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Porm 990-PF Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052

For calendar year 2012 or tax year beginning and ending A Employer identification number Name of foundation 75-2716754 OMEGA FOUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 900 309 WEST SEVENTH STREET (817)335-5739City or town, state, and ZIP code C If exemption application is pending, check here FORT WORTH, 76102 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Uther taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 2,446,309. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for chantable purposes (cash basis only) (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 983,749 N/A Contributions, gifts, grants, etc., received 2 Check In the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 36,960 36,960. STATEMENT Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 8,457. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 233,389. 8,457. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less rejums and allowances Less Cost of goods sold c Gross profit or (loss)V ကွဲ 11 1,029,166. 45,417 12 0. 4,000. 0 13 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees STMT 2 4,675. 4,675. 0. **b** Accounting fees c Other professional fees 17 Interest 0. 1,495 1,495 STMT 3 18 Taxes 19 Depreciation and depletion Occupancy Travel, conferences, and meetings Printing and publications 9,640. 9,640. STMT 4 0. Other expenses 24 Total operating and administrative 19,810. 15,810 expenses. Add lines 13 through 23 103,200. 103,200. 25 Contributions, gifts, grants paid SCANNED 26 Total expenses and disbursements. 103,200. 123,010 15,810 Add lines 24 and 25 27 Subtract line 26 from line 12 906,156 a Excess of revenue over expenses and disbursements 29,607. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) Form 990-PF (2012) 10

LHA For Paperwork Reduction Act Notice, see instructions.

| 1 | 6 | 7 | 5 | 4 | Page 2 |
|---|---|---|---|---|--------|
| 4 | v | • | _ | - | rauta |

| Dar | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | Ena o | year |
|--|--|-------------------|----------------|---------------------------------------|
| Far | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 40,993. | 12,959. | 12,959. |
| 2 | Savings and temporary cash investments | 15. | 15. | 15. |
| 3 | Accounts receivable | | " " " | |
| | Less allowance for doubtful accounts | | | |
| 4 | Pledges receivable ► | | | |
| | Less allowance for doubtful accounts | | † | |
| | Grants receivable | | _ | · · · · · · · · · · · · · · · · · · · |
| ء ا | Receivables due from officers, directors, trustees, and other | | | |
| ١, | disqualified persons | | 1 | |
| ١, | · · · · · · · · · · · · · · · · · · · | | | |
| ' | Other notes and loans receivable | | | |
| _ _ | Less allowance for doubtful accounts | | | |
| <u>ہ</u> ا چ | Inventories for sale or use | | | |
| SS | Prepaid expenses and deferred charges | | | |
| 110 | Investments - U.S. and state government obligations | 1 246 000 | 2 101 070 | 2 206 201 |
| | b Investments - corporate stock STMT 5 | 1,246,888. | 2,181,078. | 2,286,281. |
| | c investments - corporate bonds | | | |
| 11 | Investments - land, buildings, and equipment basis | | | |
| | Less. accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | · |
| 13 | Investments - other | | | |
| 14 | Land, buildings, and equipment basis | | · | |
| | Less accumulated depreciation | | | |
| 15 | Other assets (describe ► STATEMENT 6) | 147,054. | 147,054. | 147,054. |
| | | | · | • |
| 16 | Total assets (to be completed by all filers) | 1,434,950. | 2,341,106. | 2,446,309. |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| <u>Ω</u> 19 | · · · | | | |
| Liabilities | Г | 2,084. | 2,084. | |
| 를 21 | | | · | |
| ت <u>ت</u> | . [| | | |
| | | | | |
| 23 | Total liabilities (add lines 17 through 22) | 2,084. | 2,084. | |
| | Foundations that follow SFAS 117, check here | • | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 8 24 | | | | |
| 25 au | | - | | |
| F 26 | · · · · · · [| | | |
| ב ויני | | | | |
| 语 | | | | |
| or Fund Balances | and complete lines 27 through 31. | 0. | 0. | |
| \$ 12 | · · · · · · · · · · · | 0. | 0. | |
| S 28 | | | | |
| ₹ 29 | The state of the s | 1,432,866. | 2,339,022. | |
| ¥ 30 | Total net assets or fund balances | 1,432,866. | 2,339,022. | |
| | | 1 424 050 | 2 241 106 | |
| 31 | Total liabilities and net assets/fund balances | 1,434,950. | 2,341,106. | |
| Par | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| | | | | |
| | tal net assets or fund balances at beginning of year - Part II, column (a), line 3 | 5U | | 1 122 066 |
| • | ust agree with end-of-year figure reported on prior year's return) | | 1 | 1,432,866. |
| | ter amount from Part I, line 27a | | 2 | 906,156. |
| | ner increases not included in line 2 (itemize) | | 3 | 0. |
| | d lines 1, 2, and 3 | | 4 | 2,339,022. |
| | creases not included in line 2 (itemize) | | 5 | 0. |
| 6 To | tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | umn (b), line 30 | 6 | 2,339,022. |
| | | | | Form 990-PF (2012) |

