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DLN: 93493048015524

Form **990** 

Department of the Treasury

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 **2012** 

Open to Public
Inspection

		e Service	<u> </u>	•	-			Inspection
<b>B</b> Ch		pplicable	C Name of organization WACO FOUNDATION	g 04-01-2012 , 2012, and ending 03-	31-2013			ification number
_	aress cr me cha	_	Doing Business As			74-605·	4628	
	tıal retu	_	Number and street (or P.O. boy if m	all is not delivered to street address) Room/s	uuto			
Г те	rmınate	:d	1105 WOODED ACRES STE 701	iali is not delivered to street address) Room,	dite	E Telephone		
_ Am	nended	return	City or town, state or country, and 2	ZIP + 4		(254)7	54-34	04
Ар	plication	n pending	WACO, TX 76710			<b>G</b> Gross rece	eipts \$ 1	17,995,936
			<b>F</b> Name and address of prir	ncipal officer		:his a group re	turn f	
			1105 WOODED ACRES STE	701	aπ	liates?		ΓYes <b>Γ</b> No
			WACO,TX 76710					ed? \( \text{Yes} \( \text{No} \) see instructions)
<b>I</b> Ta	ıx-exem	npt status	s ▼ 501(c)(3)	insert no ) 4947(a)(1) or 527				
J W	ebsite	e: 🕨 W	WW WACOFOUNDATION ORG		H(c) Gr	oup exemptioi	n numi	ber 🟲
<b>K</b> For	m of or	ganızatıo	n Corporation 7 Trust Associatio	n	L Year of	formation 1958	M S	tate of legal domicile TX
Pa	rt I	Sun	nmary					
Governance		AND DI TO ENA COMMI VARIA	IRECTS THEIR USE FOR THE BE ABLE AND ENCOURAGE PEOPL UNITY AND ENHANCE PUBLIC NCE POWER TO ENSURE THAT	HILANTHROPIC RESOURCES FROM INEFIT OF COMMUNITY-BASED CH E TO CREATE CHARITABLE FUNDS GOOD AND OVERALL QUALITY OF THE INTERESTS OF THE ENTIRE C	ARITIES TH THAT COLL LIFE, AND T OMMUNITY	HE GOAL OF VECTIVELY SE HE BOARD O	WACO ERVE FTRU CUS O	FOUNDATION IS THE ENTIRE USTEES USES ITS F THE WORK
Activities &	2 '	Cneck	this box 🞮 - if the organization dis	scontinued its operations or disposed	or more than	25% of its ne	et ass	ets
Ĕ	1			ing body (Part VI, line 1a)		<u> </u>	3	10
₽Ç	1			of the governing body (Part VI, line 1)		<u> </u>	4	10
			·	calendar year 2012 (Part V, line 2a) ecessary)		:: : H	6	29
			•	art VIII, column (C), line 12			7a	0
	ь	Net unr	elated business taxable income f	rom Form 990-T, line 34	<u></u>		7b	0
		0	which are and are the (DoublyTTT II	4 h \		ior Year		Current Year
≘	8			ne 1h)		3,366,02	0	3,805,326 8,417
Revenue	10			(A), lines 3, 4, and 7d)		871,92	6	2,944,753
<u> </u>	11		, , , , , , , , , , , , , , , , , , , ,	lines 5, 6d, 8c, 9c, 10c, and 11e)		1,96	9	1,307
	12		revenue—add lines 8 through 11	(must equal Part VIII, column (A), lı	ne	4,239,91	5	6,759,803
	13	Grant	ts and sımılar amounts paıd (Part	IX, column (A), lines 1-3)		3,816,50	$\overline{}$	2,793,206
	14			X, column (A), line 4) ee benefits (Part IX, column (A), lines			0	0
\$	15	5-10		se benefits (Fart 1X, Column (A), mies		704,75	0	813,547
Expenses	16a			column (A), line 11e)	•		0	0
五	17		r expenses (Part IX, column (D	), line 25) <b>*</b> 83,969 lines 11a-11d, 11f-24e)		613,61	1	677,623
	18			st equal Part IX, column (A), line 25)	•	5,134,86		4,284,376
	19	Reve	nue less expenses Subtract line	18 from line 12		-894,95	2	2,475,427
8 G 2008					Beginni	ng of Current Year		End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			62,016,95	9	67,590,980
MA A	21		liabilities (Part X, line 26)			689,84	_	368,120
	22 rt III		nature Block	line 21 from line 20		61,327,11	4	67,222,860
Unde my k	er pena nowled arer ha	alties of dge and as any k	f perjury, I declare that I have exa	amined this return, including accompanded in the preparer (other left) and the preparer (other l	than officer) i			
	-		e or print name and title					
		<u>''</u>	Print/Type preparer's name	Preparer's signature	I	HECK!	TIN	
Paid		<u> </u>	Firm's name			elf-employed   ırm's EIN 🟲		
	pare On		Firm's address 🕨		P	hone no		
USE	, OII	יע			1.			

