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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2012**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)

Open to Public  
Inspection

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

**A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20****B** Check if applicable
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending
**C** Name of organization

MCKENNA CHARITABLE TRUST #2430

## Doing Business As

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

Room/suite

C/O FROST BANK, TRUSTEE, P.O. BOX 2950

City, town or post office, state, and ZIP code

SAN ANTONIO, TX 78299-2950

**F** Name and address of principal officer

FROST BANK

PO BOX 2950 SAN ANTONIO, TX 78299-2950

**D** Employer identification number

74-6194017

**E** Telephone number

(210) 220-4438

**G** Gross receipts \$

331,711.

**H(a)** Is this a group return for affiliates?Yes ☐ No ☒**H(b)** Are all affiliates included?Yes ☐ No ☐

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

**H(c)** Group exemption number ▶**I** Tax-exempt status☒ 501(c)(3)☐ 501(c) ( ) ◀ (insert no )☐ 4947(a)(1) or☐ 527**J** Website: ▶ N/A**K** Form of organization☐ Corporation☒ Trust☐ Association☐ Other ▶**L** Year of formation 1973**M** State of legal domicile TX**Part I Summary****1** Briefly describe the organization's mission or most significant activities

ALL NET INCOME, LESS ADMINISTRATIVE EXPENSES, FROM THE MCKENNA CHARITABLE TRUST WILL BE PAID TO THE MCKENNA FOUNDATION OF NEW BRAUNFELS TX, WHICH IS A CHARITABLE ORGANIZATION.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3**

1.

**4** Number of independent voting members of the governing body (Part VI, line 1b)**4**

0

**5** Total number of individuals employed in calendar year 2012 (Part V, line 2a)**5**

0

**6** Total number of volunteers (estimate if necessary)**6**

0

**7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a**

0

**b** Net unrelated business taxable income from Form 990-T, line 34**7b**

0

**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶

0

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20

## Prior Year

## Current Year

0

0

0

0

64,368.

69,714.

0

0

64,368.

69,714.

0

0

0

0

1,565.

1,786.

0

0

9,360.

10,396.

10,925.

12,182.

53,443.

57,532.

1,135,326.

1,192,858.

0

0

1,135,326.

1,192,858.

Beginning of Current Year

End of Year

1,135,326.

1,192,858.

0

0

1,135,326.

1,192,858.

**Part II Signature Block**

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

Sign  
Here

Signature of officer

FROST BANK, TRUSTEE

Date

5-14-13

Type or print name and title

Paid  
Preparer  
Use Only

Print/Type preparer's name

STEWART GOODSON

Preparer's signature

Stewart Goodson, CPA

Date

05/09/2013

Check ☐ if  
self-employed

PTIN

P00084462

Firm's name ▶ ERNST &amp; YOUNG U.S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ P.O. BOX 2938 SAN ANTONIO, TX 78299-2938

Phone no 210-228-9696

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

X Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)JSA  
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**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O )

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

**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes                                 | No                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>3</b> 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 . . . . .                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>5</b> 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 . . . . .                                                                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>6</b> 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 . . . . .                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> 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 . . . . .                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> 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 . . . . .            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> 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 . . . . .                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                     |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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 . . . . .                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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 . . . . .                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> 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 . . . . .                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>f</b> 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 . . . . .                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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 . . . . .                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</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 . . . . . | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> 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 . . . . .                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> 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 . . . . .                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> 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) . . . . .                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> 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 . . . . .                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> 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 . . . . .                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>            |

**Part IV Checklist of Required Schedules (continued)**

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

Form 990 (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. ☐

|            |                                                                                                                                                                                                                                                                              | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <span style="float:right">1a 2</span>                                                                                                                                                          |     |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <span style="float:right">1b 0</span>                                                                                                                                                       |     |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <span style="float:right">1c</span>                                                                                 |     |    |
| <b>2a</b>  | 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. <span style="float:right">2a 0</span>                                                         |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country <span style="float:right">See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</span>                                                                               |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            |     |    |
| <b>6a</b>  | 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?                                                                      |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| <b>a</b>   | 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?                                                                                                                              |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>                                                                                                                                                                        |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     | X  |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>                                                                                                                                                                |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>                                                                                                                                             |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |    |
| <b>a</b>   | Gross income from members or shareholders <span style="float:right">11a</span>                                                                                                                                                                                               |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float:right">11b</span>                                                                                                             |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>                                                                                                                                                   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O                                                                              |     |    |
| <b>b</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 <span style="float:right">13b</span>                                                                               |     |    |
| <b>c</b>   | Enter the amount of reserves on hand <span style="float:right">13c</span>                                                                                                                                                                                                    |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <span style="float:right">14b</span>                                                                                                                               |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 1                                                                                                                           |     |    |
| 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>1b</b> 0                 |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 0                                                                                                                            |     |    |
| <b>2</b> 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? . . . . . <b>2</b>                                            |     | X  |
| <b>3</b> 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? . . . <b>3</b> |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b> X                                                                                               | X   |    |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>                                                                                                       |     | X  |
| <b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>                                                                                                                                                               |     | X  |
| <b>7a</b> 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? . . . . . <b>7a</b>                                                             |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>                                                       |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                   |     |    |
| <b>a</b> The governing body? . . . . . <b>8a</b>                                                                                                                                                                                             | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>                                                                                                                                           | X   |    |
| <b>9</b> 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 . . . . . <b>9</b>     |     | X  |

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

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

**Section C. Disclosure**

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

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

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► FROST BANK PO BOX 2950, TX 78299-2950 210-220-4438