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| Foi | rm 990-PF (2012) OMEGA | A FOUNDATION, INC. | | | 75 | -27167 | 754 | Page 3 |
|-----------------|---|---|---------------------------------------|---------------------------------|-------------------------|----------------------------------|----------------------|--------|
| P | | d Losses for Tax on Investmen | t Income | | | | | |
| | | e the kind(s) of property sold (e.g., real estate, nouse, or common stock, 200 shs MLC Co.) | (t | |) Date a (mo , da | | (d) Date (mo , da | |
| 1a | | | | | | _ | ٠ | |
| b | SEE ATTACHED S | STATEMENTS | | | | | | |
| | | | | | | | | |
| <u>d</u> | | | | | | | | |
| <u>e</u> | | ··· | | | | | | |
| | (e) Gross sales price | 1, , | expense of sale | | | in or (loss) (f) minus (g) | | |
| _ <u>a</u> b | | | | | | | | |
| | | ~ | | | | | | |
| ď | | | - | | | | | |
| e | 233,389. | | 224,932 | • | | | 8, | 457 |
| | Complete only for assets showing of | gain in column (h) and owned by the foundation | n on 12/31/69 | | | l (h) gain mii | | |
| | (i) F M V as of 12/31/69 | 177 | xcess of col (ı) r col (j), ıf any | col (| k), but no Losses (1 | ot less than -0 from col (h)) | -) or | |
| a | | - | | | | | | |
| <u>b</u> | | | | | | | _ | |
| | | | | | | - | | |
| d | | | | | | | Ω | , 457 |
| <u>e</u> | | | | | | | | |
| 2 | Capital gain net income or (net capit | al loss) | 17 27 | 2 | | | 8, | 457 |
| | If gain, also enter in Part I, line 8, col | as defined in sections 1222(5) and (6) lumn (c) | | | | N/A | | |
| П | If (loss), enter -0- in Part I, line 8 | der Section 4940(e) for Reduced | d Tay on Net Ir | vestment Inco | me | N/A | | |
| if s Wa | section 4940(d)(2) applies, leave this as the foundation liable for the section | part blank 1 4942 tax on the distributable amount of any y 1 under section 4940(e) Do not complete this p | year in the base period | | | | Yes | X No |
| 1 | | th column for each year, see the instructions be | | ies | | | | |
| | (a) Base period years | (b) | | (c) | | (d) Distributi | n ratio | |
| | Calendar year (or tax year beginning | | | haritable-use assets | (0 | col (b) divide | d by col | |
| _ | 2011 | 37,500. | | <u>1,427,495.</u> | | - , - | | 2627 |
| | 2010 | 29,500. | | 1,321,449. | | | | 2232 |
| _ | 2009 | 40,500. 89,400. | | <u>1,115,978.</u> 1,082,253. | | | | |
| _ | 2008 | 89,400. | | 1,002,233. | | | • • • • | 1200. |
| _ | 2007 | | L | - | | | | |
| | Total of line 1, column (d) | | | | 2 | | .16 | 5749 |
| 3 | Average distribution ratio for the 5-y the foundation has been in existence | ear base period - divide the total on line 2 by 5 e if less than 5 years | , or by the number of | years | 3 | . | .04 | 1187 |
| 4 | Enter the net value of noncharitable- | use assets for 2012 from Part X, line 5 | | | 4 | 1 | 484 | ,973 |
| 5 | Multiply line 4 by line 3 | | | | 5 | | 62, | ,180 |
| 6 | Enter 1% of net investment income | (1% of Part I, line 27b) | | | 6 | | | 296 |
| 7 | Add lines 5 and 6 | | | | 7 | | 62 | ,476 |
| | Enter qualifying distributions from P | eart XII. line 4 | | | 8 | | 103 | ,200 |
| • | · • • | ne 7, check the box in Part VI, line 1b, and com | plete that part using a | 1% tax rate | | - | • | |