orm	990 (	2012)							Page <b>2</b>
Par	: IIII			ervice Accomp response to any qu		Part III .			
1	Brief	y describe the o	rganızatıon's mıs	sion					
ИОИ	PROFI						Y CHALLENGES, ST PRDER TO IMPROVE		
2	the pi	or Form 990 or			rvices during t	he year which	were not listed on	. г	Yes V No
3	servi	ces?		or make significan	t changes in h	ow it conducts	s, any program	г	Yes ▼ No
4	Desc exper	ribe the organizanses Section 50	1(c)(3) and 501(	rvice accomplishm	are required t	o report the a	gest program service mount of grants and		
4a	WHO COMI OPER	D FOUNDATION OPE SERVE MCLENNAN ( PETITIVE GRANT PRO ATING FUND GAVE (	COUNTY RESIDENTS OGRAM, 13 GRANTS \ GRANTS TO THE FOUI	ALONG WITH OTHER F WERE AWARDED DURIN	UNDS (DISCRETIC NG THE ORGANIZA I FUNDS - MAC SC	COMPETITIVE GONARY AND SELECTION'S TWO AND	181,082 ) (Revenue \$ RANT-MAKING FUND, PRO CTED FIELD OF INTEREST IUAL GRANT CYCLES (SPR D, CAPACITY BUILDING P	FUNDS) THA ING AND FALI	T SUPPORT OUR L) IN ADDITION, THE
			) (F	440.070			255 200 ) (D		
4b	MCLE THEIF ENRO	SCHOLARSHIP FUNE NNAN COUNTY IN A R EDUCATION AT AN DLLED IN THE MAC S	ADDITION, 3RD AND 4 IY 4-YEAR COLLEGE II CCHOLARSHIP PROGRA	4TH YEAR SCHOLARSHI N OR OUTSIDE THE MC AM AND MORE THAN \$4	PS ARE ALSO PRO LENNAN COUNTY 1 MILLION IN STAT	EAR SCHOLARSH VIDED TO PREVI AREA DURING T E AND FEDERAL	255,380) (Revenue \$ IPS TO STUDENTS ATTEN OUS SCHOLARSHIP RECIP HE 2012 TAX YEAR, 560 I STUDENT AID WAS ACCE ING THEIR ANNUAL FAFS.	IENTS WHO V ICLENNAN CO SSED WITH TH	VANT TO CONTINUE DUNTY SENIORS WERE
<b>4</b> c	EXCE SMAL EXEC DEVE EVALL COMI WEBS PRAC	CITY BUILDING PRO LLENCE IN MANAGE L ASSISTANCE GRAN UTIVE LEADER PEER LOPMENT PROGRAM JATION AND ASSESS MUNITY RESOURCES SITES AND NEWSLET TICES IN NONPROF	MENT AND GOVERNAI NTS THAT CAN BE USE LEARNING AND ENG I, THE DELIVERY OF I SMENT, GRANTWRITII S BY AREA ORGANIZA TERS) THAT PROVIDE IT MANAGEMENT FIN	NCE AND FINANCIAL SL ED TO ACCESS THE SER AGEMENT OPPORTUNII NONPROFIT MANAGEME NG AND FUNDRAISING ITIONS AND NONPROFII E AREA RESIDENTS AND	ISTAINABILITY PR RVICES AND EXPER IES, THE DELIVER ENT TRAININGS WI THE PROGRAM AI S, THE CREATION O NONPROFITS WI CONTINUES TO FUI	CES THAT PROMO OGRAM ACTIVITI RTISE OF A PROF RY OF A CIVIC/CO HICH FOCUS ON LSO SUPPORTS T I, MAINTENANCE TH INFORMATION ND THE COORDI	0 ) (Revenue \$ DIE NONPROFIT EFFECTIVES INCLUDE, BUT ARE NOTED AND ARE NOTED ARE NOTED AS BOARD AS BOARD HE IDENTIFICATION, COCAND DISTRIBUTION OF FOUND OF THE NON VOLUNTEERISM, LEANATION AND SUBMISSION ELESSNESS	OT LIMITED TO DNSULTANT, F ASSROOTS LE GOVERNANCE PRDINATION A LESOURCES AI ADERSHIP DEV	O THE AWARD OF ACILITATING ADERSHIP E, PROGRAM ND USE OF ND INFORMATION (VIA /ELOPMENT AND BEST
	(6-1		) (5	100 102		-64	0.) (D		
	THE ( 28%, ENSU COOF EFFE	TER WACO COMMU DVERALL GOAL IS TO ACCORDING TO CE RE STUDENTS (1) RDINATES PROGRAM CTIVENESS, AND IT IAL EDUCATION SUM	) INCREASE THE PERC ENSUS ESTIMATES FR COME TO SCHOOL RE IMING AND EVALUATIO OVERSEES AN EVALUA	CENTAGE OF THE WACCOM 2007, THE YEAR THEADY TO LEARN, AND () ONS OF VARIOUS NONFATION OF THE COMMUINGE OF 5	D COMMUNITY PO HE ALLIANCE BEGA 2) COMPLETE POS PROFIT ORGANIZA NITY'S EDUCATION	ROGRAM WHICH PULATION WITH IN TO ORGANIZE ST-SECONDARY E TIONS AND EDUC I PERFORMANCE	0 ) (Revenue \$ ORGANIZES THE COMMU AN ASSOCIATE'S DEGREE SPECIFICALLY, THE ALLI DUCATION PREPARED FO CATIONAL INSTITUTIONS ON AN ANNUAL BASIS A TS INTERESTED IN EDUC	OR HIGHER F ANCE HAS THE R CAREER AN TO ENHANCE ( MONG THEIR)	ROM THE RATE OF REE GOALS - TO ID LIFE THE ALLIANCE COLLABORATION AND ACTIVITIES ARE AN
	(Code	<u> </u>	) (Expenses \$	91,321	ıncludıng grants	of \$	0) (Revenue \$		0)
	EARL' LIFE POST EDUC	Y CHILDHOOD FUND FOR VERY YOUNG C TION AS WELL AS ED CATION AND CHARIT	THE SMARTBABIES HILDREN IN WACO, VOLCATIONAL AND PROTABLE HEALTH CARE OF	INITIATIVE WAS ESTAB VITH A SPECIFIC FOCU MOTIONAL ACTIVITIES	LISHED IN 2011 TO S ON WACO AREA FOR THE EARLY C TBABIES HAS ALSO	O PROVIDE COOR ZIP CODES WIT CHILDHOOD SECT DEVELOPED A W	RDINATION IN AN EFFORT H HIGHEST POVERTY FUI FOR, WHICH INCLUDES C VEBSITE TO PROVIDE EAR	NDING SUPPO HILD CARE, PI	E THE QUALITY OF RTS A COORDINATOR JBLIC HEALTH,
				2,415,637 ID MANAGED BY THE W	including grants ACO FOUNDATION		2,356,743 ) (Revenue \$ TED, DONOR ADVISED, SO	CHOLARSHIP,	0) FIELD OF INTEREST
4d	(Exp	enses \$	ces (Describe in 9 2,705,060	including grants o	f \$	2,356,743)	(Revenue \$		0)
4e	Tota	l program servic	e expenses 🗠	3,678,215					

art IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{22}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		N o
4	<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? <i>If</i> "Yes," complete Schedule C, Part II	4		N o
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I^{\bullet}$	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

αГ	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	ا. No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   21			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
а	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
3	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
		F-		NI a
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N c
		5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	\		IN
	74			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7.		NI.
	contract?	7e 7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			IN
	required?	7g		
)	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
1	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 7.20 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response to any question in this Part VI .															ে
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		N o
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
- 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 ►LESLIE MITCHELL 1105 WOODED ACRES STE 701 WACO, TX (254)754-3404

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	offic	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		l trustee or	nal Trustee		0)ee	Highest compensated employee				
(1) BETTY BAUER	2 5	х						0	0	0
TRUSTEE	1									_
(2) STEVE CATES	2 5	х						0	0	0
TRUSTEE	1	^						Ŭ	· · ·	
(3) CARA CHASE	2 5	х						0	0	0
TRUSTEE	1	^						O	0	0
(4) KYLE DEAVER	2 5	v							0	0
TRUSTEE	1	Х						0	0	0
(5) JIM HAWKINS	2 5							_	_	_
TRUSTEE	1	Х						0	0	0
(6) KRIS KAISER OLSON	2 5									
TRUSTEE	1	Х						0	0	0
(7) MAGGIE STINNETT	2 5									
TRUSTEE	1	Х						0	0	0
(8) LISA JAYNES	4 5									
CHAIRMAN	1	Х		Х				0	0	0
(9) JIM HALLER	2 5									
VICE CHAIRMAN		Х		Х				0	0	0
(10) DAVID DICKSON	2 5									
SECRETARY/TREASURER		Х		Х				0	0	0
(11) ASHLEY DULSKI	39 9									
				х		Х		132,659	0	18,135
EXECUTIVE DIRECTOR (12) LESLIE MITCHELL	29 75									
				х				59,762	0	10,875
DIRECTOR OF FINANCE	25									
							$\vdash$			
				$\vdash$						