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                         |                                                                                            | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) FROST BANK, TRUSTEE<br>JOHN FERGUSON, ADMINISTRATOR | 40.00                                                                                      |                                                                                                              | X                     |         |              |                              |        | 1,786.                                                               | 0                                                                         | 0                                                                                             |
| (2) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (3) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (4) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (5) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (6) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (7) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (8) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (9) -----                                               |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (10) -----                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (11) -----                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (12) -----                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (13) -----                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| (14) -----                                              |                                                                                            |                                                                                                              |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



[illegible]

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

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 |     | X  |
| 5 |     | X  |

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

|                                                                   |                                                        |                                                                                                                                                         |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1a</b>                                              | Federated campaigns . . . . .                                                                                                                           | <b>1a</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Membership dues . . . . .                                                                                                                               | <b>1b</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Fundraising events . . . . .                                                                                                                            | <b>1c</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               | Related organizations . . . . .                                                                                                                         | <b>1d</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                               | Government grants (contributions) . . . . .                                                                                                             | <b>1e</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                               | All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .                                                             | <b>1f</b>            |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>g</b>                                               | Noncash contributions included in lines 1a-1f \$ . . . . .                                                                                              |                      |                      |                                                    |                                         |                                                                           |
| <b>h</b>                                                          | <b>Total.</b> Add lines 1a-1f . . . . .                |                                                                                                                                                         |                      | 0                    |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                    | <b>Business Code</b>                                   |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>2a</b>                                              |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>e</b>                                               |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>f</b>                                               | All other program service revenue . . . . .                                                                                                             |                      |                      |                                                    |                                         |                                                                           |
| <b>g</b>                                                          | <b>Total.</b> Add lines 2a-2f . . . . .                |                                                                                                                                                         |                      | 0                    |                                                    |                                         |                                                                           |
| <b>Other Revenue</b>                                              | <b>3</b>                                               | Investment income (including dividends, interest, and<br>other similar amounts). ATTACHMENT 2 . . . . .                                                 |                      | 40,054               |                                                    |                                         | 40,054                                                                    |
|                                                                   | <b>4</b>                                               | Income from investment of tax-exempt bond proceeds . . . . .                                                                                            |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                   | <b>5</b>                                               | Royalties . . . . .                                                                                                                                     |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                   |                                                        | (i) Real                                                                                                                                                | (ii) Personal        |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>6a</b>                                              | Gross rents . . . . .                                                                                                                                   |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less rental expenses . . . . .                                                                                                                          |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Rental income or (loss) . . . . .                                                                                                                       |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               | Net rental income or (loss) . . . . .                                                                                                                   |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                   | <b>7a</b>                                              | (i) Securities                                                                                                                                          | (ii) Other           |                      |                                                    |                                         |                                                                           |
|                                                                   |                                                        | 291,657.                                                                                                                                                |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less cost or other basis<br>and sales expenses . . . . .                                                                                                |                      | 261,997.             |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Gain or (loss) . . . . .                                                                                                                                |                      | 29,660               |                                                    |                                         |                                                                           |
|                                                                   | <b>d</b>                                               | Net gain or (loss) . . . . .                                                                                                                            |                      | 29,660.              |                                                    |                                         | 29,660                                                                    |
|                                                                   | <b>8a</b>                                              | Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . <b>a</b> |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less direct expenses . . . . . <b>b</b>                                                                                                                 |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Net income or (loss) from fundraising events . . . . .                                                                                                  |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                   | <b>9a</b>                                              | Gross income from gaming activities<br>See Part IV, line 19 . . . . . <b>a</b>                                                                          |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>b</b>                                               | Less direct expenses . . . . . <b>b</b>                                                                                                                 |                      |                      |                                                    |                                         |                                                                           |
|                                                                   | <b>c</b>                                               | Net income or (loss) from gaming activities . . . . .                                                                                                   |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                   | <b>10a</b>                                             | Gross sales of inventory, less<br>returns and allowances . . . . . <b>a</b>                                                                             |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          | Less cost of goods sold . . . . . <b>b</b>             |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          | Net income or (loss) from sales of inventory . . . . . |                                                                                                                                                         | 0                    |                      |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                      |                                                        |                                                                                                                                                         | <b>Business Code</b> |                      |                                                    |                                         |                                                                           |
| <b>11a</b>                                                        |                                                        |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                          |                                                        |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                          |                                                        |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>d</b>                                                          | All other revenue . . . . .                            |                                                                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>e</b>                                                          | <b>Total.</b> Add lines 11a-11d . . . . .              |                                                                                                                                                         |                      | 0                    |                                                    |                                         |                                                                           |
| <b>12</b>                                                         | <b>Total revenue.</b> See instructions . . . . .       |                                                                                                                                                         |                      | 69,714               |                                                    |                                         | 69,714                                                                    |

**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 response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                            | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>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.                                                                                                                                                   | 0                     |                                    |                                           |                                |
| 3 Grants and other assistance to governments, 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.                                                                                                                                                                | 1,786.                |                                    | 1,786.                                    |                                |
| 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):                                                                                                                                                                                                      |                       |                                    |                                           |                                |
| a Management.                                                                                                                                                                                                                              | 0                     |                                    |                                           |                                |
| b Legal.                                                                                                                                                                                                                                   | 7,582.                |                                    | 7,582.                                    |                                |
| c Accounting.                                                                                                                                                                                                                              | 2,650.                |                                    | 2,650.                                    |                                |
| d Lobbying.                                                                                                                                                                                                                                | 0                     |                                    |                                           |                                |
| e Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                 | 0                     |                                    |                                           |                                |
| f Investment management fees.                                                                                                                                                                                                              | 0                     |                                    |                                           |                                |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 0                     |                                    |                                           |                                |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 0                     |                                    |                                           |                                |
| 13 Office expenses.                                                                                                                                                                                                                        | 0                     |                                    |                                           |                                |
| 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 FOREIGN TAXES.                                                                                                                                                                                                                           | 164.                  |                                    | 164.                                      |                                |
| b _____.                                                                                                                                                                                                                                   |                       |                                    |                                           |                                |
| c _____.                                                                                                                                                                                                                                   |                       |                                    |                                           |                                |
| d _____.                                                                                                                                                                                                                                   |                       |                                    |                                           |                                |
| e All other expenses.                                                                                                                                                                                                                      |                       |                                    |                                           |                                |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 12,182.               |                                    | 12,182.                                   |                                |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 0                     |                                    |                                           |                                |

