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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)

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

OMB No 1545-0047 Open to Public

		2012 calendar year, or tax year beginning JUL 1, 2012 and ending							
<u>A I</u>	For the	<del></del>	JUN 30, 2013						
В	Check if applicable	C Name of organization	D Employer identification number						
		THE FORTE FOUNDATION							
	Addres: change	C/O ELISSA ELLIS SANGSTER							
Name change Doing Business As 61-145									
Γ	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/	suite E Telephone number						
F	Termin-								
<u></u> -	ated  Amend		G Gross receipts \$ 1,628,303						
늗	Jreturn □Applica	City, town, or post office, state, and ZIP code							
_	tion pending	AUSTIN, IX /0/43	H(a) Is this a group return						
		F Name and address of principal officer: ELLISSA ELLIS SANGSTER	for affiliates? Yes X No						
_	SAME AS C ABOVE  H(b) Are all affiliates included? Yes No								
		mpt status: X 501(c)(3) 501(c)( ) ( Insert no.) 4947(a)(1) or	527 If "No," attach a list. (see instructions)						
J	Website	e: WWW.FORTEFOUNDATION.ORG	H(c) Group exemption number ▶						
K	Form of	organization: X Corporation Trust Association Other L	Year of formation: $2000$ M State of legal domicile: $T$ :						
		Summary							
_		• · · · · · · · · · · · · · · · · · · ·	TE FOUNDATION IS A						
õ	' '	CONSORTIUM OF EDUCATIONAL INSTITUTIONS, BUS							
Гaг		Check this box If the organization discontinued its operations or disposed of	ECEIVATION I						
ē	1	*							
Š		Number of voting members of the governing body (Part VI, line 1a)	AR D A 201A 04						
8	4 1	Number of independent voting members of the governing body (Part VI, line )	AR 24 2014 94						
es	5	Fotal number of individuals employed in calendar year 2012 (Part V, line 2a) 🤼 📉	1005						
Ϋ́	6	Total number of volunteers (estimate if necessary)	======================================						
Activities & Governance	7 a	Fotal unrelated business revenue from Part VIII, column (C), line 12	SDEN, UT 70 0						
٩	l d	Net unrelated business taxable income from Form 990-T, line 34	7ь 0						
			Prior Year Current Year						
	8 (	Contributions and grants (Part VIII, line 1h)	1,106,722. 1,226,998						
Jue		Program service revenue (Part VIII, line 2g)	0. 0						
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	632. 361						
æ	1	• • • • • • • • • • • • • • • • • • • •	296,246. 400,944						
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,403,600. 1,628,303						
_	+	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0						
		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0						
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	733,832. 822,659						
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0						
ĝ	Ь-	Total fundraising expenses (Part IX, column (D), line 25)  83,969.							
ŵ	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	685,035. 801,214						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,418,867. 1,623,873						
		Revenue less expenses. Subtract line 18 from line 12	<15,267.> 4,430						
700	3		Beginning of Current Year End of Year						
Net Assets or	20	Total assets (Part X, line 16)	524,304. 626,336						
SS	3 20 .		481,757. 579,359						
et l	21	Total liabilities (Part X, line 26)	42,547. 46,977						
	22	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	12,311						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s							
true	true, correct, and complete Declaration of preparer other than officer) is based on all information of which preparer has any knowledge.								
Clism of Omoth, 3/10/14									
Sig	Signature of officer Date								
He	re	ELISSA ELLIS SANGSTER, EXECUTIVE DIRECTOR	<u> </u>						
	Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check PTIN						
Pai	id	JACLYN ROBERTS Oldyn hotos	2/19/2014 self-employed P01430592						
Pre	рагег	Firm's name THE WENMOHS GROUP	Firm's EIN > 26-4077125						
Use	Only	Firm's address 5000 PLAZA ON THE LAKE, SUITE 130							
	_ [	AUSTIN, TX 78746	Phone no. 512-658-8757						
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No						

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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C/O ELISSA ELLIS SANGSTER