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han o	one both	box, an d	heck unless officer stee)	i	( <b>E</b> Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estima amount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	0	rganizati relate organiza	ed
												+		
												+		
												+		
												+		
1b	Sub-Total			•				<b>&gt;</b>						
C	Total from continuation shee	•		Α.	•	•	•	<b>+</b>		192,421		0		29,010
<u>d</u> 2	Total (add lines 1b and 1c).  Total number of individuals (ii \$100,000 of reportable comp	ncluding but not	lımıted				d abov	e) w	l ho receive			<u> </u>		23,010
			- Organ	112011	)     <del> </del> -									
3	Did the organization list any <b>f</b> on line 1a? <i>If</i> "Yes," complete.						emplo	yee,	, or highes	t compen	sated employee	3	Yes	No No
4	For any individual listed on lir organization and related organ individual											4	Yes	
5	Did any person listed on line : services rendered to the orga									anızatıon	or individual for	5		No
Se	ection B. Independent Co	ontractors												
1	Complete this table for your fi compensation from the organi	ıve hıghest comp											tax year	
		( <b>A</b> ) Name and business	address							Des	(B) cription of services	$\prod$	(C Comper	
												1		
	Total number of independent co	ontractors (inclu	dına but	t not	lımıt	ed to	thos	e list	ed above)	who rece	ived more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Form 99			_					Page <b>9</b>
Part V	<b>/ • • •</b>		o <b>f Revenue</b> ule O contains a respor	nse to any question i	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
रु ह	1a	Federated cam	paigns 1a	0				
an Jan	Ь	Membership du	ies <b>1b</b>	0				
ق ق	c	Fundraising ev	ents <b>1c</b>	0				
ifts,	d	Related organiz	zations 1d	1,122,896				
n, G	e	Government grant	s (contributions) <b>1e</b>	0				
Sir		_						
ij je	f	similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,682,430				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines	127,119		į		İ
ng p	h	Total. Add line:	s 1 a-1 f		3,805,326			
	ļ <u>"</u>	Total: Add line.	314 11	•				
<u>e</u>				Business Code				
ĭe.	2a	EDUCATION SUMM FEES	III REGISTRATION	900099	8,417	8,417	0	0
æ	ь							
921	С							
Ž	d							
Ξ	e							
Program Serwce Revenue	f	All other progra	am service revenue		0	0	0	0
Š	_	Total Adding	s 2a-2f		0.417			
	g 3		ome (including dividen		8,417			
			ar amounts)		947,436	0	0	947,436
	4	Income from inves	stment of tax-exempt bond	proceeds . 🕨	0	0	0	0
	5	Royalties .		🕨	0	0	0	0
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	13,233,450	0				
		assets other than inventory	, ,					
	ь	Less cost or	11 220 122					
		other basis and sales expenses	11,236,133	0				
	С	Gain or (loss)	1,997,317	0				
	d	Net gain or (los	i	· · · · •	1,997,317	0	0	1,997,317
άs	8a	Gross income f events (not inc						
ž		\$	0					
Other Revenue			s reported on line 1c)					
Č		See Fait IV, III	a a					
<u> </u>	ь	Less direct ex	penses <b>b</b>					
ŏ	c		(loss) from fundraising	events				
	9a		rom gaming activities					
		See Part IV, lir	ne 19					
	Ь	Lace direct co	penses b					
	°		(loss) from gaming acti	vities			ı	
		Gross sales of	ı	· 'p"				
		returns and allo						
			а					
	b		oods sold <b>b</b>					
	C		(loss) from sales of inve					
	44	Miscellaneou		Business Code 900099	1,307	o	0	1,307
		ADMINISTRAT	I ION FEES	300039	1,307	0	0	1,307
	Ь							
	C	A.II			0	0	0	0
	d	All other reven			0	0	0	0
	e	Total. Add lines			1,307			
	12	Total revenue.	See Instructions .	🕨	6 759 803	9.417	0	2 946 060

6,759,803

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 (D) Do not include amounts reported on lines 6b, (A) Fundraising Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 2,537,826 2,537,826 Grants and other assistance to individuals in the United States See Part IV, line 22 255,380 255,380 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Λ Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 223,046 72,348 120,097 30,601 key employees . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons 0 described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 466,966 357,118 82,749 27,099 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . 24,658 22,807 1.658 193 Other employee benefits . . . . . . 37,811 27,656 8,839 1,316 4,941 10 61,066 39,653 16,472 Fees for services (non-employees) 11 Management . . . . Legal . . . . . . . . 5,493 0 5,493 0 Accounting . . . . . . . . . . . 14,590 1,941 12,454 195 Professional fundraising services See Part IV, line 17 Investment management fees . . . 228,838 64,335 0 164,503 Other (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on 53,208 52,127 1,081 0 Schedule O) . . . . . . . 12 Advertising and promotion . . . 13,091 7,639 5,452 0 0 13 Office expenses . . . . . 6,441 3,481 2,960 14 Information technology . . 18,075 13,974 4,101 0 15 Royalties . . 52,000 16 80,000 28,000 0 17 37,287 26,260 11,027 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 15,411 19 Conferences, conventions, and meetings . . . . 45,450 30,039 0 20 Interest . . . . . . . . . . . . 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization . . . . 15,653 11,214 0 4.439 9,354 6,080 3,274 23 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) PRINTING AND PUBLICATIONS 2,246 12,485 6,927 3,312 WORKSHOP EXPENSE 29,236 29,236 0 0 INTERGENERATIONAL WEALTH TRANSFER STUDY 14,000 0 0 14,000 OTHER EXPENSES 94,422 66,949 25,161 2,312 e All other expenses 25 Total functional expenses. Add lines 1 through 24e 4,284,376 3,678,215 522,192 83.969 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Form 990 (2012) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X . . . . . . . . **(B)** End of year (A) Beginning of year 200 200 1 Cash—non-interest-bearing . . . . . 1 1,698,955 2,949,517 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net . . . . . 3 Accounts receivable, net 4

	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, di employees, and highest compensated employees Complete Pa Schedule L					
		Schedule L		• •		5	
Assets	6	Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(E employers and sponsoring organizations of section $501(c)(9)$ volume beneficiary organizations (see instructions) Complete Part II of	3), and oluntar	contributing y employees'		6	
% %	7	Notes and loans receivable, net			9,553	7	528
ď	8	Inventories for sale or use			3,555	8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete	I				
	100	Part VI of Schedule D	10a	148,460			
	ь	Less accumulated depreciation					57,931
	11	Investments—publicly traded securities			38,523,805	11	38,824,545
	12	Investments—other securities See Part IV, line 11		21,589,817	12	25,599,909	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets		•		14	
	15	Other assets See Part IV, line 11		153,833	15	158,350	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		62,016,959	16	67,590,980	
-	17	Accounts payable and accrued expenses			30,904	17	56,406
	18	Grants payable			658,941	18	311,714
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ø	21	Escrow or custodial account liability Complete Part IV of Sche	dule D			21	
Liabilities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi		stees,			
<u>ge</u>		persons Complete Part II of Schedule L			22		
<b>=</b>	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	chedule	0	25	0	
	26	Total liabilities. Add lines 17 through 25			689,845	26	368,120
	†	Organizations that follow SFAS 117 (ASC 958), check here ▶ □			333,310		333,.20
S e s		lines 27 through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			41,727,638	27	47,414,555
- 60 - 60	28	Temporarily restricted net assets			0	28	0
귤	29	Permanently restricted net assets			19,599,476	29	19,808,305
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
	30	Capital stock or trust principal, or current funds			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances			61,327,114	33	67,222,860
2	34	Total liabilities and net assets/fund balances			62,016,959	34	67,590,980
	-						Form <b>990</b> (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6.7	759,803
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		4,2	284,376
,	Revenue less expenses Subtract fine 2 nonlinine 1	3		2,4	175,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61 '	327,114
5	Net unrealized gains (losses) on investments	-			327,114
-		5		3,4	120,319
6	Donated services and use of facilities	6			0
7	Investment expenses				
	· -	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)				
	<u> </u>	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		67,2	222,860
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	9	3a		No
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.	equire	<b>3b</b>		

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As Filed Data -

DLN: 93493048015524

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

WACO FOUNDATION

## **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.

Open to Public Inspection

									74-60546		
	rt I			blic Charity Sta						nstruction	S.
	rganı		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	fchurches d	lescribed in <b>s</b>	ection 170	(b)(1)(A)(i).		
2	Г	A scho	ol described	in <b>section 170(b)(1</b>	<b>L)(A)(ii).</b> (At	tach Sched	ule E )				
3	Γ	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon desci	ıbed ın <b>sectio</b>	n 170(b)(:	L)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>s</b> e	ection 170(b)(	(1)(A)(iii).	Enter the
_	_			ty, and state							<del></del>
5	ı	_	•	erated for the benefi	_	e or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
	_			<b>A)(iv).</b> (Complete P	· ·						
6	<u> </u>			local government o	_						
7				at normally receives			support from	a governm	nental unit or f	rom the ge	neral public
8	굣			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mplete Bart I	Γ \			
9	ļ*		•	at normally receives			•	•	abutions mam	harchin fac	s and gross
9	,	_		•					•	· ·	· -
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines									
		•		ganızatıon after June				•		cax) nom c	,4311163363
10	$\vdash$	•	,		•			•	•		
11	<u>'</u>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of							the nurnoses of		
	'	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>secti</b>							,		
				bes the type of supp							()(-)
		a	Type I	<b>b</b>	Type II	I - Functior	nally integrate	ed <b>d</b> [	Type III - N	on-functior	ally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pu	blicly support	ed organiz	atıons descrıb	ed in secti	on 509(a)(1) or
f			n 509(a)(2) graanization	received a written de	etermination	from the IE	S that it is a	Tyne I Ty	ne II or Tyne	III sunnor	ting organization
•			this box	received a written a	cccimination	nom the m	Co chac ic is a	турс 1, ту	pc 11, 01 1 ypc	III Suppoi	
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from an	y of the		·
			ng persons?								
		., .		rectly or indirectly o	•		5	persons d	escribed in (ii)		Yes No
		•		governing body of th	• •	•	n?				g(i)
			•	er of a person descr							g(ii)
				lled entity of a perso						119	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
	suppoi			organızatıon	organızatı		the organi				monetary
10	ganiz	ation		(described on	col (i) lis		ın col (i) d		col (i) org		support
				lines 1 - 9 above or IRC section	your gove docume		suppor	τ΄	ın the U	5 /	
				(see	docume	110.					
				instructions))	Yes	No	Yes	No	Yes	No	
					162	INO	1 es	140	res	INO	
						-	+	-	+	+	+
	1								+		

