X, line 26)			960	0
		ssets or fund balances Subtract line 21 from	line 20		171,911	452,386
Unde my kr	r penalties of nowledge and irer has any k	** ature of officer Y TURMAN TREASURER				
	Тур	or print name and title				
Do:-	I 1	Print/Type preparer's name Preparer's signature DANNY R WRIGHT CPA	gnature		Check 🔽 ıf PTIN self-employed	
Paid Pre	parer	rim's name F CUNNINGHAM SHAVERS CHRISTENSEN	N		ım's EIN 🕨	
		Fırm's address ► WRIGHT LLP		F	Phone no (254) 752	-3436
	•	ALISTIN AVE WACO TY 767011602				

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

Par	Statement of Progra				
1	Briefly describe the organization	's mission			
TO F SEC ACT UTII PRO STU DET IN T	PROVIDE FUNDS FOR GRANTS A ONDARY EDUCATIONAL INSTIT ING PERSUANT TO SECTION 53 LIZATION OF THE STUDENT LOW VIDE FUNDS FOR GRANT AND S DENTS TO SUCCESSFULLY GRAN ERMINE TO BE SUITABLE AND E HE INTERNAL REVENUE CODE DENTS FOR THE PURPOSE OF A ITEMPLATED THAT IT WOULD W	ND SCHOLARSHIPS TO TUTION, AND TO WORK 47 OF THE TEXAS ED AN PROGRAM AND PRO CHOLARSHIPS TO QU DUATE OR COMPLETE DESIRABLE WITHIN TH THE FOUNDATION CO TTENDING POST-SECO	WITH AND COOPER, UCATION CODE AND OVIDING FINANCIAL ALIFIED SECONDARY SUCH PROGRAMS OF E MEANING OF CHAR NTINUES TO OFFER SONDARY OR GRADUA	ATE WITH ANY CORPORATION ANY UNIT OF GOVERNMENT AID AND FINANCIAL SERVIC EDUCATION ENTITIES, SO A STUDY AS THE BOARD OF DI ITABLE OR EDUCATIONAL PU SCHOLARSHIPS TO QUALIFIE TE INSTITUTIONS THE FOUN	N CREATED OR IN PROMOTING THE ES TO STUDENTS TO S TO ENABLE THE RECTORS MAY JRPOSES AS DEFINED D HIGH SCHOOL
2	Did the organization undertake at the prior Form 990 or 990-EZ? If "Yes," describe these new serv				┌ Yes ┌ No
3	Did the organization cease conduservices?	ıctıng, or make sıgnıfıcaı		nducts, any program	┌ Yes ┌ No
4	Describe the organization's progresses Section 501(c)(3) and the total expenses, and revenue,	ram service accomplishn l 501(c)(4) organization:	s are required to report		
4a	(Code) (Exper TO PROVIDE SCHOLARSHIPS TO DESER		INCLUDING GRANTS OF \$	33,564) (Revenue \$)
4b	(Code) (Exper	nses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Exper	ises \$	including grants of \$) (Revenue \$)
	Other program services (Deservices	ha in Cahadiila O)			
4d	Other program services (Descri (Expenses \$	including grants o	f\$) (Revenue \$)
4e	Total program service expenses	▶ 35,209			

Part IV Checklist of Required Schedule
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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		No
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> " <i>Yes</i> ," <i>complete Schedule C, Part II</i>	4		Νo
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		No
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^{\bullet}	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Νo
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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		No
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		No
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		No
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
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</i> "Yes," complete Schedule J	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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</i> "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	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		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

r e	Statements Regarding Other IRS Fillings 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 3		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 1 1	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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	1		
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		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	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		No
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	-		
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			NO
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
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			
а	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			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	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			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

36	ection 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			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	organization's maining address. It ites, provide the haines and addresses in schedule O			140
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R		ıe Cod	
Se			ue Cod Yes	
				e.)
10a b	Did the organization have local chapters, branches, or affiliates?	evenu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes	e.) No No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official O ther officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization have a written Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No No No No