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| | 990-PF (2012) OMEGA FOUNDATION, INC. | | | 2716 | | | Page 4 |
|---|---|---------------|-------|----------|-------|------|----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940 | (e), or 4 | 948 | - see ir | nstru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 |) | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1% | } | 1 | ļ | _ | 2 | 96. |
| | of Part I, line 27b | | | | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b) | J | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | | 3 | <u> </u> | | 2 | 96. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | 4_ | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | 5 | | | 2 | 96. |
| 6 | Credits/Payments | | | | | | - |
| a | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a | | | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | 600. | | | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 7 | | | 6 | 00. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | • | 10 | | | 3 | 04. |
| 11 | Enter the amount of line 10 to be Credited to 2013 estimated tax > 304. Ref | unded 🕨 | 11 | | | | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate of | r intervene | ın | | , , | Yes | No |
| | any political campaign? | | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for de | efinition)? | | | 1b | | X |
| | If the answer is "Yes" to 10 or 1b, attach a detailed description of the activities and copies of any material | ls publishe | ed or | | | | |
| | distributed by the foundation in connection with the activities. | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | 0. | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on found | lation | | | | | |
| | managers ▶ \$O. | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | | | | | X |
| 4a | 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | | | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | N | /A | 4b | | |
| 5 | 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | | | _X_ |
| | If "Yes," attach the statement required by General Instruction T. | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | | |
| | ● By language in the governing instrument, or | | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict w | ith the state | law | | | | |
| | remain in the governing instrument? | | | | 6_ | | X |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | | 7_ | Х | |
| | If "Yes," complete Part II, col. (c), and Part XV | | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design | ate) | | | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) |)(5) for cale | ndar | | | | 1 |
| - | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV | • | | | 9 | | <u>x</u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addr | esses | | | 10 | | X |
| | | | | | 000 | DE. | 0040 |

| Form 990-PF (2012) OMEGA FOUNDATION, INC. | 75–: | 271675 <u>4 Page 7</u> |
|--|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | dation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, en | ter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u></u> | | |
| Total number of others receiving over \$50,000 for professional services | | <u>▶</u> 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stanumber of organizations and other beneficiaries served, conferences convened, research papers processes the convened of the content of the co | tistical information such as the roduced, etc | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| D. ADV D. | | |
| Part IX-B Summary of Program-Related Investments | and lines 4 and 0 | Amount |
| Describe the two largest program-related investments made by the foundation during the tax year of | on lines 1 and 2 | Amount |
| 1 <u>N/A</u> | | |
| <u> </u> | | |
| 0 | | |
| 2 | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| · | | |
| 1 | | |
| Total. Add lines 1 through 3 | > | 0. |
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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2011 | (c) 2011 | (d) 2012 |
|--|---|---------------------------------------|--------------|---------------------------|
| 1 Distributable amount for 2012 from Part XI, | , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , | | |
| line 7 | | | | 73,953. |
| 2 Undistributed income, if any, as of the end of 2012 | ., | | , | |
| a Enter amount for 2011 only | | | 45,641. | Ī |
| b Total for prior years | · ··· ·· · · · · · · · · · · · · · · · | - | | |
| D returned prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2012 | . '1 | | | |
| a From 2007 | | | | |
| b From 2008 | | | | |
| c From 2009 | | | | |
| d From 2010 | | | | |
| e From 2011 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2012 from | | | | |
| Part XII, line 4 ▶\$ 103, 200. | | | | |
| a Applied to 2011, but not more than line 2a | | | 45,641. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | · 11.2., · ., ., ., ., ., ., ., ., ., ., ., ., ., | | | , 1 1 |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2012 distributable amount | | . ,, | | 57,559. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2012 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2011 Subtract line | | · | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | : |
| f Undistributed income for 2012 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2013 | | | | 16,394. |
| 7 Amounts treated as distributions out of | - | - 1 - 11 - 11 - 1 | | |
| corpus to satisfy requirements imposed by | | : | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2007 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2013. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2008 | | | | |
| b Excess from 2009 | | | | |
| c Excess from 2010 | | | | |
| d Excess from 2011 | | | | |
| e Excess from 2012 | | | | |
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| 3 Grants and Contributions Daid During the | | Darment | | |
|--|---|----------------------|--|-------------|
| 3 Grants and Contributions Paid During the | If recipient is an individual, | Payment | | |
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| | | | | |
| WEDGEWOOD BAPTIST CHURCH | NONE | | RELIGIOUS | |
| 5522 WHITMAN AVE | NONE | | K22131333 | |
| FORT WORTH, TX 76133 | | | | 15,000. |
| | | | | |
| | | | | |
| UNIVERSITY LITTLE LEAGUE | NONE | | FOSTER AMATEUR SPORTS | |
| PMB#162,3000 S HULEN STE 124 | | | COMPETITION | |
| FORT WORTH, TX 76109 | | | | 37,500. |
| | | | | |
| | | | | |
| TALITHA KOUM INSTITUTE | NONE | | ASSISTANCE FOR NEEDY | |
| P.O. BOX 2202 | | | CHILDREN | |
| WACO, TX 76703 | | | | 2,500. |
| | | • | | |
| | | | | |
| ANIMAL BIRTH CONTROL CLINIC | NONE | | PREVENTION OF CRUELTY | |
| 3238 CLAY AVENUE | | | TO ANIMALS | |
| WACO, TX 76711 | | | | 2,500. |
| | | | | |
| | | | | |
| BEAUTIFUL FEET MINISTRIES | NONE | | ASSISTANCE FOR NEEDY | |
| 1709 E HATTIE ST | | | | |
| FORT WORTH, TX 76014 | ONDINUADION CHEE | Im (C) | | 1,500. |
| | ONTINUATION SHEE | er(s) | ▶ 3a | 103,200. |
| b Approved for future payment | | | | |
| | | | | |
| NONE | | | | |
| | | | | |
| | | | | |
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| | | | i | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 0. |