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 4,766,056 2,659,414 3,714,442 2,738,696 3,781,949 17,660,557 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,766,056 2,659,414 3,714,442 2,738,696 3,781,949 17,660,557 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,712,923 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 9,947,634 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 (f) Total **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 beginning in) 🟲 2,738,696 4,766,056 2,659,414 3,714,442 3,781,949 17,660,557 Amounts from line 4 Gross income from interest, dividends, payments received on 1,277,393 947,436 securities loans, rents, royalties 1,051,280 1,121,653 1,162,713 5,560,475 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 23,221,032 through 10) Gross receipts from related activities, etc (see instructions) 12 12 0 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 42 839 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 42 123 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Instructions

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

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

supported organization

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 201
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Page **4** 

**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).

#### **Facts And Circumstances Test**

#### **Explanation**

INFORMATION ON UNUSUAL GRANTS UNUSUAL GRANTS FOR 2008 YEAR - \$79,346, UNUSUAL GRANTS FOR 2009 YEAR - \$0, UNUSUAL GRANTS FOR 2010 YEAR - \$0, UNUSUAL GRANTS FOR 2011 YEAR - \$70,000 + \$5,000 + \$552,324 = \$627,324, UNUSUAL GRANTS FOR 2012 YEAR - \$23,377

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493048015524

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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.

Open to Public

Interna	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspec	tion
	me of the organi	ization		Employer identifica	tion numbe	er
WA	CO FOUNDATION			74-6054628		
Pa	rt I Organ	izations Maintaining Donor Ac	lvised Funds or Other Similar Fu		. Complet	te if the
	organiz	zation answered "Yes" to Form 99				
_			(a) Donor advised funds	(b) Funds and o	ther accou	
1	Total number a		50			120
2		tributions to (during year)	1,526,952			278,374
3	33 3 3	nts from (during year)	1,664,107			129,099
4		ue at end of year	7,793,899		59,4	428,961
5		zation inform all donors and donor advisor prganization's property, subject to the c	sors in writing that the assets held in dono organization's exclusive legal control?	or advised	√ Yes	┌ No
6	used only for c conferring impe	haritable purposes and not for the bendermissible private benefit?	donor advisors in writing that grant funds of the donor or donor advisor, or for an	y other purpose	✓ Yes	┌ No
Pa		•	<u>if the organization answered "Yes" to</u>	Form 990, Part IV	/, line 7.	
2	Preservation Protection Preservation Complete lines	of natural habitat on of open space	n or education)	ertified historic struc	ture	
				Held at the	End of the	Year
а	Total number o	of conservation easements	_	2a		
b	Total acreage	restricted by conservation easements		2b		
C	Number of con	servation easements on a certified his	toric structure included in (a)	2c		
d		servation easements included in (c) ac ure listed in the National Register	equired after 8/17/06, and not on a	2d		
3	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminated	d by the organization	during	
	the tax year ►	· <u> </u>				
4	Number of stat	tes where property subject to conserva	ition easement is located 🕨			
5	Does the organ	, , ,	the periodic monitoring, inspection, hand	— ling of violations, and	┌ Yes	┌ No
6	Staff and volun	nteer hours devoted to monitoring, insp	ecting, and enforcing conservation easem	ents during the year		
7	•	enses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year		
8	Does each con		(d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	Г Yes	□ No
9	In Part XIII, do balance sheet, the organizatio	escribe how the organization reports co , and include, if applicable, the text of to on's accounting for conservation easem		statements that desc	rıbes	
Par		i <mark>zations Maintaining Collectio</mark> ete	ns of Art, Historical Treasures, o Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.	
1a	works of art, hi	istorical treasures, or other similar ass	116 (ASC 958), not to report in its reven sets held for public exhibition, education, o to its financial statements that describes	or research in furthera		
b	works of art, hi		116 (ASC 958), to report in its revenue sets held for public exhibition, education, ose items			lıc
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$		
	(ii) Assets Inc	luded in Form 990, Part X		<b>►</b> \$		
2	If the organiza	tion received or held works of art, histo	orical treasures, or other similar assets for S 116 (ASC 958) relating to these items	· <del></del>		
а	Revenues incli	uded in Form 990, Part VIII, line 1		<b>►</b> \$		

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	itorical I	reasur	es, or O	tner	<u>' Similar As</u>	ssets (	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, cl	neck any of	the follo	wing that a	re a	sıgnıfıcant use	e of its	
а	Public exhibition		d	┌ Loan	or exch	ange progr	ams			
b	Scholarly research		e	┌ Othe	r					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	w they furth	er the or	rganızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit o							llar	_	_
	assets to be sold to raise funds rather than t		-					" -	┌ Yes	l No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an					answere	α "Υ€	es" to Form s	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table		_				
								1A	nount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•					┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been pro	ovided in P	art X	III		. Г
Pa	rt V Endowment Funds. Complete									
1_	Barrana of warmhalana	(a)Current year 29,751,278	(b)	Prior year 28,598,589		o years back 28,181,704		hree years back 25,742,667	(e)Four	28,112,017
1a b	Beginning of year balance	66,212		865,598		310,227	-	158,681		404,277
C	Net investment earnings, gains, and losses	00,212		003,330		310,227		130,001		101,277
	wet investment earnings, gams, and losses	1,106,314		287,091		124,663	_	2,280,356		-2,773,627
d	Grants or scholarships	0		0		18,005		0		0
е	Other expenditures for facilities and programs	o		0		0		0		0
f	Administrative expenses	0		0		0		0		0
g	End of year balance	30,923,804		29,751,278		28,598,589		28,181,704		25,742,667
2	Provide the estimated percentage of the curi	ent year end balan	ice (lir	ne 1g, colum	nn (a)) h	eld as				
а	Board designated or guasi-endowment ▶	35 94 %	•							
b	Permanent endowment ► 64 06 %									
С		) %								
_	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that are hel	d and ac	dministered	l for t	:he		
	organization by								Ye	<del></del>
	(i) unrelated organizations						•	3a	_	No No
ь	(ii) related organizations						٠. ٠	3	_	1
4	Describe in Part XIII the intended uses of th	•								<u></u>
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa							
	Description of property			(a) Cost of basis (inve		(b)Cost or obasis (oth		(c) Accumulate depreciation		) Book value
1a	Land				0		0			0
b	Buildings				0		0		0	0
c	Leasehold improvements				0		0		0	0
	Equipment		•		0	148	3,460	90,	529	57,931
					0		0		0	0
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colι	ımn (B), lıne	10(c).)			<b>►</b>		57,931

Part VIII Investments—Other Securities. Se		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives	25,599,909	F
(2)Closely-held equity interests		
Other		
	<del></del>	
	<del></del>	
Tabl. (Caluma (h) anna anna Farra 000, Dart V. ani (B) kan 12 )	<b>b</b> 35 500 000	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	25,599,909	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X		
<b>(a)</b> Des	cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	:15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990. Par		
Part X Other Liabilities. See Form 990, Par	rt X, line 25.	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25.	
Part X Other Liabilities. See Form 990, Par	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability	rt X, line 25. (b) Book value	