- List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►RICKY TURMAN 2612 WASHINGTON AVENUE WACO, TX (254)753-0915

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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, or 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 (list any hours	more pers	than on is	one bot rect	not box h ar or/tr	chec (, unle n offic	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) MILICENT LARSON	40 00	х						0	122,967	14,214
EXECUTIVE DI		_ ^						0	122,907	14,214
(2) MURRAY WATSON JR DIRECTOR/CHA	1 00 40 00	х		х				0	0	C
(3) RICKY TURMAN	1 00									
DIRECTOR/TRE	40 00	Х		Х				0	0	C
(4) RAY RUSHING	1 00									
DIRECTOR/SEC	40 00	Х		X				0	0	C
(5) CYNTHIA LEWIS	1 00									
DIRECTOR		Х						0	0	C
(6) JULIE CARLSON	1 00	х						0	0	C
DIRECTOR										
(7) DAVID HORNER	1 00	×						0	0	C
DIRECTOR	40 00							, and the second		
(8) SUSAN DAVIS	1 00			х				0	0	C
ASSISTANT SE	40 00									
(9) CARYN BROWN ASSISTANT TR	1 00			х				0	0	C

\$100,000 of compensation from the organization 🕨

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	ition (han d on is	one l both	box, an d	heck unless officer stee)	i	(D Repor compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	/-	ted fother ation he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)) (organizati relate organiza	ed
1b	Sub-Total			•				▶						
c	Total from continuation sheet	s to Part VII, S	ection /	Δ.				F						
d	Total (add lines 1b and 1c) .							 -			122,9	67		14,214
2	Total number of individuals (in \$100,000 of reportable compe	_				liste	d abov	e) w	ho receive	d more th	nan			
													Vac	Na
3	Did the organization list any f o	ormer officer, dii	ector o	r trus	tee.	kev	emplo	vee	, or highest	compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S					•		•		• •	- · · ·	3		No
4	For any individual listed on line organization and related organ													
	ındıvıdual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
	ation B. Todonoudout Co													
1	cction B. Independent Co Complete this table for your five compensation from the organize	ve highest comp											tay yoar	
	-	(A)		ation	101	tile t	alellu	ai ye	ar enumy		(B)		(C)
	N	lame and business	address							Des	scription of services		Comper	isation
												-		
2	Total number of independent co	ntractors (inclu	dına but	t not	lımıt	ed t	o those	e list	red above)	who rece	ived more than			

Form 99								Page 9
Part \	ЛΠ		o f Revenue ule O contains a respor	ise to any question i	ın thıs Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
के के	1a	Federated cam	paigns 1a					
an and	ь	Membership du	ies 1b					
يَّةِ ق	c	Fundraising eve	ents 1c					
ffs, F.⊿	d	Related organiz	zations 1d	2,100				
5 ≅	e	Government grant						
Sin				170 702				
iệi là	f	similar amounts no	ons, gifts, grants, and 1f ot included above	179,783				
e ii	g	Noncash contributi 1a-1f \$	ons included in lines	137,675	İ	İ		
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		181,883			
				Business Code				
Program Service Revenue	2a			Business code				
9. 9.	Ь							
ě. E	c							
¥.	d							
Ä	e							
튵	f	All other progra	am service revenue					
Š		T-4-1 A dd l	- 2- 26	<u> </u>				
	3		s 2a-2f ome (including dividence					
			ar amounts)		4,024			4,024
	4	Income from inves	stment of tax-exempt bond p	proceeds 🕨				
	5	Royalties						
		C	(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	-	expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)	-				
	7a	Gross amount	(ı) Securities	(II) O ther				
	′"	from sales of assets other	30,075					
		than inventory						
	Ь	Less cost or other basis and	29,950					
	c	sales expenses Gaın or (loss)	125					
	d	Net gain or (los	s)		125			125
	8a	Gross income f						
Other Revenue		events (not inc \$	luding					
₫ >		of contributions	reported on line 1c)					
æ		See Part IV, lir	ne 18 a	400.040				
her	Ь	Less directex	penses b	108,040				
₹	c		(loss) from fundraising	events 🛌	108,040			
	9a		rom gaming activities					
		See Part IV, lır	ne 19 a l					
	Ь	less directev	penses b	22,076				
	c		(loss) from gaming activ	/ities -	22,076	22,076		
	10a	Gross sales of	· · · · · · · · · · · · · · · · · · ·					
		returns and allo	owances .					
	_	lees soot 5	a l					
		_	oods sold . . b (loss) from sales of inve	entory				
		Miscellaneous		Business Code				+
	11a							
	ь							
	c							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions	🛌	227	25 55		
	1			· 1	316,148	22,076		4,149