**Part X Balance Sheet**

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

|                                                                            |                                                                                                                                                                                                                                                                                                                                       | (A)<br>Beginning of year |            | (B)<br>End of year |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                              | <b>1</b> Cash - non-interest-bearing                                                                                                                                                                                                                                                                                                  | 557.                     | <b>1</b>   | 612.               |
|                                                                            | <b>2</b> Savings and temporary cash investments                                                                                                                                                                                                                                                                                       | 149,648.                 | <b>2</b>   | 187,844.           |
|                                                                            | <b>3</b> Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           | 0                        | <b>3</b>   | 0                  |
|                                                                            | <b>4</b> Accounts receivable, net                                                                                                                                                                                                                                                                                                     | 0                        | <b>4</b>   | 0                  |
|                                                                            | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L                                                                                                                                                        | 0                        | <b>5</b>   | 0                  |
|                                                                            | <b>6</b> 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                        | <b>6</b>   | 0                  |
|                                                                            | <b>7</b> Notes and loans receivable, net                                                                                                                                                                                                                                                                                              | 0                        | <b>7</b>   | 0                  |
|                                                                            | <b>8</b> Inventories for sale or use                                                                                                                                                                                                                                                                                                  | 0                        | <b>8</b>   | 0                  |
|                                                                            | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        | 0                        | <b>9</b>   | 0                  |
|                                                                            | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                          | <b>10a</b>               |            |                    |
|                                                                            | <b>b</b> Less accumulated depreciation                                                                                                                                                                                                                                                                                                | <b>10b</b>               | <b>10c</b> | 0                  |
|                                                                            | <b>11</b> Investments - publicly traded securities                                                                                                                                                                                                                                                                                    | 985,121.                 | <b>11</b>  | 1,004,402.         |
|                                                                            | <b>12</b> Investments - other securities See Part IV, line 11                                                                                                                                                                                                                                                                         | 0                        | <b>12</b>  | 0                  |
|                                                                            | <b>13</b> Investments - program-related See Part IV, line 11                                                                                                                                                                                                                                                                          | 0                        | <b>13</b>  | 0                  |
|                                                                            | <b>14</b> Intangible assets                                                                                                                                                                                                                                                                                                           | 0                        | <b>14</b>  | 0                  |
|                                                                            | <b>15</b> Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                           | 0                        | <b>15</b>  | 0                  |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 1,135,326.                                                                                                                                                                                                                                                                                                                            | <b>16</b>                | 1,192,858. |                    |
| <b>Liabilities</b>                                                         | <b>17</b> Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                       | 0                        | <b>17</b>  | 0                  |
|                                                                            | <b>18</b> Grants payable                                                                                                                                                                                                                                                                                                              | 0                        | <b>18</b>  | 0                  |
|                                                                            | <b>19</b> Deferred revenue                                                                                                                                                                                                                                                                                                            | 0                        | <b>19</b>  | 0                  |
|                                                                            | <b>20</b> Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                 | 0                        | <b>20</b>  | 0                  |
|                                                                            | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                        | 0                        | <b>21</b>  | 0                  |
|                                                                            | <b>22</b> 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                                                                                                                                         | 0                        | <b>22</b>  | 0                  |
|                                                                            | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                              | 0                        | <b>23</b>  | 0                  |
|                                                                            | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                | 0                        | <b>24</b>  | 0                  |
|                                                                            | <b>25</b> 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                        | <b>25</b>  | 0                  |
|                                                                            | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                           | 0                        | <b>26</b>  | 0                  |
| <b>Net Assets or Fund Balances</b>                                         | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                                |                          |            |                    |
|                                                                            | <b>27</b> Unrestricted net assets                                                                                                                                                                                                                                                                                                     |                          | <b>27</b>  |                    |
|                                                                            | <b>28</b> Temporarily restricted net assets                                                                                                                                                                                                                                                                                           |                          | <b>28</b>  |                    |
|                                                                            | <b>29</b> Permanently restricted net assets                                                                                                                                                                                                                                                                                           |                          | <b>29</b>  |                    |
|                                                                            | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                   |                          |            |                    |
|                                                                            | <b>30</b> Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                          | 0                        | <b>30</b>  | 0                  |
|                                                                            | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                                                                            | 0                        | <b>31</b>  | 0                  |
|                                                                            | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                            | 1,135,326.               | <b>32</b>  | 1,192,858.         |
|                                                                            | <b>33</b> <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                    | 1,135,326.               | <b>33</b>  | 1,192,858.         |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b>            | 1,135,326.                                                                                                                                                                                                                                                                                                                            | <b>34</b>                | 1,192,858. |                    |