Pai	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE FORTE FOUNDATION IS A CONSORTIUM OF EDUCATIONAL INSTITUTIONS,
	BUSINESSES, AND NOT-FOR-PROFIT ORGANIZATIONS. THE PURPOSE OF THE
	FORTE FOUNDATION IS TO EDUCATE YOUNG WOMEN ABOUT CAREERS IN BUSINESS,
	POSITIVELY PROMOTE BUSINESS EDUCATION FOR WOMEN, AND TO ENCOURAGE AN
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	EACH YEAR, THE FORTE FOUNDATION OFFERS ABOUT TWO DOZEN EDUCATIONAL AND
	NETWORKING EVENTS THROUGHOUT THE U.S., ABROAD, AND ONLINE. THESE
	EVENTS ARE COMPLIMENTARY TO ATTENDEES AND ARE PAID FOR BY FORTE
	SPONSORS/CONTRIBUTORS. THESE PANEL DISCUSSIONS PROVIDE A FORUM FOR
	WOMEN TO SHARE REAL-LIFE EXPERIENCES ABOUT BUSINESS EDUCATION AND THE
	MULTITUDE OF CAREER OPTIONS AVAILABLE TO WOMEN WITH BUSINESS DEGREES.
	THE LARGEST PROGRAM SERVICE WE OFFER IS A SERIES OF FORTE FORUMS IN 11
	CITIES ACROSS THE U.S. THIS ACCOUNTS FOR APPROXIMATELY \$100,000 OF OUR
	ANNUAL BUDGETED EXPENSES. IT IS SUPPORTED THROUGH REVENUE PAID BY
	EXHIBITORS (SCHOOLS IN ATTENDANCE).
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	OUR SECOND LARGEST PROGRAM SERVICE IS AN ANNUAL CONFERENCE FOR MBA
	WOMEN TO KICK OFF THEIR STUDIES. THE CONFERENCE PROVIDES THESE WOMEN
	WITH INSIGHT INTO THE MBA EXPERIENCE, HOW TO SUCCESSFULLY NAVIGATE THE
	NEXT TWO YEARS, HOW TO PLAN FOR THEIR CAREER POST-MBA AND THE
	OPPORTUNITY TO ENGAGE WITH EMPLOYERS TO EXPLORE CAREER OPPORTUNITIES.
	THIS PROGRAM REQUIRES \$100,000 OF EXPENSES AND IS SUPPORTED THROUGH
	REVENUE OF OUR ANNUAL SPONSORS AND COMPANIES ATTENDING THE CAREER EXPO.
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	THE TWO NEW PROGRAMS - C2B CONFERENCE FOR COLLEGE WOMEN AND THE MBA
	LAUNCH FOR PRE-MBA CANDIDATES FALL INTO OUR THIRD LARGEST PROGRAM
	SERVICE. COMBINED, THESE PROGRAMS ACCOUNT FOR \$100,000 IN PROGRAM
	EXPENSES. THE REVENUE FOR THESE PROGRAMS COMES FROM REGISTRATION FEES,
	CORPORATE SPONSORSHIPS, AND ONE GRANT FROM CITI FOUNDATION TO COVER
	DEVELOPMENT OF A SIMULATION THAT IS USED IN THE C2B CONFERENCE.
	Other program services (Describe in Schedule O)
	(Expenses \$ 1,228,403 • including grants of \$ ) (Revenue \$)
	1 229 402
	Form 990 (2012)

232002 12-10-12

## THE FORTE FOUNDATION

C/O ELISSA ELLIS SANGSTER Form 990 (2012)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
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?			X
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		11
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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	10		
• •	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		X
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ď	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	77	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			3.7
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		$\vdash$	
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Голт	990	(2012)

#### 61-1457145

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#### THE FORTE FOUNDATION C/O ELISSA ELLIS SANGSTER

Form 990 (2012) C/O ELISSA ELLIS S

[Part IV] Checklist of Required Schedules (continued)

	1		Yes	No
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	_	Х
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
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			l
	Schedule J	23		X
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<b> </b> -	<del>-</del>
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	├	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del> </del>	
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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200	<del>                                     </del>	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	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	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			۱
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	
34	Part V, line 1	34		х
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		<b>†</b>	<del></del>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		· -	<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38		X
		Form	990	(2012)

232004 12-10-12

Form 990 (2012) C/O ELISSA ELLIS SANGSTER

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	i i		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	i i		
_	(gambling) winnings to prize winners?	1c	X	Ì
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ŀ
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year 7d	_		<sub>~</sub>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	
_	Sponsoring organizations maintaining donor advised funds.	l °		
9	Did the organization make any taxable distributions under section 4966?	9a		-
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:	55		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)	·		-
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	Ш		
а	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.	_]		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1 1		
С	Enter the amount of reserves on hand	╙		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	065	<u> </u>
		Form	aan	12011

Form 990 (2012)