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| Part XVI-A | Analysis of | f Income-Producing | Activities |
|------------|-------------|--------------------|------------|
|------------|-------------|--------------------|------------|

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | led by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|----------------|---------------------------------|-----------------------------------|
| | (a) Business | (b) Amount | Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue | code | | code | ,d | |
| <u> </u> | | | | | |
| b | | | | | |
| c | | | | | |
| | | | | | |
| t | | - | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 36,960. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 8,457. | |
| 9 Net income or (loss) from special events | | | | | |
| IO Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a | | | | | |
| b | _ | | | | |
| C | | | | | |
| d | _ | | | | |
| e | _ | | \perp | 45 46 5 | |
| 12 Subtotal Add columns (b), (d), and (e) | | (|). | 45,417. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 45,417 |
| (See worksheet in line 13 instructions to verify calculations | | | | | · - |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) | | | | | | |
|---------------|--|--|--|--|--|--|--|
| | | | | | | | |
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223621 12-05-12

| Form 990-PF (2 | 012) OMEGA | FOUNDATI | ON, IN | C | | 75-271 | 6754 | Pa | ge 13 |
|---------------------------|---|--------------------------|---|---------------------------------------|-------------------------|---------------------------------------|-------------------------------|---------------|-------------------|
| Part XVII | Information Re Exempt Organ | | sfers To a | and Transactions | and Relations | ships With Nonch | aritable |) | |
| 1 Did the or | ganization directly or indi | rectly engage in any | of the followin | g with any other organizat | ion described in sec | ction 501(c) of | | Yes | No |
| | • | | | ?7, relating to political orga | nizations? | | | | |
| | from the reporting found | ation to a noncharita | ble exempt or | ganization of | | | <u> </u> | | v |
| (1) Cash | | | | | | | 1a(1) | | $\frac{x}{x}$ |
| (2) Other b Other tran | | | | | | | 1a(2) | | |
| | of assets to a noncharita | ble evernt organizat | tion | | | | 1b(1) | | Х |
| • • | nases of assets from a no | , , | | | | | 1b(2) | | X |
| | il of facilities, equipment, | • | ga201.0 | | | | 1b(3) | | X |
| | bursement arrangements | | | | | | 1b(4) | | X |
| | s or loan guarantees | | | | | | 1b(5) | | X |
| | rmance of services or me | mbership or fundrai | sing solicitatio | ns | | | 1b(6) | | X |
| c Sharing of | f facilities, equipment, ma | iling lists, other asse | ts, or paid em | ployees | | | 10 | | X |
| | • | | - | • • | | market value of the goods, | | ets, | |
| | | | | ed less than fair market val | ue in any transactio | n or sharing arrangement, | show in | | |
| | the value of the goods, | | | | (4) - | | | | |
| (a) Line no | (b) Amount involved | (c) Name of | | exempt organization | (0) Description | on of transfers, transactions, and | sharing arr | angeme | nts |
| - | | | N/A | | | | | | |
| | | <u> </u> | - | | | | | | |
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| | . | | | | | | | | |
| | ndation directly or indirec 501(c) of the Code (othe | • | | or more tax-exempt organ | uzations described | [| Yes | ТХ |] No |
| | omplete the following sch | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | - | |
| | (a) Name of org | | | (b) Type of organization | | (c) Description of relation | ship | | |
| | N/A | | - | | | | | | |
| | | | | | <u> </u> | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | | | | 1 | | | | |
| Under | nenalties of penury. I declare | that I have examined thi | s return uncludur | g accompanying schedules and | d statements and to the | e best of my knowledge | | | |
| | | | | n taxpayer) is based on all infor | | er has any knowledge re | ay the IRS d turn with the | e prepar | er |
| Here | 1- N 3 Has | Xa | | | PRESI | | X Yes | (see insi | lr)? No |
| <u>F</u> | nature of officer or trustee | - F | | Date | Title | | <u> </u> | | , NO |
| 1 0.9" | Print/Type preparer's na | | Preparer's s | | Date | Check If PTIN | | | |
| | | | | | 11/21/ | self- employed | | | |
| Paid | TERRI L. C | ALVERLEY | Jui | Calvulu | 11/06/2013 | | 0282 | | |
| Preparer | Firm's name ► GAN | | RLEY & | CO., P.Q. | | Firm's EIN ► 75-1 | | | |
| Use Only | | | | | | | | | |
| | Firm's address ► 31 | | | | · | | | | |
| | FO | RT WORTH, | TX 76 | 107 | | Phone no (817 | | <u>6-7</u> | |
| | | | | | | F | orm 990 | - PF (| 2012) |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Employer identification number