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

|           |                                                                                                                          |           |            |
|-----------|--------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                                      | <b>1</b>  | 69,714.    |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                                       | <b>2</b>  | 12,182.    |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                              | <b>3</b>  | 57,532.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | <b>4</b>  | 1,135,326. |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .                                                                   | <b>5</b>  | 0          |
| <b>6</b>  | Donated services and use of facilities . . . . .                                                                         | <b>6</b>  | 0          |
| <b>7</b>  | Investment expenses . . . . .                                                                                            | <b>7</b>  | 0          |
| <b>8</b>  | Prior period adjustments . . . . .                                                                                       | <b>8</b>  | 0          |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                           | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . . | <b>10</b> | 1,192,858. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                                   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>2b</b> Were the organization's financial statements audited by an independent accountant? . . . . .<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     | X  |
| <b>2c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                              |     |    |
| <b>3a</b> 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? . . . . .                                                                                                                                                                                                                                                                 |     | X  |
| <b>3b</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                                                                                                                                                                                                               |     |    |

Form **990** (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

MCKENNA CHARITABLE TRUST #2430

Employer identification number

74-6194017

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I    b ☐ Type II    c ☐ Type III-Functionally integrated    d ☒ Type III-Non-functionally integrated
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. \_\_\_\_\_ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                  | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                    |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                            |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3. . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                           |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                            | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                          |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                               |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                           |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                              |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .                                                                                                                              |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                   | 14 | %                        |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                         | 15 | %                        |
| 16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                          |    | <input type="checkbox"/> |
| b <b>33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                       |    | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .    |    | <input type="checkbox"/> |
| b <b>10%-facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                                |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                               | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                  |          |          |          |          |          |           |
| <b>2</b> 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 . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| <b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                      |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .                                                                                                                                                       |          |          |          |          |          |           |
| <b>8</b> <b>Public support</b> (Subtract line 7c from line 6) . . . . .                                                                                                                     |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                            | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .                                                                                                                                                                                                    |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                      |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                               |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                                 |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                          |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                                                       |          |          |          |          |          |           |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |   |
|------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 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 ► ☐

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



**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).

★ ★

IN JANUARY 2008, THE MCKENNA HOSPITAL WAS SOLD TO CHRISTUS SANTA ROSA HEALTH SYSTEM, AN EXEMPT CHARITABLE HOSPITAL. AFTER THE SALE, THE NAME OF THE HOSPITAL WAS CHANGED. HEIRS OF ALVINA & HOWARD MCKENNA BROUGHT SUIT CLAIMING THE TRUST COULD NOT BENEFIT THE HOSPITAL ANY LONGER DUE TO THE FACT THAT "MCKENNA" WAS NO LONGER IN THE NAME OF THE HOSPITAL.

THE TEXAS ATTORNEY GENERAL JOINED IN THE SUIT SINCE IT REPRESENTS ALL CHARITABLE INTERESTS. UNTIL THE SUIT IS SETTLED, NO DISTRIBUTIONS COULD BE MADE. THE SUIT WAS SETTLED IN LATE 2012, AND DISTRIBUTIONS WILL RECOMMENCE IN 2013.

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 1

| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN   | (III) TYPE OF ORGANIZATION | (IV) |    | (V) |    | (VI) |    | (VII) AMOUNT OF SUPPORT |
|------------------------------------|------------|----------------------------|------|----|-----|----|------|----|-------------------------|
|                                    |            |                            | YES  | NO | YES | NO | YES  | NO |                         |
| MCKENNA FOUNDATION                 | 26-2011830 | 03                         |      | X  | X   |    | X    |    | 0                       |
| TOTAL AMOUNT OF SUPPORT            |            |                            |      |    |     |    |      |    | <u>0</u>                |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization

MCKENNA CHARITABLE TRUST #2430

Employer identification number

74-6194017

**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) . . . . .                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                                                                                      | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                              |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2012

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

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

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations

- d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

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

|                                                  | Amount    |
|--------------------------------------------------|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. . . . . ☐ Yes ☐ No

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

|                                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 1,135,326.       | 1,081,883.     | 1,038,079.         | 1,021,235.           | 1,032,195.          |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 69,714.          | 64,368.        | 58,710.            | 37,345.              | 51,579.             |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      | 12,656.             |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 12,182.          | 10,925.        | 14,906.            | 20,501.              | 49,883.             |
| <b>g</b> End of year balance . . . . .                            | 1,192,858.       | 1,135,326.     | 1,081,883.         | 1,038,079.           | 1,021,235.          |

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

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ 100.0000 %  
**c** Temporarily restricted endowment ▶ \_\_\_\_\_ %

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

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

- (i) unrelated organizations . . . . .  
(ii) related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | X  |
| <b>3a(ii)</b> |     | X  |
| <b>3b</b>     |     |    |

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

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

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

| Description of property                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                  |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . . |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .              |                                      |                                 |                              |                |
| <b>e</b> Other . . . . .                  |                                      |                                 |                              |                |

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

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                             |
| (2) Closely-held equity interests . . . . .                             |                |                                                             |
| (3) Other                                                               |                |                                                             |
| (A)                                                                     |                |                                                             |
| (B)                                                                     |                |                                                             |
| (C)                                                                     |                |                                                             |
| (D)                                                                     |                |                                                             |
| (E)                                                                     |                |                                                             |
| (F)                                                                     |                |                                                             |
| (G)                                                                     |                |                                                             |
| (H)                                                                     |                |                                                             |
| (I)                                                                     |                |                                                             |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶      |                |                                                             |

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

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

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

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

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

| 1. (a) Description of liability                                    | (b) Book value |
|--------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                           |                |
| (2)                                                                |                |
| (3)                                                                |                |
| (4)                                                                |                |
| (5)                                                                |                |
| (6)                                                                |                |
| (7)                                                                |                |
| (8)                                                                |                |
| (9)                                                                |                |
| (10)                                                               |                |
| (11)                                                               |                |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ |                |