C/O ELISSA ELLIS SANGSTER

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

	Check if Schedule O contains a response to any question in this Part VI					X		
Sec	tion 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	1a	15	;				
	If there are material differences in voting rights among members of the governing body, or if the governing		<del>-</del>	1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	anv other	1		,		
	officer, director, trustee, or key employee?		,	2		Х		
3	Did the organization delegate control over management duties customanly performed by or under the	e direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х		
6	Did the organization have members or stockholders?			6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or	<b>—</b>				
	more members of the governing body?			7a		Х		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhi	olders or					
	persons other than the governing body?			7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	e following:					
а	The governing body?	5,	, tonowing.	8a	х			
a b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched :	it the	<del></del>	-			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	Orica i	a a lo	9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	-venue	Code )					
	tion DIT onlock (The decision D requests anothered about periods not required by the internal to	270774			Yes	No		
100	Did the organization have local chapters, branches, or affiliates?			10a	163	X		
		nanter	affiliates	100				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hefo	re filing the form?	10b 11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 50.0	o ming the form.	1				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	licts?	12b				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y							
Ŭ	in Schedule O how this was done	,		12c				
13	Did the organization have a written whistleblower policy?			13	<u> </u>	Х		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approve	al bv ir	dependent					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		• • • • • • • • •					
а	The organization's CEO. Executive Director, or top management official			15a	х			
	Other officers or key employees of the organization			15b	Х			
-	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 arrange	nent v	nth a					
_	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its r	articipation					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
	exempt status with respect to such arrangements?			16b	ĺ			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Sect	on 501(c)(3)s only)	availat	ole			
-	for public inspection. Indicate how you made these available Check all that apply.		•					
	Own website X Another's website X Upon request Other (explain	ın Sch	edule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, a	nd finai	ncial			
-	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 a	nd rec	ords of the organiz	ation:	•			
-	ELISSA ELLIS SANGSTER - 512-288-5476		J	_				
	7600 MITRA DRIVE, AUSTIN, TX 78739							
23200								

Form 990 (2012)

C/O ELISSA ELLIS SANGSTER

Part VII	Compensation of Officers, Directors,	Trustees, k	Key Employees,	Highest Compensated
,	Employees, and Independent Contract	ctors		

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	offic	, unle	Position theck more than one ss person is both an ad a director/trustee)			h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ELISSA ELLIS SANGSTER EXECUTIVE DIRECTOR	40.00	x		x				130,142.	0.	0.
(2) DENISE MONTANA	40.00		<u> </u>	1		H		130,142.	0.	- 0
DIRECTOR OF CORPORATE PROGRAMS	40.00	x						109,012.	0.	0.
(3) LISA CHEN	40.00	==	┢	$\vdash$	$\vdash$		Н	205,022		
DIRECTOR OF MARKETING		X	<u> </u>					94,295.	0.	0.
		$\vdash$			_	_	_	· · · · · · · · · · · · · · · · · · ·		
	-	l								
	-									
										-
				-						
-			_							
								<u> </u>		<del></del>
										-
					-		-			
				<u> </u>	-	-				
		$\vdash$	_		lacksquare					
		1	l	l	l	l				

Part VII Section A. Officers, Directors, Tru		Picy	CCS			yne	si C					<b>/</b> E`	
` (A) Name and title	(B) Average hours per week	rage (do not box, uni officer a		Pos heck ss pe	more rson	than is bot	h an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related		an	(F) timate nount o other	
	(list any hours for related organizations below	ual trustee or director	Institutional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		com fr orga	pensa om the anizati d relate	e Ion ed
	line)	Individual I	Institut	Officer	Key employee	Highes employ	Former				- Orga		——
			_			-	_						
		_				-					<u></u>		
											,		
			_		_								
1b Sub-total		<u> </u>				<u> </u>		333,449.		0.			0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)						<b>&gt;</b>		333,449.		0.		-	0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportable	e 		Yes	No.
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		- 3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1									the organization		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co	•				•		relat	ed organization or indiv	idual for services		5		х
Complete this table for your five highest of the organization. Report compensation for the organization.										pens	ation f	rom	
(A) Name and busines			ONI		VILIT	OI W		(B)  Description of s		C	(C		
		_											
					· · · · · · ·								
							4						
2 Total number of independent contractors	-	not lu	mıte	d to		_	stec	d above) who received m	nore than			_	
\$100,000 of compensation from the orga	nization >					<u> </u>					Form 9	990 c	2012)