75-2716754 OMEGA FOUNDATION, Organization type (check one): Filers of: Section: 」 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections. 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

e 45 .6

Employer identification number

OMEGA FOUNDATION, INC.

75-2716754

| Part I | Contributors | (see instructions) | . Use duplicate copies of Part I if additional space is needed. |
|--------|--------------|--------------------|---|
|--------|--------------|--------------------|---|

| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 1 | WILLIAM & MARY TISDALE 309 W 7TH ST FT WORTH, TX 76102 | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | JULIE D ROTH 34292 SHORE LANTERN DANA POINT, CA 92629 | \$\$69,749. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | MARYBETH AND DONALD LAMPE 3909 STONEHENGE RD FT WORTH, TX 76109 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

223452 12-21-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

OMEGA FOUNDATION.

75-2716754

| Part II | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed. | 2110/34 |
|------------------------------|--|--|----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | 00 000.F7 or 000.PE\ /2012 |

| | 5 (1 0111 390, 390-LZ, 01 390-FF) (2012) | | rage - |
|---------------------------|--|---|--|
| Name of org | ganization | | Employer identification number |
| OMECA | FOUNDATION, INC. | | 75-2716754 |
| Part III | Excluswely religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition. | vidual contributions to section 501(ne following line entry. For organizati c., contributions of \$1,000 or less fo al space is needed. | c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year (Enter this information once) |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | tt |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | ft |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| } | | (e) Transfer of gi | ft |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| | | | Schedule R (Form 000, 000,E7, or 000, PE) (2012) |

| Part IV Capital Gains and Lo | sses for Tax on Investment Income | | |
|---|--|---|--|
| (a) List and | describe the kind(s) of property sol rick warehouse, or common stock, 2 | | (b) How acquired P - Purchase D - Donation (c) Date acquired (mo , day, yr) (mo , day, yr) |
| 1a FUNDAMENTAL IN | VESTORS 137.137 | SHS | VARIOUS 01/12/12 |
| b FUNDAMENTAL IN | VESTORS 124.316 | SHS | VARIOUS 11/29/12 |
| c FUNDAMENTAL IN | VESTORS 652.193 | SHS | VARIOUS 07/09/12 |
| d PIMCO EMERG LO | CAL BD FUND 4.88 | 3 | VARIOUS 01/12/12 |
| e PIMCO REAL RET | URN FUND 1.770 S | HS | VARIOUS 01/12/12 |
| f PIMCO UNCONSTR | AINED BD CL D 1. | 227 | VARIOUS 01/12/12 |
| g AMERICAN AMCAP | FUND 358.01 SHS | | VARIOUS 07/19/12 |
| h AMERICAN AMCAP | FUND 235.627 SH | S | VARIOUS 11/29/12 |
| AMERICAN FUND | NEW WORLD 209.80 | 2 SHS | VARIOUS 07/09/12 |
| FIRST EAGLE GO | LD FUND 450.030 | SHS | VARIOUS 07/09/12 |
| k FRANKLIN UTILI | TIES 97.583 SHS | | VARIOUS 07/09/12 |
| HODGES SMALL C | AP 317.297 SHS | | VARIOUS 07/09/12 |
| m LORD ABBETT GR | | | VARIOUS 07/09/12 |
| n MATTHEWS ASIA | GROWTH FUND 288. | 684 SHS | VARIOUS 11/29/12 |
| O PIMCO EQS PATH | FINDER 2523.30 S | HS | VARIOUS 07/09/12 |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
| a 5,000. | | 4,569. | 431. |
| b 5,000. | | 4,148. | 852. |
| c 24,477. | | 21,748. | 2,729. |
| d 50. | | 51. | <1.> |
| e 21. | | 20. | 1. |
| f 13. | | 13. | 0. |
| g 7,225. | | 6,729. | 496. |
| h 5,000. | | 4,429. | 571. |
| 10,184. | | 9,989. | 195. |
| 11,584. | | 15,304. | <3,720.> |
| k 1,364. | | 1,276. | 88. |
| 3,988. | | 3,509. | 479. |
| m 35,696. | | 39,532. | <3,836.> |
| n 5,000. | | 4,658. | 342. |
| 0 25,334. | | 24,776. | 558. |
| Complete only for assets showing | ig gain in column (h) and owned by | the foundation on 12/31/69 | (I) Losses (from col (h)) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | Gains (excess of col. (h) gain over col. (k), but not less than "-0-") |
| а | | | 431. |
| b | | | 852. |
| С | | | 2,729. |
| <u>d</u> | | | <1.> |
| е | | | 1. |
| f | | | 0. |
| 9 | | | 496. |
| h | | | 571. |
| 1 | | | 195. |
| <u> </u> | | | <3,720.> |
| k | | | 88. |
| 1 | | | 479. |
| m | | | <3,836.> |
| n | | | 342. |
| 0 | | | 558. |
| 2 Capital gain net income or (net ca | ipital loss) { If gain, also enter If (loss), enter "-C | in Part I, line 7 -* in Part I, line 7 | 2 |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8 | ss) as defined in sections 1222(5) an column (c) | \ | 3 |
| in (1055), enter 70" in Fait I, lille (| | | <u>J</u> |