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |                                                                                              |           |           |  |
|----------|----------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                     |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                           |           |           |  |
| <b>a</b> | Net unrealized gains on investments                                                          | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities                                                       | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants                                                              | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII)                                                                | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                        |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                   |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1                          |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                             | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII)                                                                | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                            |           | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |                                                                                               |           |           |  |
|----------|-----------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements                                    |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                              |           |           |  |
| <b>a</b> | Donated services and use of facilities                                                        | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments                                                                        | <b>2b</b> |           |  |
| <b>c</b> | Other losses                                                                                  | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII)                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                         |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                    |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                            |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                              | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII)                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                             |           | <b>4c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

PART V, LINE 4

AS SET FORTH IN THE TRUST INSTRUMENT AND FOLLOWED BY THE TRUSTEE, THE TRUST SHALL DISTRIBUTE 5% OF THE NET FAIR MARKET VALUE OF THE TRUST IN EACH CALENDAR YEAR AS DETERMINED ON THE LAST BUSINESS DAY IN THE PRECEDING CALENDAR YEAR TO THE MCKENNA FOUNDATION, AS LONG AS THE FOUNDATION REMAINS AN ORGANIZATION DESCRIBED UNDER CODE SECTION 501(C)(3).

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MCKENNA CHARITABLE TRUST #2430

Employer identification number

74-6194017

FORM 990, PART VI, SECTION B, LINE 11B

THE ADMINISTRATOR FOR THE TRUST REVIEWS AND SIGNS FORM 990 AS REQUIRED BY  
INTERNAL BANK POLICIES.

FORM 990, PART VI, SECTION B, LINE 12C

FROST BANK HAS A WRITTEN CONFLICT OF INTEREST POLICY. BANK POLICY  
REQUIRES ALL OFFICERS AND DIRECTORS TO ANNUALLY DISCLOSE INTERESTS THAT  
COULD GIVE RISE TO CONFLICT OF INTEREST. THE BANK INTERNAL POLICIES ARE  
REGULARLY AND CONSISTENTLY MONITORED FOR COMPLIANCE AND ENFORCEMENT BY  
INTERNAL AND EXTERNAL AUDITORS.

FORM 990, PART VI, SECTION C, LINE 19

COPIES OF FORM 1023, TRUST GOVERNING DOCUMENTS, TAX RETURNS, AND  
FINANCIAL REPORTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. A  
COPY OF THE CONFLICT OF INTEREST POLICY IS ALSO AVAILABLE TO THE PUBLIC  
UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION A, LINE 4

THE TRUST INSTRUMENT WAS AMENDED PER COURT ORDER DATED DECEMBER 19, 2012;  
SEE ATTACHED DOCUMENTS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS SET FORTH IN THE TRUST INSTRUMENT AND FOLLOWED BY THE TRUSTEE, THE  
TRUST SHALL DISTRIBUTE 5% OF THE NET FAIR MARKET VALUE OF THE TRUST  
IN EACH CALENDAR YEAR AS DETERMINED ON THE LAST BUSINESS DAY IN THE

Name of the organization

MCKENNA CHARITABLE TRUST #2430

Employer identification number

74-6194017

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PRECEDING CALENDAR YEAR TO THE MCKENNA FOUNDATION, AS LONG AS THE  
 FOUNDATION REMAINS AN ORGANIZATION DESCRIBED UNDER CODE SECTION  
 501(C)(3).

ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION     | (A)<br>TOTAL<br>REVENUE | (B)<br>RELATED OR<br>EXEMPT REVENUE | (C)<br>UNRELATED<br>BUSINESS REV. | (D)<br>EXCLUDED<br>REVENUE |
|-----------------|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| DIVIDEND INCOME | 40,054.                 |                                     |                                   | 40,054.                    |
| TOTALS          | <u>40,054.</u>          |                                     |                                   | <u>40,054.</u>             |

ATTACHMENT 3FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION  | ENDING<br>BOOK VALUE |
|--------------|----------------------|
| MUTUAL FUNDS | 1,004,402.           |
| TOTALS       | <u>1,004,402.</u>    |

ATTACHMENT 4FORM 990, PART X - OTHER FUNDS

| DESCRIPTION    | ENDING<br>BOOK VALUE |
|----------------|----------------------|
| PRINCIPAL FUND | 1,192,858.           |
| TOTALS         | <u>1,192,858.</u>    |



CAUSE NO. 2008-PC-1833

|                               |   |                     |
|-------------------------------|---|---------------------|
| IN RE:                        | § | PROBATE COURT       |
|                               | § |                     |
| THE MCKENNA CHARITABLE TRUST  | § | NO. 1               |
| UNDER TRUST AGREEMENT DATED   | § |                     |
| NOVEMBER 12, 1966, AS AMENDED | § | BEXAR COUNTY, TEXAS |

**AGREED JUDGMENT MODIFYING TRUST AGREEMENT  
AND GRANTING DECLARATORY JUDGMENT**

ON THIS DAY, the Court considered the Petition for Declaratory Judgment (the "Petition") filed by Frost Bank ("Frost"), as Trustee of the McKenna Charitable Trust created by Alvina and Howard McKenna (the "Grantors") under trust agreement dated November 12, 1966, as amended (the "Trust"), and the Motion for Partial Summary Judgment (the "MPSJ") filed by McKenna Hospital ("McKenna"), as the beneficiary of the Trust, both as interested parties in the Trust. After considering the pleadings on file and the trust agreement creating the Trust (the "Trust Agreement"), the Court makes the following findings:

1. This Court has jurisdiction and venue over these proceedings;
2. All notices and citations have been properly served and other requisites of law have been properly performed;
3. All parties interested in this matter and all parties whose interests are affected by this Judgment received proper citation or made an appearance by filing a pleading and/or by appearing in open court; therefore, all necessary parties were before the Court;
4. The purposes of the Trust have become impossible to fulfill pursuant to Section 112.054 of the Texas Trust Code (the "Trust Code") because the named beneficiary in the Trust Agreement, McKenna, no longer operates a hospital;