	990 (2012) EIX Statement of Functional Expenses				Page 1
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ıons must comi	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				
Do no	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		- CAPCHICOS	успечан одренесе	- cop critical
2	Grants and other assistance to individuals in the United States See Part IV, line 22	33,564	33,564		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	33,301	33,301		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
Ь	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
a	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Schedule O)	55	55		
12	Advertising and promotion				
13	Office expenses	1,590	1,590		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
23	Insurance				
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)				
а					
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	35,209	35,209	0	
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 Friedrich Goldwing SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page **11** Part X (A) Beginning of year **(B)** End of year

Assets

Liabilities

Net Assets or Fund Balances

		Deginning or year		Life of year
1	Cash—non-interest-bearing	70,232	1	74,739
2	Savings and temporary cash investments	100,000	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,639	4	1,694
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
			5	
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		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a			
Ь	Less accumulated depreciation		10c	
11	Investments—publicly traded securities		11	238,278
12	Investments—other securities See Part IV, line 11		12	137,675
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	172,871	16	452,386
17	Accounts payable and accrued expenses	960	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	Loans and other 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			
26	D	960	25 26	0
126	Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete	900	26	-
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	171,911	27	452,386
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► and			
	complete lines 30 through 34.			1
30	complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
30 31			30 31	
	Capital stock or trust principal, or current funds			
31	Capital stock or trust principal, or current funds	171,911	31	452,386

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	316,148
2	Total expenses (must equal Part IX, column (A), line 25)	2			35,209
3	Revenue less expenses Subtract line 2 from line 1	3		2	280,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			-464
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			152,386
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	ofthe	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b		

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As Filed Data -

DLN: 93493102006223

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

BRAZOS EDUCATION FOUNDATION INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

									26-4562		
Pai				blic Charity Sta						instruction	ns.
The o	rganı:			te foundation becaus			-				
1	<u>_</u>		-	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (A1	ttach Sched	lule E)				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desci	rıbed ın secti	on 170(b)(1)(A)(iii).		
4	Γ			h organization operat	ted ın conjur	nction with a	a hospital de:	scribed in s	ection 170(b)(1)(A)(iii)	. Enter the
_	_			ty, and state	+ - 6 11						
5	ı	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	y a governme	ntai unit de	scribed in
_	_			(A)(iv). (Complete P	•				(4)(4)(
6	<u> </u>			local government or							
7	<u></u> -	describ	oed in sectio	at normally receives on 170(b)(1)(A)(vi).	(Complete F	Part II)	• •	-	nental unit or	from the ge	neral public
8	<u>_</u>		-	described in section			-	-			
9		An org	anızatıon th	at normally receives	(1) more th	nan 331/3%	of its suppor	t from contr	ributions, mei	mbership fe	es, and gross
				ities related to its e							
				oss investment inco						1 tax) from	businesses
		acquire	ed by the org	ganızatıon after June	30,1975	ee section	509(a)(2). (Complete P	art III)		
10	Γ	An org	anızatıon or	ganızed and operated	d exclusively	y to test for	public safety	/ See secti	on 509(a)(4)		
11	Γ	one or the box	more public <u>ct</u> hat descri	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr or <u>ti</u> ng organ	ribed in sect lization and	tion 509(a)(: complete lin	l) or sectio es 11e th <u>r</u> c	n 509(a)(2) ough 11h	See section	509(a)(3). Check
е	Γ	other t		ox, I certify that the on managers and ot							
f		If the c		received a written de	etermination	from the IF	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppo	rting organization,
g				2006, has the organi	ızatıon acceı	pted anv dif	t or contribut	tion from an	ıv of the		1
		followir	ng persons?						•		
		(i) A p	erson who d	irectly or indirectly o	ontrols, eith	ner alone or	together with	h persons d	escribed in (i		Yes No
		and (111) below, the	governing body of th	ie supported	organizatio	n?			1:	Lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				11	.g(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	tion(s)				
(i) Name support organiza		ted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	organization in the col (i) listed in in co		(v) Did yo the organ in col (i) suppo	ization of your	(vi) I: organiza col (i) or in the	ation in rganized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	
Total											