_			
	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	<u>eturn</u>
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	
Part	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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	THE ENDOWMENTS OF WACO FOUNDATION ARE INTENDED TO PROVIDE INCOME TO VARIOUS CHARITABLE ORGANIZATIONS AND ACTIVITIES IN MCLENNAN COUNTY, TEXAS AS WELL AS MAINTAIN THEIR REAL VALUE OVER TIME SOME ENDOWED FUNDS ARE ESTABLISHED TO PROVIDE SUPPORT FOR SPECIFIC, DESIGNATED CHARITIES OTHER FUNDS, ESTABLISHED FOR GENERAL CHARITABLE COMMUNITY BETTERMENT OR A SPECIFIC CHARITABLE FIELD OF INTEREST, WILL PROVIDE GRANTS OF INCOME TO DIFFERENT CHARITIES EVERY YEAR ACCORDING TO COMMUNITY NEEDS AND THE FINDINGS OF THE DELIBERATIONS OF THE ORGANIZATION'S BOARD OF TRUSTEES
SchD_P10_S00_L02	Schedule D, Part X, Line 2	THE FOUNDATION HAS BEEN GRANTED EXEMPTIONS FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS (INCLUDING WHETHER EXEMPT INCOME MIGHT BE DETERMINED TO BE UNRELATED BUSINESS INCOME AND WHETHER IT HAS PROPERLY MAINTAINED ITS EXEMPT STATUS) IF SUCH POSITIONS ARE PROBABLE OF BEING SUSTAINED (I E, PROBABLE THAT ADJUSTMENTS WOULD NOT BE DETECTED AND MADE BY TAXING AUTHORITIES) RECOGNIZED INCOME TAX PROVISIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% OF BEING REALIZED CHANGES IN THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE FOUNDATION RECORDS INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN MANAGEMENT AND GENERAL EXPENSES THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS PRIOR TO 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493048015524

**Employer identification number** 

SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

WA C (	O FOUNDATION				74-6054628	
Pai	rt I General Information "Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	zation answered
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	jibility for the g	grants or assis	tance, and the selection	on criteria used to aw	ard
2	For grantmakers. Describe in the United States.					ınds outsıde
3	Activites per Region (The follow  (a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	
	Central America and the Caribbean	0		Investments		7,610,00
b	Sub-total Total from continuation sheets to Part I Totals (add lines 3a and 3b)	0	0			7,610,00

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete of the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

-	(b) IRS code	<b>(c)</b> Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) A mount of	(h) Description	(i) Method of
(a) Name of	section		grant	cash grant	cash	of non-cash	of non-cash	valuation
organization	and EIN (if				disbursement	assistance	assistance	(book, FMV,
	applicable)							appraisal, other)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities.

ო

Schedule F (Form 990) 2012

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

appraisal, other) (h) Method of (book, FMV, valuation (g) Description of non-cash assistance (f) A mount of assistance non-cash (e) Manner of cash disbursement (d) A mount of cash grant Part III can be duplicated if additional space is needed. (c) Number of recipients (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2012

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<b>~</b>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ন	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<u> ~</u>	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<u> ~</u>	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	[৵	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	l Information
Part v	Supplementa	ii intormatioi

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493048015524 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

**Grants and Other Assistance to Organizations,** 

Attach to Form 990 **Inspection** Name of the organization Employer identification number WACO FOUNDATION 74-6054628 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 43

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

Schedule I (Form 990) 2012	2					Page 2
Partill Grants and Part III can b	<b>Other Assistan</b> be duplicated if a	<b>Grants and Other Assistance to Individuals in the United</b> Part III can be duplicated if additional space is needed.	I —	s. Complete if the or	ganization answered "Yes" t	States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
(a)Type of grant or assistance	assistance	( <b>b</b> )Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS PAID TO INSTITUTIONS	0 T O	240	255,380	0		
Part IV Suppleme	Supplemental Information.	ion.				
Complete this part to provide the information required in Part I,	le the information re	equired in Part I, line 2	line 2, Part III, column (b), and	and any other additional information	formation	
Identifier	Return Reference		Explanation			
SchI_P01_S00_L02	Schedule I, Part I, Line 2		EACH GRANT RECIPIENT IS AWARD AND INSTRUCTION AND CAPACITY BUILDING THE SIGNED CONTRACT M ACCESS THE FUNDS, THE C WHEN, WHERE AND HOW TH	S EMAILED AN AWARG NS ON HOW TO REQUE SCHEDULES A MEETI UST BE RETURNED TO NGANIZATION MUST HE MONEY WAS SPENT	ST DISBURSEMENTS IF NECE ST DISBURSEMENTS IF NECE NG WITH THE RECIPIENT IF FI WACO FOUNDATION BEFORE SUBMIT A CHECK REQUEST A	EACH GRANT RECIPIENT IS EMAILED AN AWARD LETTER AND CONTRACT OUTLINING THE TERMS OF THE GRANT AWARD AND INSTRUCTIONS ON HOW TO REQUEST DISBURSEMENTS IF NECESSARY, THE DIRECTOR OF GRANTS AND CAPACITY BUILDING SCHEDULES A MEETING WITH THE RECIPIENT IF FURTHER EXPLANATION IS REQUIRED THE SIGNED CONTRACT MUST BE RETURNED TO WACO FOUNDATION BEFORE THE FIRST DRAW CAN BE MADE TO ACCESS THE FUNDS, THE ORGANIZATION MUST SUBMIT A CHECK REQUEST AND EXPENSE DOCUMENTATION OF WHEN, WHERE AND HOW THE MONEY WAS SPENT THE DIRECTOR OF GRANTS AND CAPACITY BUILDING REVIEWS

AND APPROVES THE CHECK REQUESTS AND DOCUMENTATION, ANY DISCREPANCIES BETWEEN HOW THE MONEY

WHICH STATES WHICH ORGANIZATIONS HAVE OR HAVE NOT MADE DRAWS, AND WHICH HAVE EXPENDED THEIR GRANTS IN ADDITION, THEY REVIEW A LIST OF CHECKS WRITTEN OVER \$500, WHICH INCLUDES CHECKS TO

CAPACITY BUILDING MAINTAINS THE GRANT FILES MONTHLY, THE TRUSTEES REVIEW A GRANTS REPORT,

WAS SPENT AND THE GRANT REQUEST ARE IMMEDIATELY ADDRESSED THE DIRECTOR OF GRANTS AND

ORGANIZATIONS ARE REQUIRED TO COMPLETE AN INTERIM EVALUATION REPORT SIX MONTHS AFTER THE

GRANT HAS BEEN AWARDED AND A CLOSE-OUT REPORT UPON FINAL DRAW

GRANTEES, AND ARE APPRISED OF ANY REQUESTS FOR REALLOCATION OR RESCISSION OF FUNDS

**Software ID:** 12000197

Software Version: v1.00

**EIN:** 74-6054628

Name: WACO FOUNDATION

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALDERSGATE ENRICHMENT CENTER INC PO BOX 1406 BROWNWOOD,TX 76804	75-2213280	501(c)(3)	10,000				GENERAL SUPPORT
BAYLOR UNIVERSITY - DEVELOPMENT OFFICE1 BEAR PL UNIT 97026 WACO,TX 767987026	74-1159753	501(c)(3)	397,040				EXCELLENCE FUND, ENTREPRENEURIAL FUND, FOOTBALL STADIUM CONSTRUCTION, ATHLETIC SCHOLARSHIP FUNDS, SCIENCE INTERACTIVE