5. Because of circumstances not known to or anticipated by the Grantors (McKenna ceasing to operate a hospital), this Judgment will further the purposes of the Trust within the meaning of Section 112.054 of the Trust Code by ensuring that the Trust assets are used for the promotion of health in Comal County, Texas;
6. Modification of administrative, non-dispositive terms of the Trust is necessary or appropriate to prevent waste or avoid impairment of the Trust's administration pursuant to Section 112.054 of the Trust Code by clarifying the provisions of the Trust Agreement to conform with current requirements for charitable trusts and modern distribution standards; and
7. The modification of the Trust Agreement as set forth in this Judgment is in a manner that conforms as nearly as possible to the probable intention of the Grantors within the meaning of Section 112.054 of the Trust Code by ensuring that Trust assets are used for capital improvements and for the promotion of health in Comal County, Texas.

IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED, that:

- (a) The Trust Agreement is modified in its entirety in accordance with Section 112.054 of the Trust Code as provided in Exhibit A of this Judgment;
- (b) The beneficiary of the Trust shall be the McKenna Legacy Foundation, for the restricted purposes as described in the attached Trust Agreement;
- (c) The trustee of the Trust shall not distribute any Trust assets to persons other than organizations which are described in Section 501(c)(3) of the Internal Revenue Code, as amended (the "Code"), and the Trust shall be administered in accordance with Section 501(c)(3) of the Code;
- (d) Garza & Lazor, P.C. and Bayern, Aycock & Bayern, P.C. are granted attorneys' fees in the amounts of \$50,274 and \$12,240, respectively, payable from the Trust;
- (e) The Office of the Texas Attorney General is granted attorneys' fees in the amount of \$71,286.50, payable from the Trust;

- (f) Homberger Sheehan Fuller Beiter Wittenberg & Garza is granted attorneys' fees in the amount of \$ 82,420.40 payable from the Trust;
- (g) Frost shall distribute to the McKenna Legacy Foundation within 30 days of this Judgment all net income of the Trust that has been accrued and not distributed pending resolution of this action;
- (h) This Judgment disposes of all claims of the parties and is final; and
- (i) The modifications to the Trust Agreement granted herein shall be effective immediately.

SIGNED this 19<sup>th</sup> day of December, 2012.

**FILED**

**DEC 19 2012**

GERARD RICKHOFF  
CLERK PROBATE COURT NO. 1  
BEXAR COUNTY, TEXAS

BY: \_\_\_\_\_  
DEPUTY

Joey Jackson Spencer  
PRESIDING JUDGE

AGREED AS TO FORM:

FULBRIGHT & JAWORSKI L.L.P.

By: Robert G. Newman

Robert G. Newman  
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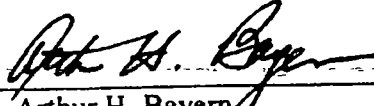
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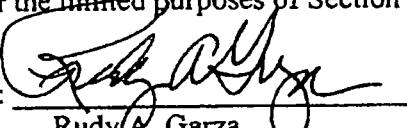
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## **EXHIBIT A**



**AMENDED AND RESTATED TRUST AGREEMENT  
OF MCKENNA CHARITABLE TRUST**

**Recitals**

WHEREAS, Howard C. McKenna and Alvina E. McKenna (the "Trustors") created the McKenna Charitable Trust (the "Trust") on November 12, 1966;

WHEREAS, the Trust was amended on December 15, 1967 and April 9, 1970, and amended and restated on June 10, 1971;

WHEREAS, Frost Bank has served as the Trustee, and continues to serve as trustee (the "Trustee") of the Trust;

WHEREAS, Frost Bank has received compensation since the inception of the Trust in accordance with Article VI(e) of the Trust Agreement dated November 12, 1966, which established the Trust;

WHEREAS, McKenna Memorial Hospital ("McKenna") was named as the charitable beneficiary in the Trust;

WHEREAS, McKenna in early 2008 sold its hospital assets and transferred the proceeds of the sale to the McKenna Legacy Foundation, a Texas nonprofit corporation (the "Foundation");

WHEREAS, the Court has determined pursuant to Section 112.054 of the Texas Trust Code (the "Trust Code") that only organizations described under Section 501(c)(3) of the Internal Revenue Code, as amended, or corresponding provisions hereafter in effect (the "Code"), can be beneficiaries of the Trust;

WHEREAS, the Court has determined pursuant to Section 112.054 of the Trust Code that the Foundation should be the charitable beneficiary of the Trust, subject to certain conditions that are consistent with the intent of Mr. and Mrs. McKenna as reflected in the Trust Agreement; and

WHEREAS, the Trustee, McKenna, the Foundation, and the Texas Attorney General agree to request the Court to modify the Trust pursuant to authority granted in Section 112.054 of the Trust Code according to the terms found below.

The Trust property shall be held in trust to be designated as the "McKENNA CHARITABLE TRUST" for the purposes hereinafter stated, and upon the terms and conditions fully set out in this agreement (this "Agreement") as well as in accordance with the provisions of the Trust Code, and such provisions of the Code, as may be applicable thereto.

#### ARTICLE I

The Trustee, or its successor, shall not accept any additional property from any source. It is agreed and understood that the Trustee may invest the original principal sum above conveyed in United States savings bonds or in other investments, including savings accounts, as such Trustee deems proper.