instructions

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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 185,000 50,987 84,724 311,999 632,710 include any "unusual grants ") 2 Tax revenues levied for the 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 185,000 50,987 84,724 311,999 632,710 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 299,369 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 333,341 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 185,000 50,987 84,724 311,999 632,710 Amounts from line 4 Gross income from interest, dividends, payments received on 904 4,024 4,928 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 637,638 through 10) **12** Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 this box and $\operatorname{\mathsf{stop}}$ here \ldots \ldots \ldots \ldots \ldots \ldots \ldots \longleftarrow Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2012. 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—2011. 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 – 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 organization b 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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493102006223

OMB No 1545-0047

SCHEDULE D (Form 990)

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.

Supplemental Financial Statements

Open to Public

	me of the organization AZOS EDUCATION FOUNDATION INC		Emp	loyer identification number
				4562436
Pa	organizations Maintaining Donor Adordard organization answered "Yes" to Form 990), Part IV, line 6.	unds	or Accounts. Complete if the
		(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)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed □ Yes □ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			
Da	conferring impermissible private benefit? rt II Conservation Easements. Complete if	the organization answered "Ves"	to Forn	<u> </u>
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	ganization (check all that apply) n or education) Preservation of a Preservation of a	n histor certifie	ically important land area d historic structure
	easement on the last day of the tax year			T
	Total number of conservation easements		<u> </u>	Held at the End of the Year
a			2a	
Ь	Total acreage restricted by conservation easements	ama ahmuahuma maludad m (a)	2b	
с	Number of conservation easements on a certified histo	• •	2c	
d	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	ne organization during
	the tax year 🗠			
4	Number of states where property subject to conservat	cion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	Fviolations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year
_	Amount of expenses incurred in monitoring, inspecting	g and enforcing conservation easement	ts durin	g the year
7	► \$	g, and emoreing conservation casemen	is durin	g the year
В	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(H)^2$	d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ie footnote to the organization's financia		
Par	rt IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(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, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treasu</u> i	res, or Oth	<u>ıer Siı</u>	<u>milar Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch	ecka	any of the follo	wing that are	a sıgn	ıfıcant use of	its	
а	Public exhibition		d	Γ	Loan or exch	ange prograi	ns			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how	v the y	further the o	rganızatıon's	exemp	t purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						imilar	Г	Yes	┌ No
Paı	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complet	te ıf	the	organization		"Yes" 1	to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	diary	for c	ontributions o	r other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	follow	ving t	able			Amou		
_						-		Amou	int	
c d	Beginning balance					1				
e	Additions during the year Distributions during the year					10				
f	Ending balance					1				
2a	Did the organization include an amount on Fo	orm 990 Part X line	21?				-		Yes	
b	-					dd	+ \/			, I.C
	If "Yes," explain the arrangement in Part XII rt V Endowment Funds. Complete								• •	•
ГG	Endowment Funds. Complete	(a)Current year		Prior		o years back)Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	rent year end balanc	e (lın	e 1g,	column (a)) h	eld as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat a	re held and a	dmınıstered f	or the			
	organization by							- 40	Yes	No
	(i) unrelated organizations			•				3a(i)		<u> </u>
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizatio			 ched	 ule R2			. 3a(ii)		<u> </u>
4	Describe in Part XIII the intended uses of the						•	30		<u> </u>
	rt VI Land, Buildings, and Equipme									
	Description of property		,	(;	a) Cost or other sis (investment)	(b)Cost or ot basis (othe		c) Accumulated depreciation	(d) B	ook value
1a	Land			1		†				
b	Buildings									
c	Leasehold improvements									
	Equipment									
e	Other									
	Add lines 1a through 1a (Column (d) must e		colu	mn //	2) line 10(c))				+	