	(h) Purpose of grant or assistance	HISTORIC PRESERVATION	PREGNANCY PREVENTION
tes	(g) Description of non-cash assistance		
s in the United Sta	(f) Method of valuation (book, FMV, appraisal, other)		
and Organization	(e) Amount of non- cash assistance		
to Governments	(d) Amount of cash grant	30,000	005'6
d Other Assistance	(c) IRC Code section (d) Amount of cash if applicable grant	501(c)(3)	501(c)(3)
rt II, Grants and	<b>(b)</b> EIN	23-7382016	74-2345781
Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization orgovernment	BOSQUE MUSEUMPO BOX 345 CLIFTON, TX 76634	CARE NET PREGNANCY CENTER OF CENTRAL TEXAS INC4700 W WACO DR WACO,TX 76710

	( <b>h</b> ) Purpose of grant or assistance	CORPORATE CAMPAIGN, GENERAL SUPPORT, FEAST OF CARING	NEW WACO FACILITY
tes	(g) Description of non-cash assistance		
s in the United Sta	(f) Method of valuation (book, FMV, appraisal, other)		
and Organizations	(e) A mount of non- cash assistance		
to Governments	(d) Amount of cash grant	270,098	000'09
d Other Assistance	(c) IRC Code section (d) Amount of cash if applicable grant	501(c)(3)	501(c)(3)
rt II, Grants and	<b>(b)</b> EIN	74-1711575	75-1035606
Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization or government	CARITAS OF WACO300 SOUTH 15TH STREEET WACO,TX 76701	CARTER BLOODCARE - BEDFORDTHE COLONADE 206 ARCHWAY DR WOODWAY, TX 76712

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	t II, Grants an	d Other Assistance	to Governments	and Organization	s in the United Stat	es	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTRAL TEXAS ASTRONOMICAL SOCIETY INC8301 BOSQUE BLVD WACO,TX 76712	74-2895690	501(c)(3)	15,000				GENERAL SUPPORT
CONGREGATION AGUDATH JACOB4925 HILLCREST DR WACO,TX 76710	74-1200140	501(c)(3)	16,420				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Govern	t II, Grants ar	nd Other Assistance	to Governments	and Organization	nments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount if applicable grant	(d) Amount of cash grant	of cash <b>(e)</b> Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COUNCIL ON FOUNDATIONS2121 CRYSTAL DR STE 700 ARLINGTON, VA 222023706	13-6068327	501(c)(3)	5,540				\$500
CULTURAL ARTS OF WACO 801 WASHINGTON AVE STE 405 WACO,TX 767011260	05-0616886	501(c)(3)	270,047				BRANDING THE BRAZOS PROJECT, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	rt II, Grants ar	nd Other Assistance	to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FUZZY FRIENDS RESCUE PO BOX 20966 WACO,TX 76702	75-2699210	501(c)(3)	9,450				GENERAL SUPPORT
GREATER WACO CHAMBER OF COMMERCEPO BOX	74-0967440	501(c)(3)	20,000				THE MOMENTUM FUND

1220 WACO,TX 767031220

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	t II, Grants an	d Other Assistance	to Governments	and Organization	rnments and Organizations in the United States	tes	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEART OF TEXAS COMMUNITY HEALTH CENTER INC DBA FAMILY HEALTH CENTER1600 PROVIDENCE DR WACO,TX 76707	74-2867580	501(c)(3)	310,000				DENTAL CARE
HILLCREST BAPTIST MEDICAL CENTER100 HILLCREST MEDICAL BLVD WACO,TX 76712	74-1161944	501(c)(3)	25,000				CANCER CENTER CAMPAIGN, CRITICAL CARE NURSE TRAINING

	(h) Purpose of grant or assistance	SPONSORSHIP OF ANTIQUES SHOW, GENERAL SUPPORT	GENERAL SUPPORT	
ıtes	(g) Description of non-cash assistance			
s in the United Sta	(f) Method of valuation (book, FMV, appraisal, other)			
and Organization	(e) Amount of non- cash assistance			
to Governments	(d) Amount of cash grant	17,501	13,026	
l Other Assistance	(c) IRC Code section (d) Amount of cash if applicable grant	501(c)(3)	501(c)(3)	
rt II, Grants and	( <b>b</b> ) EIN	74-1563772	74-2355124	
Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization orgovernment	HISTORIC WACO FOUNDATION INC810 S 4TH ST WACO,TX 76706	HUMANE SOCIETY OF CENTRAL TEXAS2032 CIRCLE ROAD WACO,TX 76706	

(a) Name and address of (b) EIN	Form 990,Schedule 1, Part II, Grants and Other Assistance to Govel	e to Governments	rnments and Organizations in the United States	is in the United Sta	tes	
orgovernment	(c) IRC Code section if applicable	(c) IRC Code section (d) Amount of cash riapplicable grant cash assistance	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JEWISH FEDERATION OF WACO AND CENTRAL TEXASPO BOX 8031 WACO,TX 76714	501(c)(3)	37,708				GENERAL SUPPORT
MCLENNAN COMMUNITY 74-2550278 COLLEGE FOUNDATION 1400 COLLEGE DR WACO, TX 76708	501(c)(3)	25,446				SCHOLARSHIP FUNDS, EDUCATION, GENERAL SUPPORT

	<b>(h)</b> Purpose of grant or assistance	HELPINGS SNAP OUTREACH	ENCULTURATION NOT INCARCERATION PROGRAM
tes	(g) Description of non-cash assistance		
s in the United Sta	(f) Method of valuation (book, FMV, appraisal, other)		
and Organization	(e) A mount of non- cash assistance		
to Governments	(d) Amount of cash grant	43,200	10,000
d Other Assistance	(c) IRC Code section (d) Amount of cash riapplicable grant cash assistance	501(c)(3)	
rt II, Grants an	<b>(b)</b> EIN	26-2874339	74-6002492
Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization or government	MCLENNAN COUNTY HUNGER COALITION300 S 15TH ST WACO,TX 767011704	MCLENNAN COUNTY JUVENILE BOARD2601 GHOLSON RD WACO,TX 76704