#### ARTICLE II

The Trust shall be held, managed and controlled by the Trustee, and distributed by it, all upon the conditions as hereinafter set forth, and for the following uses and purposes, to-wit:

A. The Trust is a charitable trust, and the Trust shall be administered and distributed exclusively for charitable purposes as defined under Section 501(c)(3) of the Code. More specifically, the charitable purpose of the Trust shall be the promotion of health in the Comal County, Texas community, as specified in Article II, Section F. of this Agreement. The Trust shall be an organization (i) which is exempt from federal income tax under Section 501(c)(3) of the Code and (ii) to which contributions are deductible for federal income, gift, estate, and generation-skipping transfer tax purposes, as the case may be. Any interpretation or questions applicable to the Trust should be resolved in a manner that ensures that the Trust will qualify as an exempt organization described under Code Section 501(c)(3) and according to the provisions of this Article II, Section A. No powers or discretion of the Trustee with respect to the Trust should be exercised or exercisable except in a manner consistent with the treatment as an organization described under Code Section 501(c)(3). The Trustee shall not distribute Trust funds to persons other than organizations described under Code Section 501(c)(3).

B. No part of the net earnings of the Trust shall inure to the benefit of or, or be payable to any trustee or other private person. No part of the activities of the Trust shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and no part of the activities of the Trust shall be the participation in, or intervention in (including the publishing or

distributing of statements), any political campaign on behalf of or in opposition to any candidate for public office.

C. The following amount (the "Distribution") shall be paid to the Foundation, provided that the Foundation remains an organization described under Code Section 501(c)(3): an amount equal to five percent (5%) of the net fair market value of the assets of the Trust in each calendar year as determined on the last business day in the preceding calendar year (the "Unitrust Amount").

The Trustee shall distribute the Unitrust Amount in annual, quarterly, or monthly payments, as requested by the Foundation. Any distribution of the Unitrust Amount shall be made in the order as described in Section 116.007 of the Texas Uniform Principal & Income Act. The Trustee is directed to liquidate such investments as necessary to make the Distribution of the Unitrust Amount.

D. The Foundation may make grants out of the Trust Distribution to organizations described in Code Section 501(c)(3) whose primary tax-exempt purpose is providing healthcare, as the Foundation governing board in its discretion shall determine. The Foundation may develop grant-making procedures for the Trust Distribution and administer all grants made from the Trust Distribution. The Foundation shall give priority to organizations providing healthcare in Comal County, Texas, and may provide grants solely to such organizations in fulfillment of the purposes of the Trust. The Foundation may give secondary priority to organizations providing healthcare in counties adjoining Comal County, Texas, but is under no obligation to consider or provide grants to such organizations.

E. The Foundation shall use the Distribution for the following purposes, as determined in its sole discretion, and all within the meaning of Code Section 501(c)(3):

1. Capital improvements and major repairs to health care facilities;
2. Acquisition of health care equipment, materials, supplies, and medical devices; and
3. Acquisition of equipment and software intended to aid in the more efficient delivery of and accountability for health care services and outcomes, such as electronic health records or remote access technology.

The Foundation in its sole discretion may distribute the Trust Distribution as received. The Foundation may in its reasoned judgment accumulate such Distribution for specifically identified future projects or programs.

F. The Foundation shall not use any of the Distribution for its operating expenses, nor shall it distribute the Distribution to grantees to use for their operating expenses. The Foundation shall not charge any fees for administering the Trust Distribution.

G. This Agreement does not impact the operations and governance of the Foundation. The Foundation may make any changes to its operations, organizational structure, governance structure, or governing documents without violating this Agreement. However, if the Foundation changes its purpose, it must still use the Trust Distribution in a way that conforms with the purposes set forth in this Agreement. Further, if the Foundation changes its name, it will in all events include "McKenna" in its name.

H. The references herein to designated sections of the Code shall be deemed to include any corresponding provisions of the federal tax laws at any time and from time to time in force and affect during the continuance of, and until the final termination of, the Trust.

### ARTICLE III

[Intentionally omitted.]

### ARTICLE IV

[Intentionally omitted.]

### ARTICLE V

With respect to the Trust, the Trustee shall have the following powers and duties and shall be subject to the following limitations, to-wit:

A. Except as expressly provided to the contrary, the Trust hereby modified shall be administered by the Trustee in accordance with the Trust Code, as amended, as fully as though its provisions were written into this Agreement, provided, however, that no bond or other security shall ever be required of the Trustee, and that the provisions of this Agreement shall govern whenever in conflict with the provisions of the Trust Code.

B. The beneficiary hereunder is hereby restrained from anticipating, encumbering alienating or in any other manner assigning or disposing of its interest in either principal or income of the Trust estate, and is without power to do so; nor shall such interest be subject to its liabilities or obligations, or to judgment, garnishment, or other legal process, or bankruptcy proceedings or any claims of creditors or other parties.

C. Frost Bank, Trustee, shall be entitled to and may retain a periodical fee on the basis of one-half (1/2) of one percent (1%) annually on the amount of such corpus not in excess of \$500,000.00, and one-third (1/3) of one percent (1%) annually on the amount of such corpus in excess of \$500,000.00, plus one-fourth (1/4) of one percent (1%) annually on any portion of the corpus consisting of rental real estate, such fee to be charged either quarterly, semi-annually, or at such other intervals as may be used in the Distribution, on the reasonable value of the Trust estate at the beginning of the fiscal year of the Trust; provided, however, that Frost Bank shall in no case receive less than \$100.00 per year for such services. The Trustee shall also be entitled to and may retain a closing fee of one percent (1%) of the reasonable value of the corpus of the Trust estate distributed or paid to or for the use of the beneficiary, chargeable as the corpus is so distributed or paid. The Trustee shall also be entitled to just and reasonable compensation, in addition to the foregoing, for any extraordinary or unusual services performed by it, and the Trustee shall be entitled to pay out of the Trust estate or be reimbursed for all legitimate expenses incurred by the Trustee in the management thereof. The term "corpus" shall include, for fee purposes, any invested income.