Part VII Investments-Other Securities. Se	e Form 990, Part X, line 12.	. 130
(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		Cost of end-of-year market value
(2)Closely-held equity interests	137,675	F
Other	101,010	·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	137,675	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of elid-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
	pcion	(b) Book value
Table (Colonia (b) mark and France 2000 Part V and (D) bank	45)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Par (a) Description of liability	(b) Book value	
Federal income taxes	· · · · · · · · · · · · · · · · · · ·	
redefai income taxes		
	+	
		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	and financial statements that the con-
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	ext of the roothote to the organizati	ion's imancial statements that reports the

ınformatıon

Identifier

ted Financial Statements With Revenue per Return	Recollemation of Revenue per Addited
financial statements	Total revenue, gains, and other support per audited fina
art VIII, line 12	Amounts included on line 1 but not on Form 990, Part
 2a -464	Net unrealized gains on investments
2b 332,295	Donated services and use of facilities
	Recoveries of prior year grants
2d	Other (Describe in Part XIII)
2e 331,831	Add lines 2a through 2d
	Subtract line 2e from line 1
but not on line 1	Amounts included on Form 990, Part VIII, line 12, but
art VIII, line 7b . 4a 56	Investment expenses not included on Form 990, Part \
4b	Other (Describe in Part XIII)
4c 56	Add lines 4a and 4b
Form 990, Part I, line 12)	Total revenue Add lines 3 and 4c. (This must equal For
lited Financial Statements With Expenses per Return	XII Reconciliation of Expenses per Audite
tements	Total expenses and losses per audited financial statem
art IX, line 25	Amounts included on line 1 but not on Form 990, Part I
2a 332,295	Donated services and use of facilities
2b	Prior year adjustments
	Other losses
2d	Other (Describe in Part XIII)
2e 332,295	Add lines 2a through 2d
	Subtract line 2e from line 1
t not on line 1:	Amounts included on Form 990, Part IX, line 25, but no
ort VIII, line 7 b 4a 56	Investment expenses not included on Form 990, Part V
4b	Other (Describe in Part XIII)
	Add lines 4a and 4b
15 000 0 17 1 10)	Total expenses Add lines 3 and 4c. (This must equal F
al Form 990, Part I, line 18) 5 35,209	

Return Reference

Explanation

BRAZOS EDUCATION FOUNDATION INC

DLN: 93493102006223

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Supplemental Information Regarding