Form 990,Schedule I, Part II, Grants and Other Assistance to Gover	rt II, Grants an	d Other Assistance	to Governments	and Organization	rnments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
MEALS & WHEELS - CENTRAL TEXAS SENIOR MINISTRYPO BOX 85 WACO,TX 76703	74-1776447	501(c)(3)	32,328				GENERAL SUPPORT
METHODIST CHILDREN'S HOME1111 HERRING AVE WACO,TX 76708	74-1109750	501(c)(3)	10,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	rt II, Grants aı	nd Other Assistance	to Governments	and Organization	nments and Organizations in the United States	ies	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MISSION WACO MISSION WORLD INC1315 N 15TH ST WACO,TX 76707	74-2605621	501(c)(3)	5,716			J	GENERAL SUPPORT
MYOTONIC DYSTROPHY FOUNDATIONPO BOX 29543 SAN FRANCISCO, CA 94129	20-5014628	501(c)(3)	10,000			0, 11	SAM'S SQUAD – IN HONOR OF SAM FLORENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	II, Grants an	d Other Assistance	to Governments	and Organization	rnments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH DAKOTA STATE UNIVERSITY DEVELOPMENT FOUNDATIONPO BOX 5144 FARGO,ND 58105	23-7120898	501(c)(3)	21,611			,	AL AND NETTE LUNDEEN SCHOLARSHIP FUND
PLANNED PARENTHOOD OF GREATER TEXAS INC 7424 GREENVILLE AVE STE 206 DALLAS, TX 75231	52-1243220	501(c)(3)	58,155				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	t II, Grants an	d Other Assistance	to Governments	and Organization	rnments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENCE FOUNDATION INC6901 MEDICAL PARKWAY WACO,TX 76712	74-2683112	501(c)(3)	22,000			<u> </u>	CRITICAL CARE NURSE TRAINING, GENERAL SUPPORT
SCOTT & WHITE HEALTHCARE FOUNDATION2401 S 31ST STREET TEMPLE, TX 76508	27-3513154	501(c)(3)	35,000				HILLCREST CANCER TREATMENT CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	t II, Grants an	d Other Assistance	to Governments	and Organizations	nments and Organizations in the United States	ses	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST OLAF COLLEGE1520 ST OLAF AVE NORTHFIELD, MN 55057	41-0693979	501(c)(3)	10,000				ST OLAFCHOIR
ST PAUL'S EPISCOPAL CHURCH601 COLUMBUS AVE WACO,TX 76701	74-1109762	501(c)(3)	28,550				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	t II, Grants an	d Other Assistance	to Governments	and Organization	nments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STORYBOOK CHRISTMAS PO BOX 6088 WACO,TX 767066088	39-2075828	501(c)(3)	5,025				EDUCATION
TALITHA KOUM INSTITUTE (CROSSTIES MINISTRIES) PO BOX 2202 WACO,TX 76703	75-2849153	501(c)(3)	70,558				TRAINING PROGRAM, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	rt II, Grants an	d Other Assistance	to Governments	and Organization	rnments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TEXAS SPORTS HALL OF FAME1108 S UNIVERSITY PARKS DR WACO,TX 76706	74-2603242	501(c)(3)	20,050				GENERAL SUPPORT
THE ARC OF MCLENNAN COUNTY1300 AUSTIN AVENUE WACO,TX 76701	74-6023028	501(c)(3)	37,000				ARC 15-PASSENGER VAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Govern	t II, Grants ar	nd Other Assistance	to Governments	and Organization	nments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE SALVATION ARMY - WACO CORPSPO BOX 268 WACO,TX 76703	58-0660607	501(c)(3)	009'9				GENERAL SUPPORT
THE TSTC FOUNDATION 3801 CAMPUS DR WACO,TX 76705	75-2892470	501(c)(3)	11,933				AEROSPACE PROGRAM, EDUCATION, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Govern	t II, Grants an	d Other Assistance	to Governments	and Organization	nments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITARIAN UNIVERSALIST FELLOWSHIP OF WACO 4209 N 27TH ST WACO,TX 76708	74-6070818	501(c)(3)	10,000				GENERAL SUPPORT
WACO COMMUNITY DEVELOPMENT CORPORATION1624 COLCORD AVENUE WACO,TX 76707	74-2995407	501(c)(3)	74,663				EAST WACO COMMUNITY DEVELOPMENT PLAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Gover	t II, Grants a	nd Other Assistance	to Governments	and Organization	nments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WACO GIRLS CLUB INC DBA KIDS AND COMPANY 1905 WASHINGTON AVE WACO,TX 76701	74-1143145	501(c)(3)	36,736				ENERGY EFFICIENCY
WACO HABITAT FOR HUMANITYPO BOX 2124 WACO,TX 76703	75-2130884	501(c)(3)	222				HOUSE CONSTRUCTION, INFORMATION TECHNOLOGY UPGRADE

Form 990, Schedule I, Part II, Grants and Other Assistance to Govern	t II, Grants an	d Other Assistance	to Governments	and Organization	nments and Organizations in the United States	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section (d) Amount of cash if applicable grant	(d) A mount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WACO ISD EDUCATION FOUNDATIONPO BOX 2369 WACO,TX 76701	74-2728765	501(c)(3)	7,850				GENERAL SUPPORT
WACO-MCLENNAN COUNTY PUBLIC HEALTH DISTRICT225 W WACO DR WACO,TX 76707	74-6002468		23,000				2013 COMMUNITY HEALTH NEEDS ASSESSMENT

	(h) Purpose of grant or assistance	MINIBUS TRANSPORTATION PROGRAM
ıtes	(g) Description of non-cash assistance	
s in the United Sta	(f) Method of valuation (book, FMV, appraisal, other)	
and Organization	(e) Amount of non- cash assistance	
e to Governments	(d) Amount of cash grant	28,576
d Other Assistance	(c) IRC Code section (d) Amount of cash if applicable grant cash assistance	501(c)(3)
rt II, Grants and	(b) EIN	74-2668685
Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States	(a) Name and address of organization or government	YMCA OF CENTRAL TEXAS PO BOX 20515 WACO,TX 76702

DLN: 93493048015524

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WACO FOUNDATION

**Employer identification number** 

74-6054628 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported in Schedule 3, report compensation from the organization on row (i) and from related organizations, described in the

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c) Retirement and	(D) Nontaxable	(D) Nontaxable (E) Total of columns (F) Compensation	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred In prior Form 990
(1) ASHLEY DULSKI (1) EXECUTIVE DIRECTOR	120,659	0	12,000	13,300	4,835 0	150,794	0

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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Part

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

	Explanation
ıal information	Return Reference
lso complete this part for any addition	Identifier

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493048015524

OMB No 1545-0047

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(Form 990)

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

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

**Noncash Contributions** 

Name of the organization WACO FOUNDATION

**Employer identification number** 

74-6054628

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermı		ts
1	Art—Works of art			- 9				
	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	9	125,375	AVG HI/LO VALUE			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles	X	1	1.744	APPRAISED VALU	F		
	Food inventory		_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29			0
	p						Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti			·		30a		No
ь	If "Yes," describe the arrangeme					304		
31	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	noncash			
	contributions?					32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (	a) is checked,			

Page 2

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

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

## 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 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 WACO FOUNDATION

**Employer identification number** 

74-6054628

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	THE DIRECTOR OF FINANCE EMAILS TO THE BOARD OF TRUSTEES A COPY OF THE COMPLETED, UNFILED FORM 990, WITH AN EXPLANATION OF THE MOST IMPORTANT ITEMS OF INTEREST ON THE FORM THE BOARD IS GIVEN TWO WEEKS TO REVIEW THE FORM 990 AND ASK QUESTIONS ABOUT ITS CONTENTS
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	CONFLICTS OF INTEREST ARE DETERMINED AND REVIEWED ON THE LEVELS OF EXECUTIVE DIRECTOR, COMMITTEE MEMBERS AND BOARD MEMBERS IF THERE IS REASON TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OR DUALITY OF INTEREST, THEY WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN UPON FURTHER INVESTIGATION, THE BOARD OR COMMITTEE MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY RESULT IN THE REMOVAL OF THAT PERSON FROM THEIR BOARD POSITION, OR TERMINATION OF EMPLOY MENT, IF AN EMPLOYEE IF A MEMBER DISCLOSES A CONFLICT OR DUALITY OF INTEREST, THEY ARE ALLOWED TO REMAIN IN THE BOARD MEETING DURING DISCUSSIONS, BUT ARE REQUIRED TO ABSTAIN FROM VOTING ON THE SUBJECT
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	THE BOARD USES THE COUNCIL ON FOUNDATION'S SALARY SURVEY, WHICH HAS INFORMATION ON EXECUTIVES FROM OTHER FOUNDATIONS AND INCLUDES COMPARISON DATA RELATED TO SIMILAR ASSET SIZE AND DIFFERENCES IN WAGE RATES BASED ON GEOGRAPHY WACO FOUNDATION CONSIDERS FOR COMPARISON COMMUNITY FOUNDATIONS IN THE 50-100 MILLION ASSET RANGE AND THAT ARE LOCATED IN THE SOUTHWEST REGION OF THE UNITED STATES A COMPENSATION PACKET, WHICH INCLUDES INFORMATION ON EXECUTIVE PERFORMANCE, IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO THE BOARD'S VOTE ON SALARIES, AND IS MAINTAINED AS A PART OF THE ORGANIZATIONAL RECORDS INPUT FROM THE FULL BOARD IS OBTAINED THROUGH FORMAL ONLINE SURVEYS OF OBJECTIVE CRITERIA OR THROUGH THE CHAIRMAN'S POLLING OF BOARD MEMBERS VIA TELEPHONE CALLS AND MEETINGS THE PROCESS FOR SETTING ALL EMPLOYEES' SALARIES IS BASED ON THE SAME SALARY SURVEY AND A PERFORMANCE REVIEW ALL SALARIES ARE APPROVED BY THE BOARD
F990_P06_S0C_L18	Form 990, Part VI, Section C, Line 18	THE FOUNDATION'S MOST RECENTLY FILED FORM 990 IS AVAILABLE ON OUR WEBSITE. FORM 1023 IS AVAILABLE UPON REQUEST
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC

**SCHEDULE R** (Form 990)

## Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

2012

Open to Public Inspection

**Employer identification number** 

Internal Revenue Service

Name of the organization

WACO FOUNDATION

Department of the Treasury

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	The indication of bis educate times (complete in the organization answer	e ii die organization	2	ies to rollingso, Fairty, lille 55.)	רוא, וווופ טטי)		
Nar	( <b>a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
Part II	<b>Identification of Related Tax-Exempt Organizations</b> (Complete if the organ or more related tax-exempt organizations during the tax year.)	tax year.)	the organization a	nswered "Yes"	to Form 990, Pa	inization answered "Yes" to Form 990, Part IV, line 34 because it had one	t had one
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)  Public charity status  (if section 501(c)(3))	(t) Direct controlling entity	(g) Section 512(b) (13) controlled entity?

or more related tax-exempt organizations during the tax year.)	he tax year.)					
(a)	(ф)	(c)	(b)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section 512(t
		or foreign country)		(If section 501(c)(3))	entity	(13) controlle
						entity?