D. The Trustee shall keep accurate books of account and make annual statements of the conditions of the Trust estate to the Foundation and, at its request, to the Texas Attorney General.

E. The Trustee shall be relieved of any duty to examine the acts of the Foundation with respect to Trust Distribution. The Trustee shall have no liability for the actions of the Foundation in administering or distributing the Distribution. The Foundation shall keep accurate books and records of all disbursements and grants of Trust Distribution for the purposes described above, and, if requested by the Texas Attorney General, shall provide an annual report of the grantees to the Texas Attorney General. The Texas Attorney General shall be the sole party who can enforce the Foundation's obligations under this Agreement.

F. If the powers granted to the Trustee herein shall be in conflict with Code Section 501(c)(3), then such provisions of the Code shall govern.

#### ARTICLE VI

A. The Trust is irrevocable. As an express charitable trust organization under Texas law, the Trust shall have a perpetual term. However, the Trustee may, in the Trustee's sole discretion, take any of the following actions:

1. If, in the sole discretion of the Trustee, it should ever become uneconomical for the Trustee to act or to continue to act as Trustee of the Trust because of the small size of the Trust, then the Trustee may terminate the Trust and distribute all of the Trust estate to the Foundation, if the Foundation is an organization described under Code Section 501(c)(3). The Trustee shall give the Texas Attorney General at least 60 days written notice prior to terminating the Trust and distributing the Trust estate to the Foundation. If, in the sole discretion of the Trustee, it should ever become uneconomical for the Trustee to act or to continue to act as Trustee of the Trust because of the small size of the Trust, and the Foundation is not in existence or is not an organization described under Code Section 501(c)(3), the Trustee may petition the Court to terminate the Trust and distribute the Trust estate to any organization described in Code Section 501(c)(3) which has a purpose of promoting health in Comal County, Texas.

2. The Trustee may terminate the Trust at any time and distribute all of the Trust estate to the Foundation, if the Foundation is an organization described under Code Section 501(c)(3), for administration as an endowment fund under the Texas Uniform Prudent Management of Institutional Funds Act, with the same terms and restrictions as contained in this Agreement.

B. The rights and obligations of the Trustee and the Foundation shall be binding upon and benefit the successors, assigns, and transferees of these parties.

C. McKenna Memorial Hospital shall have no interest in the Trust or any rights and obligations under this Agreement. McKenna Memorial Hospital joins this Agreement only with respect to this Section VI.C. of this Agreement.

D. The recitals are incorporated by reference into this Agreement.

MCKENNA LEGACY FOUNDATION

By: Wes Shultz  
Title: President  
Dated: 11/27/2012

MCKENNA MEMORIAL HOSPITAL

By: Wes Shultz  
Title: President  
Dated: 11/27/2012

(For purpose of Section V.I.C. only)

FROST BANK

By: John H. Ferguson Jr  
Title: S.V.P.  
Dated: 11-6-12

|               |         |        |        |
|---------------|---------|--------|--------|
| <b>Totals</b> | 10,389. | 8,675. | 1,714. |
|---------------|---------|--------|--------|



## Schedule D Detail of Long-term Capital Gains and Losses

## ATTACHMENT 2

| Description                                                         | Date<br>Acquired  | Date<br>Sold      | Gross Sales<br>Price | Cost or Other<br>Basis | Long-term<br>Gain/Loss |
|---------------------------------------------------------------------|-------------------|-------------------|----------------------|------------------------|------------------------|
| CAPITAL GAINS (LOSSES) FROM SECURITIES                              |                   |                   |                      |                        |                        |
| 277.304 SHS COHEN & STEERS INSTL<br>REALTY FD                       | 05/01/2009        | 07/26/2012        | 12,246.              | 5,653.                 | 6,593.                 |
| 5886.843 SHS FROST DIVIDEND VALUE<br>EQUITY FD INS                  | VAR               | 11/19/2012        | 52,393.              | 52,900.                | -507.                  |
| 7742.172 SHS FROST GROWTH EQUITY FUND<br>INSTL                      | VAR               | 11/19/2012        | 81,293.              | 70,749.                | 10,544.                |
| 3122.375 SHS FROST INTERNATIONAL<br>EQUITY FD INST                  | VAR               | 01/27/2012        | 25,447.              | 28,405.                | -2,958.                |
| 3789.493 SHS FROST KEMPNER MULTICAP<br>DEEP VAL EQ                  | VAR               | 11/19/2012        | 33,802.              | 35,558.                | -1,756.                |
| 4057.347 SHS FROST SMALL CAP EQUITY<br>FUND CL I                    | VAR               | 11/19/2012        | 32,702.              | 30,484.                | 2,218.                 |
| 1246.435 SHS MAINSTAY CONVERTIBLE FUND                              | 05/01/2009        | 07/26/2012        | 18,235.              | 13,948.                | 4,287.                 |
| 1333.191 SHS TEMPLETON GLOBAL BOND<br>LT CAPITAL GAIN DISTRIBUTIONS | 06/26/2009<br>VAR | 01/27/2012<br>VAR | 17,345.<br>7,805.    | 15,625.                | 1,720.<br>7,805.       |
| TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES                        |                   |                   | 281,268.             | 253,322.               | 27,946.                |
|                                                                     |                   |                   |                      |                        |                        |
|                                                                     |                   |                   |                      |                        |                        |
|                                                                     |                   |                   |                      |                        |                        |
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|                                                                     |                   |                   |                      |                        |                        |
|                                                                     |                   |                   |                      |                        |                        |
|                                                                     |                   |                   |                      |                        |                        |
| Totals                                                              |                   |                   | 281,268.             | 253,322.               | 27,946.                |