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

Open to Public Inspection

Employer identification number

				1.1157	20-4502430	
Part I Fundraising Acti	vities. Complete	e if the oi	rganızatı	ion answered "Yes" i	to Form 990, Part IV	7, line 17.
1 Indicate whether the organi	zatıon raısed funds	through aı	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations			е		n-government grants	
b Internet and email solic	ıtatıons		f	Solicitation of gov		
c Phone solicitations			g	Special fundraisin	g events	
d In-person solicitations						
2a Did the organization have a or key employees listed in F	written or oral agree form 990, Part VII)	ement witl or entity	n any indi in connec	vidual (including office ction with professional f	rs, directors, trustees fundraising services?	Г _{Yes} Г _{No}
b If "Yes," list the ten highest to be compensated at least	paid individuals or \$5,000 by the orga	entities (f nization	undraiser	rs) pursuant to agreeme	ents under which the fui	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
-						
		-				
		-				
			.			
3 List all states in which the o licensing	rganızatıon ıs regis	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundra events with gross receipts gi	aising event contribut			
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	
ΞE	1	Gross receipts	108,040	0		108,040
Revenue	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)	108,04	0		108,040
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
8	7	Food and beverages .				
	8	Entertainment				
Direct	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 in column	n (d)		(
	11	Net income summary Combine lir				108,040
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue		φ26/3000 SH / SHH 330 ZZ/ HH	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Æ	1	Gross revenue			22,076	
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	✓ Yes ✓ No	┌ Yes	✓ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column ((d)	🛌	
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🛌	22,076
9	Ent	ter the state(s) in which the organiza	tion operates gaming ac	tivities TX		
а		the organization licensed to operate				
b	If"					
10a	We	re any of the organization's gaming l				
b	If"	'Yes," explain				

Does	the organization operate gaming	gactivities with nonmembers? .				┌ Yes └ No
L2	Is the organization a grantor, be	eneficiary or trustee of a trust or a	memt	ber of a partnership or other entity		
	formed to administer charitable	gaming?				. ┌ _{Yes} ┌ No
L3	Indicate the percentage of gam	ing activity operated in				
а	The organization's facility .				13a	2 000 %
b	An outside facility			[13b	98 000 %
14	Enter the name and address of	the person who prepares the organ	nızatıo	n's gamıng/special events books ar	nd rec	ords
	Name TAMMY HARRAL	SON				
	Address > 2612 WASHING WACO,TX 7671					
15a	Does the organization have a co	ontract with a third party from who	m the	organization receives gaming		
						· · Yes V No
D				and 🟲 \$ and	the	
_		ned by the third party 🟲 \$				
С	If "Yes," enter name and addres	ss of the third party				
	Name 🟲					
	Address 🟲					
16	Gaming manager information					
	Name TAMMY HARRALS	50 N				
	Gaming manager compensation	▶ \$				
	Description of services provide	d ► RAFFLE ADMINISTRATION	I			
	Director/officer	F Employee		Independent contractor		
17	Mandatory distributions					
а	Is the organization required und	ler state law to make charitable di	ıstrıbu	tions from the gaming proceeds to		
	retain the state gaming license	,				res rono
b		·		o other exempt organizations or spe	nt	
		ot activities during the tax year				
Par	columns (III) and (v),		, 15b,	ovide the explanations required 15c, 16, and 17b, as applicable ons).		
	Identifier	Return Reference		Explanati	on	
	LICENSED TO OPERATE LANATION	SCHEDULE G PAGE 2 PART III LINE 9B	† - }	NONPROFIT ORGANIZATIONS W FEDERAL TAXATION UNDER SEC INTERNAL REVENUE CODE ARE I LICENSED TO HAVE A RAFFLE IN	TION NOT F	501C IN THE REQUIRED TO BE