75-2716754

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo, day, yr) D - Donation VARIOUS 1a PIMCO ALL ASSET 2251.351 SHS 07/09/12 b THORNBURG INVESTMENT INCOME 19.043 SHS VARIOUS 07/09/12 c AMERICAN FUND GROWTH FUND OF AMER 148.148 SHS VARIOUS 11/29/12 d EURO PACIFIC GROWTH FUND 82.124 SHS VARIOUS 06/20/12 INC FUND 133.833 SHS VARIOUS 12/20/12 e CAPITAL WORLD GROWTH & f CAPITAL WORLD GROWTH & INC FUND 223.464 SHS VARIOUS 11/08/12 g FUNDAMENTAL INVESTORS 252.207 SHS VARIOUS 11/08/12 h AMERICAN AMCAP FUND 243.072 SHS VARIOUS 04/12/12 CAPITAL WORLD GROWTH & INC FUND 145.645 VARIOUS 04/12/12 VARIOUS INC **FUND** 139.665 11/08/12 CAPITAL WORLD GROWTH & SHS k NEW WORLD FUND $190.\overline{245}$ 06/25/12 SHS VARIOUS INC CAPITAL WORLD GROWTH & **FUND** 14.310 SHS VARIOUS 04/09/12 INC 57.77 SHS 05/07/12 m CAPITAL FUND VARIOUS WORLD GROWTH & INC FUND 10/03/12 n CAPITAL WORLD GROWTH & 41.356 SHS VARIOUS o FUNDAMENTAL INVESTORS 31.381 SHS VARIOUS 05/07/12(f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 26,624. 302. 26,926. а 6. 346. 340. b $\overline{374}$. 4,626. 5,000. С 3,000. 4,313. <1,313.> d 4,261 5,000. 739. е 8,000. $8, \overline{140}$. <140.> 1,599. 8,401 10,000. 4,234. 5,000. 766. 5,000. 5,002. <2.> 204. 5,000. 4,796. 7,700. 8,902. ,202. 500. <72.> 572. 2,307. <307.> 2,000. m 1,500. 1,648. <148.> n 1,200. 1,217. <17.> Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any 302. a 6. b 374. C <1,313.> d 739. $\overline{<140.}>$ f 1,599. а 766. h <2.> 204. 1,202. k <72.> 1 <307.> m <148.> n <17.> 0 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

| ONTINUATION | FOR 990- | PF, | ' PÁRT' | ١] |
|-------------|----------|-----|---------|-----|
| 5-2716754 | PAGE | 3 | OF_ | |

| (a) List and 2-story bi | I describe the kind(s) of property sold rick warehouse, or common stock, 20 | , e g , real estate, 0 shs MLC Co | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|--|---|--|--|----------------------------------|
| 1a CAPITAL GAINS | DIVIDENDS | | D Denotion | | |
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| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (e) t |) Gain or (loss) plus (f) minus (g) | |
| a 6,079. | | | | | 6,079. |
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| <u>n</u> | | | | | |
| Complete only for assets showing | l ng gain in column (h) and owned by th | ne foundation on 12/31/69 | (1) 0 | sses (from col (h)) | |
| Complete only for assets shown | (j) Adjusted basis | (k) Excess of col (I) | Gains (excess | of col (h) gain over | col (k). |
| (i) F M V as of 12/31/69 | as of 12/31/69 | over col (j), if any | but n | ot less than "-0-") | |
| <u>a</u> | | | | | 6,079. |
| <u>b</u> | | | | | |
| <u>c</u> | | | | | |
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| 2 Capital gain net income or (net ca | apital loss) { If gain, also enter "-0- | in Part I, line 7 | 2 | | 8,457. |
| | | <u> </u> | | | 5,15,6 |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8 | | 3 (0) | 3 | N/A | |
| ii (1055), eliter -0- III Fait I, IIIle (| · · · · · · · · · · · · · · · · · · · | | <u> </u> | IV/A | |