	/ /				l
(a)	(q)	(c)	(d)	(e)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	
		or foreign country)		(if section 501(c)(3))	

		Name, address, and EIN of related organization	(a)
		Primary activity	(a)
	or foreign country)	Legal domicile (state	(c)
		Exempt Code section	(a)
	(If section 501(c)(3))	Public charity status	(e)
_	entity	Direct contr	Ξ

	Name, address, and EIN of related organization	(2)
	Primary activity	(b)
or foreign country)	Legal domicile (state	<u>(c)</u>
	Exempt Code section	(a)
(if section 501(c)(3))	Public charity status	(e)

Name, address, and EIN of related organization	
Primary activity	(0)
or foreign country)	(2)
Exempt Code section	(4)
Public charity status (if section 501(c)(3))	
Direct controllii entity	

WACO FOUNDATION

Yes Yes

No

(1) WF ASSETS INC	TYPE 1 SUPPORTING	XT	501(C)(3)	LINE 11, TYPE 1
1105 WOODED ACRES STE 701	CIVOLINITEDIA			
WACO, TX 76710 74-2783048				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y	5Υ	

Schedule R (Form 990) 2012

	(k) Percentage ownership					
	j) eral or aging tner?	N				
	C General Name of the part of	Yes				
	Share of Dispropritionate Code V—UBI General or ansets allocations? A Schedule K-1 (Form 1065)					
	tionate ons?	No				
	(h)	Yes				
	(g) Share of End-of-year assets					
	(f) (g) (h) Share of Share of Disproprtionat total income end-of-year allocations? assets					
(dv ) = (dv )	Predominant income (related, to unrelated, excluded from tax under sections 512-514)	(, 1)				
ما ماداعاتنال طعالبان ماد بعب / حماء/	(d) Direct controlling entity					
5	(c) Legal domicile (state or foreign country)					
2 2 2	Primary activity Legal domicile (state or foreign country)					
	(a) Name, address, and EIN of related organization					

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

						1				1.0
					No					00,00
	(i) Section 512	(b)(13)	controlled	entity?	Yes					Schodulo D (Form 000) 2012
	(h) Derrentade	ownership								Cohodulo
	(g) Share of end-	of-year	assets							
ıe tax year.)	(f) Share of tots	Income								
ıst aurıng tr	(e) Type of entity	(C corp, S	corp,	or trust)						
poration or tru	(d)	entity	•							
rations treated as a cor	(c)	domicile	(state or foreign	country)						
re related organiz	(b) Primary activity	יווומו) מכניוני								
line 34 because it had one of more related organizations treated as a corporation of trust during the tax year.)	( <b>a)</b> Name address and FIN of	related organization								

Page <b>3</b>		No		No	No		8	§	§	2	ş	Š	ş	Ž	2 2		2 :	2	2	Ž	2 :	2	;	ğ	§		P			
Pā		Yes				Yes				L						<u> </u>		_	_	1		_	_				nvolve			
		l		1a	1b	10	11	1e	11	19	듞	Ή	<u>  ;;;  </u>	+	<u> </u>	<del>-</del>   <del>-</del>	Ę  .	두	요	<u> </u>	<u>;   ,</u>	타	,	<u> </u>	st ]	splou	<b>(d)</b> Ining amoun			
	35b, or 36.)																									who must complete this line, including covered relationships and transaction thresholds	(d) Method of determining amount involved			
			۲ >																							ps and tran	₩ 	1,122,896 CASH		
	"Yes" to Form 990, Part IV, line 34,		ו Parts II-I																							relationshi	(c) Amount involved	1,122,		
	-orm 990		ns listed ir																							ng covered	Amo			
	"Yes" to F		organizatio																							ne, includir	(b) Transaction type (a-s)			
	nswered		e related																							lete this li		U		
	organization answered		one or mor													ation(s)	ation(s)	(s)								must comp				
		hedule	actions with	olled entity											_	ted organiz	ted organiza	rganızatıon												
	complete	V of this sc	wing trans	om a contro									zation(s)		anization(s)	ons tor rela	ons by rela	th related o								" see the instructions for information on				
	ations ((	I, III, or I	of the follo	(iv) rent fr	ition(s)	ızatıon(s)	on(s)						ted organi		elated orga	g solicitati	g solicitati	assets w	s)	0	לשכוושל	xbenses	,	ıtıon(s)	ızatıon(s)	structions				
	Organiz	d in Parts I	gage ın any	oyalties or	ed organiza	ated organ	organizatio	ıızatıon(s)			(s)uoi:	ion(s)	sets to rela		sets from r	rundraisin	fundraisin	ts, or othe	ganızatıon(	, o 1 60 1 60 1	( )   ( )   (	on(s) for ex	-	ed organiza	lated organ	see the ın	ganization			
	Related	tity is liste	ıızatıon enç	ıtıes (iii) r	on to relat	on from rel	for related	lated organ	ation(s)	ızatıon(s)	d organızat	d organizat	or other as		or otner as	nbership or	nbership or	mailing lis	related or		oi gailleach	i organızatı		rty to relat	rty from re	'e 1s "Yes,"	<b>(a)</b> Name of other organization			
112	ons With	1 ıfanyen	d the orgrar	st (ii) annu	I contributi	l contributi	ntees to or	ntees by re	ed organiza	ated organ	from relate	with related	quipment, c	-	quipment,	ices or mer	ices or mer	equipment,	loyees with	7 0 + c   0 1 0 + c	ו וח ובומובח	d by related		sh or prope	sh or prope	of the abov	Nam			
(Form 990) 2012	Transactions With Related Organizations (Complete If the	<b>Note.</b> Complete line $1$ if any entity is listed in Parts II, III, or IV of this schedule	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related organization(s)	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)	6.00	Lease of lacilities, equipment, of other assets from related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)	Dampurrament naud to related organization(c) for evnences	sellelle pair	Reimbursement paid by related organization(s) for expenses	,	Uther transter of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	If the answer to any of the above is "Yes,		<u>∪</u>		
Schedule R (Fo	Part V T	Note. Co	Juring the t							Sale of a		Exchange	Lease of				n Performa									If the ans		(1) WF ASSETS INC		
Sch	Pa		<b>1</b> [	a	Р	U	Ъ	O	<b>-</b>	ס	£	-		<u>-</u>	¥ .	_	Ε	=	0	2	2	Б		<b>-</b>	v	7		(£)		

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered "Yes" to Form 990, Part IV, line 37.)
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-	t Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
			514)	Yes No			Yes	°		Yes No	
									Sched	Schedule R (Form 990) 2012	90) 2012

**Software ID:** 12000197

Software Version: v1.00

**EIN:** 74-6054628

Name: WACO FOUNDATION

Schedule R (Form 990) 2012

Part VII

**Supplemental Information** 

Page **5** 

Complete this part to provide additional information for responses to questions on Schedule R (see instructions) Explanation **Return Reference** Identifier

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