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Schedule I

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

DLN: 93493102006223

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization						Employer identification	on number
BRAZOS EDUCATION FOUNDATION	NINC					26-4562436	
Part I General Informatio	n on Grants and	d Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance?			the grants or assist	ance, and	✓ Yes
Part II Grants and Other As Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 503 Enter total number of other orga						· · · • <u> </u>	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 23
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	18	33,564		COST	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
	LINE 2	THE BRAZOS EDUCATION FOUNDATION REQUIRES THAT ALL STUDENTS RECEIVING SCHOLARSHIP FUNDS FROM THE ORGANIZATION PROVIDE THE ORGANIZATION WITH PROOF OF ATTENDANCE AT A COLLEGE IN ADDITION, STUDENTS ARE REQUIRED TO SUBMIT A COPY OF THEIR COLLEGE TRANSCRIPT TO THE FOUNDATION ALONG WITH PROOF OF ENROLLMENT FOR THE NEXT SEMESTER ONCE THE STUDENT PROVIDES THIS INFORMATION TO THE FOUNDATION, THE FOUNDATION RELEASES SCHOLARSHIP FUNDS DIRECTLY TO THE COLLEGE WITH INSTRUCTIONS TO THE COLLEGE TO RETURN THE MONEY IF THE STUDENT IS NOT ENROLLED IN ADDITION, THE FOUNDATION RELEASES FUNDS FOR TEXTBOOKS DIRECTLY TO A BOOKSTORE OR OTHER TEXTBOOK SOURCE AFTER THE DOCUMENTATION IS RECEIVED AS DESCRIBED ABOVE

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DLN: 93493102006223

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

Noncash Contributions

Internal Revenue Service Name of the organization BRAZOS EDUCATION FOUNDATION INC

Employer identification number

26-4562436

Pa	rt 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	(c Method of c noncash contril	determining	nts
1	Art—Works of art			_ <u>- </u>			
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .			127.675		05.0000	
	Securities—Closely held stock	X	1	137,675	PRORATA VALUE	OF CORP	
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Oualified conservation						
	contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxıdermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	O ther ▶ ()						
	O ther ▶()						
	Other ▶()						
	Other • ()	h., *b					
29	Number of Forms 8283 received for which the organization comple				29		T
302	During the year, did the organiza	ation receiv	e hy contribution any prope	erty reported in Part I lines	1-28 that it	Yes	No
504	must hold for at least three year						
	for exempt purposes for the enti			·	u to be useu	205	No
	If "Yes," describe the arrangem					30a	110
31	Does the organization have a gi			review of any non-standard	contributions?	31	No
32a	Does the organization hire or us						
	contributions?	•	• • • • • • •			32a	No
ь 33	 If "Yes," describe in Part II If the organization did not repor describe in Part II 	t an amount	in column (c) for a type of	property for which column (a) is checked,		

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

OMB No 1545-0047

SCHEDULE 0 (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization BRAZOS EDUCATION FOUNDATION INC **Employer identification number**