Part XV **Supplementary Information Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient KIDS WHO CARE NONE EDUCATIONAL -CHILDREN'S THEATER 1300 GENDY ST 2,000. FORT WORTH, TX 76107 NONE MEDICAL ASSISTANCE FOR COOKS CHILDRENS NEEDY 801 SEVENTH AVE 6,000. FORT WORTH, TX 76104 HAPPY HILL FARM NONE ASSISTANCE FOR NEEDY 3846 N HIGHWAY 144 GRANBURY, TX 76048 10,000. NONE ASSISTANCE FOR NEEDY TRINITY HABITAT FOR HUMANITY 3345 S JONES ST 17,000. FORT WORTH, TX 76110 NONE RELIGIOUS SHARING IN MINISTRY OF FORT WORTH CATHOLIC DIOCESE 800 WEST LOOP SOUTH FORT WORTH, TX 76108 1,000. NONE EDUCATIONAL-PUBLIC NCPA P.O. BOX 741175 POLICY 2,000. DALLAS, TX 75374 ASSISTANCE FOR THE LIGHTHOUSE FOR THE BLIND OF FORT NONE NEEDY WORTH 912 W BROADWAY 1,000. FORT WORTH, TX 76104 NONE ASSISTANCE FOR THE MIKE GALLAGHER SHOW CHARITABLE NEEDY FOUNDATION 350 FIFTH AVENUE STE 4710 4,700. NEW YORK, NY 10118 NONE EDUCATIONAL - ARTS YADDO P.O. BOX 395-UNION AVE 500. SARATOGA SPRINGS, NY 12866 44,200. Total from continuation sheets

| FORM 990-PF DIVIDEND | S AND | INTER | EST FRO | M SECUE | RITIES | STATEMENT | 1 |
|-------------------------------|-----------|---------------------|------------------------|----------|------------------------------|---------------------|-----|
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT | .) |
| MUTUAL FUNDS | - | | 43,039 | • | 6,079. | 36,9 | 60. |
| TOTAL TO FM 990-PF, PART I, I | ın 4 = | | 43,039 | <u> </u> | 6,079. | 36,9 | 60. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 2 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B NET IN MENT I | VEST- | (C) ADJUSTED NET INCOM | | |
| | • | 4,675. | | 4,675. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16B | | 4,675. | | 4,675. | | | 0. |
| FORM 990-PF | | TAX | ES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B NET IN MENT I | VEST- | (C) ADJUSTED NET INCOM | | |
| EXCISE TAX | | 1,495. | | 1,495. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | | 1,495. | | 1,495. | | | 0. |
| FORM 990-PF | 0' | THER E | XPENSES | | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B NET IN MENT I | VEST- | (C) ADJUSTED NET INCOM | | |
| INVESTMENT FEES BANK FEES | | 9,377. | | 9,377. | | | 0. |
| MISCELLANEOUS | | 50. | | 50. | | | 0. |

| | CORPORATE STOCK | | STAT: | EMENT | 5 |
|--|--|---------------------------|---------------------------------|---------|----------|
| DESCRIPTION | | BOOK VALUI | | MARKE: | r |
| SCHWAB FUNDS | | 2,181,0 | 78. 2 | ,286,28 | 81. |
| TOTAL TO FORM 990-PF, PART II, L | INE 10B | 2,181,0 | 78. 2 | ,286,2 | 81. |
| FORM 990-PF | OTHER ASSETS | | STAT | EMENT | 6 |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | | MARKE: | ľ |
| SPLIT DOLLAR LIFE INSURANCE | 147,054. | 147,05 | 54. | 147,0 | 54. |
| TO FORM 990-PF, PART II, LINE 15 | 147,054. | 147,05 | 54. | 147,05 | 54. |
| | | | | | |
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | | |
| M KEITH BRANYON 309 WEST SEVENTH ST, STE 900 | | | BEN PLAN | | |
| M KEITH BRANYON 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 TAMMY BRYANT 309 WEST SEVENTH ST, STE 900 | AVRG HRS/WK DIRECTOR | SATION | BEN PLAN CONTRIB | ACCOUN | 0. |
| M KEITH BRANYON 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 TAMMY BRYANT 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 RICHARD DRUMMOND 309 WEST SEVENTH ST, STE 900 | AVRG HRS/WK DIRECTOR 1.00 SECRETARY | SATION 0. | BEN PLAN CONTRIB | ACCOUN | 0. 0. |
| M KEITH BRANYON 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 TAMMY BRYANT | AVRG HRS/WK DIRECTOR 1.00 SECRETARY 40.00 DIRECTOR | 0. 4,000. | DEN PLAN CONTRIB O. 0. | ACCOUN | NT |