26-4562436

ldentifier	Return Reference	Explanation						
ORGANIZATION'S MISSION RELATED PARTY FORM 990 - ORGANIZATION'S MISSION RELATED PARTY FORM 990 PAGE		TO PROVIDE FUNDS FOR GRANTS AND SCHOLARSHIPS TO A QUALIFIED INSTITUTION OF HIGHE EDUCATION OR POST-SECONDARY EDUCATIONAL INSTITUTION, AND TO WORK WITH AND COOPERATE WITH ANY CORPORATION CREATED OR ACTING PERSUANT TO SECTION 53 47 OF THE TEXAS EDUCATION CODE AND ANY UNIT OF GOVERNMENT IN PROMOTING THE UTILIZATION OF THE STUDENT LOAN PROGRAM AND PROVIDING FINANCIAL AID AND FINANCIAL SERVICES STUDENTS TO PROVIDE FUNDS FOR GRANT AND SCHOLARSHIPS TO QUALIFIED SECONDARY EDUCATION ENTITIES, SO AS TO ENABLE THE STUDENTS TO SUCCESSFULLY GRADUATE OR COMPLETE SUCH PROGRAMS OF STUDY AS THE BOARD OF DIRECTORS MAY DETERMINE TO E SUITABLE AND DESIRABLE WITHIN THE MEANING OF CHARITABLE OR EDUCATIONAL PURPOSE AS DEFINED IN THE INTERNAL REVENUE CODE THE FOUNDATION CONTINUES TO OFFER SCHOLARSHIPS TO QUALIFIED HIGH SCHOOL STUDENTS FOR THE PURPOSE OF ATTENDING POSECONDARY OR GRADUATE INSTITUTIONS THE FOUNDATION ORIGINALLY CONTEMPLATED THE WOULD WORK WITH COLLEGES OR UNIVERSITIES TO SELECT THE RECIPIENTS OF SUCH SCHOLARSHIPS BUT HAS DECIDED THAT IT IS MORE PRACTICAL TO WORK WITH LOCAL HIGH SCHOOLS TO IDENTIFY APPRORIATE SCHOLARSHIP CANDIDATES ANY SUCH SCHOLARSHIP GRANTS ARE SENT DIRECTLY TO THE COLLEGE OR UNIVERSITY THAT THE STUDENT WILL BE ATTENDING AND ARE USED SOLELY FOR TUITION, ROOM AND BOARD, OR BOOKS IN ADDITION THE FOUNDATION PROVIDES GRANTS FOR THE PURCHASES OF TEXTBOOKS THE GRANT FUNDING FOR THE TEXTBOOKS ARE SENT DIRECTLY TO THE BUSINESS ENTITY SELLING THE TEXTBOOKS SCHOLARSHIPS ARE RENEWABLE TO A PARTICULAR RECIPIENT IF THE STUDENT REMAINS ENROLLED IN A POST-SECONDARY INSTITUTION AND MAINTAINS A SUITABLE GRADE POINT AVERAGE AT SUCH INSTITUTION, AS DETERMINED BY THE FOUNDATION						
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	MURRAY WATSON, JR MILICENT LARSON PRESIDENT EXEC DIR FATHER/DAUGHTER						
ORGANIZATIONS PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED DURING A MEETING OF THE BOARD EACH YEAR PRIOR TO FILING WITH THE IRS						
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE EXECUTIVE DIRECTOR OF THE FOUNDATION, OR HER DESIGNEE, PREPARES AND DISTRIBUTES AN ANNUAL CONFLICT OF INTEREST SURVEY WHICH IDENTIFIES POTENTIAL CONFLICTS OF INTEREST AS DESCRIBED BY THE FOUNDATIONS CONFLICT OF INTEREST POLICY THIS SURVEY IS DISTRIBUTED TO THE BOARD AND KEY INDIVIDUALS WHO INFLUENCE POLICY DECISIONS FOR THE FOUNDATION THE RESULTS OF THIS SURVEY ARE TABULATED AND DISTRIBUTED ANNUALLY TO THE BOARD FOR THEIR REVIEW AND RESOLUTION						
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST						

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DLN: 93493102006223

Employer identification number

26-4562436

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Name of the organization BRAZOS EDUCATION FOUNDATION INC

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities (Comple	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (If applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	D	Direct controlling entity		
			1 1154 11					
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ne tax year.)		_		art IV,			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	public charity (if section 501)		(f) Direct controlling entity	Section (13) co	ontrolle tity?
(1) BRAZOS HIGHER EDUCATION SERVICE CORPORATION INC 2600 WASHINGTON AVENUE	STUDENT LO	TX	501C3	9		N/A	res	No No
WACO, TX 76710 74-2129255								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	-	Cat No 501	2EV	•		Schedule R (Forn	990) 2	0012

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related or	organızatıons lıs	ted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)				1b		No			
C	Gift, grant, or capital contribution from related organization(s)				1c	Yes				
d	Loans or loan guarantees to or for related organization(s)				1d		No			
e	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k Lease of facilities, equipment, or other assets from related organization(s)										
l Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
0	Sharing of paid employees with related organization(s)				10	Yes				
р	Reimbursement paid to related organization(s) for expenses				1 p		No			
q	Reimbursement paid by related organization(s) for expenses				1q	Yes				
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1q Yes 1q Yes 1 No 1 No 1 No 1 No 1 No									
2										
	Name of other organization Tr	Transaction			unt ir	nvolved				

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

EIN: 26-4562436

Name: BRAZOS EDUCATION FOUNDATION INC

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