| OMEGA FOUNDATION, INC. | | | 75-2 | 716754 |
|--|------------------|--------|------|--------|
| PHIL LUEBBEHUSEN 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOM HARDGROVE 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 | DIRECTOR 1.00 | 0. | 0. | 0. |
| KATHLEEN DONALDSON 309 WEST SEVENTH ST, STE 900 FORT WORTH, TX 76102 | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 4,000. | 0. | 0. |

| Form : | 3868 (Rev. 1-2013) | | | | | Page 2 | |
|-----------------------------------|---|-----------------------|--|-----------------|--|---------------------------------------|--|
| ● If y | ou are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II and check this | box | | ▶ X | |
| | Only complete Part II if you have already been granted an | | | | 8868 | | |
| ● If yo | ou are filing for an Automatic 3-Month Extension, comple | | | | | | |
| Par | Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the original | inal (n | copies n | eeded). | |
| | | | - | | _ | ee instructions | |
| Type o | Name of exempt organization or other filer, see instru | ictions | | Employe | dentification | n number (EIN) or | |
| File by t | by the OMEGA FOUNDATION, INC. | | | | 75-2716754 | | |
| due date filing yo return S | | | tions. | Social se | curity numbe | er (SSN) | |
| instructi | Crty, town or post office, state, and ZIP code. For a for FORT WORTH, TX 76102 | oreign add | fress, see instructions. | | | | |
| Enter | the Return code for the return that this application is for (file | e a separa | ite application for each return) | • | | 0 4 | |
| Applic | eation | Return | Application | | | Return | |
| ls For | | Code | Is For | | | Code | |
| | 990 or Form 990·EZ | 01 | | | ······································ | | |
| | 990-BL | 02 | Form 1041-A | | | 08 | |
| | 4720 (individual) | 03 | Form 4720 | | | 09 | |
| | 990·PF | 04 | Form 5227 | | | 10 | |
| Form | 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form ¹ | 990-T (trust other than above) | 06 | Form 8870 | | _ | 12 | |
| <u>STOP</u> | Do not complete Part II if you were not already granted | l an auton | natic 3-month extension on a prev | iously file | d Form 8868 | 3. | |
| | JOSEPH E. HARDO books are in the care of 309 W. SEVENTH | | | ORTH, | TX 761 | 102 | |
| | ephone No. ► <u>(817)</u> 335-5739 | | FAX No. ► | | | . — | |
| | ne organization does not have an office or place of busines | | | | | ▶ □ | |
| _ | nis is for a Group Return, enter the organization's four digit | 1 | · · · · · · · · · · · · · · · · · · · | | | | |
| box 🎐 | | | ach a list with the names and EINs of | all memb | <u>ers the exten</u> | sion is for. | |
| | | NOVEM | BER 15, 2013. | | | | |
| | For calendar year 2012 , or other tax year beginning $_$ | | , and endin | | | • | |
| 6 | If the tax year entered in line 5 is for less than 12 months, o | heck reas | on: | Fınal r | eturn | | |
| _ | Change in accounting period | | | | | | |
| | State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO | יאחים | R THE INFORMATION | MEEDE | ום חיים ח | PEDADE | |
| | ADDITIONAL TIME IS NEEDED TO C AN ACCURATE AND COMPLETE RETU | | K THE INFORMATION | ALEDE | D 10 F1 | CEPAKE | |
| | AN ACCORATE AND CONFIDER RETUR | 1711 • | | | | | |
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069 e | inter the tentative tax loss any | | | · · · · · · · · · · · · · · · · · · · | |
| | nonrefundable credits. See instructions. | OI 0009, C | inter the terrative tax, less any | 8a | \$ | 600. | |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | refundable credits and estimated | - 00 | Ψ | | |
| | tax payments made. Include any prior year overpayment al | | | | | | |
| | previously with Form 8868. | owed as t | 2 orean and any amount paid | 8b | \$ | 600. | |
| | Balance due. Subtract line 8b from line 8a. Include your pa | vment wit | th this form, if required, by using | •• | | | |
| | EFTPS (Electronic Federal Tax Payment System) See instru | • | | 8c | \$ | 0. | |
| | | | st be completed for Part II o | | | | |
| | Signature and Veriticat | uvii iilu: | st be combieted for a dit in t | | | | |
| Under | Signature and Verificat penalties of perjury, I declare that I have examined this form, includ e, correct, and complete, and that I am authorized to prepare this fo | ling accomp | • | _ | f my knowledg | e and belief, | |
| Under It is tru | penalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo | ling accomp | panying schedules and statements, and to | _ | _ | e and belief, | |

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