#### THE FORTE FOUNDATION C/O ELISSA ELLIS SANGSTER

Form 990 (2012) C/O ELI
Part VIII Statement of Revenue

<b></b>	•		Check if Schedule O conta	ans a response to	o any guestion	ın thıs Part VIII			
			GROOKII GOLIGOODO O GOLIG			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	s, and /e 1f 1 ,	180,510.	` .		2 % %	š.
<u>5 ह</u>		h_	Total. Add lines 1a-1f		<u> </u>	1,226,998.			
Program Service Revenue		a b c d			Business Code				
igo H		е							
<u>.                                    </u>		f	All other program service reve	nue			<u></u>		
		g	Total. Add lines 2a-2f				\$	_	
	3 4		Investment income (including other similar amounts) Income from investment of tax			361.	361.		
	5		Royalties	,	•				
	Ĭ		Tioyamoo	(ı) Real	(II) Personal				
	6	а	Gross rents	Wille		1			<i>*</i>
			Less: rental expenses			1			
			Rental income or (loss)				,		
			Net rental income or (loss)		<b>•</b>	1	· ` `		
			Gross amount from sales of	(i) Securities	(II) Other				
	•	_	assets other than inventory	(V Colorest		1		*	
		h	Less: cost or other basis			,,	,	ś	
			and sales expenses						
	l	_	Gain or (loss)			1			
			Net gain or (loss)		<b></b>	1	- **		- "
enne	1		Gross income from fundraisin including \$	g events (not of				• • •	
Other Reve			contributions reported on line Part IV, line 18	1c). See <b>a</b>			^		
Ę			Less direct expenses	b	<u> </u>	1			
_			Net income or (loss) from fund		<u> </u>				
	9	а	Gross income from gaming ac	ctivities. See					
			Part IV, line 19	a		1	, i		,
			Less. direct expenses	b		-			
			Net income or (loss) from gan			<b></b>			
	10	а	Gross sales of inventory, less				,	*	
			and allowances	a .	<del></del> _	1			`
			Less: cost of goods sold	<b>b</b>					
		С	Net income or (loss) from sale		D				
	<u> </u>		Miscellaneous Revenu	Je	Business Code 900099	167,858.	167,858.		
	11				900099	130,086.		<u> </u>	<u> </u>
		b	FORTE FORUMS		900099	103,000.			
	1	C	FAST TRACK		300033	103,000.	103,000.		<del>-</del>
		d	All other revenue			400,944.			
			Total revenue See instructions			1,628,303.		0.	0.
2320	<b>12</b>		Total revenue. See instructions.			_,020,505.			Form <b>990</b> (2012)
2320 12-10	)-12					_			. 5 555 (2012)

## THE FORTE FOUNDATION C/O ELISSA ELLIS SANGSTER

Form 990 (2012)

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	<del></del>
	Check if Schedule O contains a respon		s Part IX	(6)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			,	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				<u>,</u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	222 440	102 626	115 000	22 015
	trustees, and key employees	333,449.	193,636.	115,898.	23,915.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	261 774	290,914.	EO 164	11,696.
7	Other salanes and wages	361,774.	290,914.	59,164.	11,090.
8	Pension plan accruals and contributions (include	17 600	10 612	E 607	1 211
	section 401(k) and 403(b) employer contributions)	17,623.	10,612. 36,060.	5,697. 10,746.	1,314. 5,731.
9	Other employee benefits	52,537.		10,740.	6,248.
10	Payroll taxes	57,276.	39,312.	11,716.	0,248.
11	Fees for services (non-employees):				
а	Management				<del></del>
b	Legal		· · · · · · · · · · · · · · · · · · ·	-	
	Accounting			-	<del></del>
d	, · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	62,380.	11,165.	30,700.	20 515
	column (A) amount, list line 11g expenses on Sch 0.)	188,248.	136,427.	43,644.	20,515. 8,177.
12	Advertising and promotion	3,618.	3,443.	175.	0,177.
13	Office expenses	67,890.	45,709.	19,480.	2,701.
14	Information technology	07,050.	43,703.	17,400.	2,701.
15	Royalties	····			
16	Occupancy	73,522.	69,022.	2,430.	2,070.
17	Travel	75,522.	05,022.	2, 30.	2,0701
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	360,891.	360,891.		
19	Conferences, conventions, and meetings	300,031	300,0310		
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization				<del></del>
22	Insurance				
23	Other expenses. Itemize expenses not covered			,	
24	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 0.)	,		\$	
а	MISCELLANEOUS	28,590.	17,416.	9,776.	1,398.
b	TELECOMMUNICATIONS	8,582.	8,153.	429.	0.
C	EQUIPMENT AND MAINTENAN	4,222.	2,747.	1,291.	184.
d	PRINTING AND SHIPPING	3,271.	2,896.	355.	20.
_	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses. Add lines 1 through 24e	1,623,873.	1,228,403.	311,501.	83,969.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					- 000 (no.45)

#### THE FORTE FOUNDATION C/O ELISSA ELLIS SANGSTER

Part X	Bál	ance	Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Pa			
		(A) Beginning of year		<b>(B)</b> End of year
	Oach and with a second	142,106.	1	239,588
	Cash - non-interest-bearing	287,941.	2	213,301
2	Savings and temporary cash investments	207,341.	3	213,301
3	Pledges and grants receivable, net	70,383.	4	145,039
4	Accounts receivable, net		"	143,033
5	Loans and other receivables from current and former officers, direct		1 1	
	trustees, key employees, and highest compensated employees. Co	inbiere	5	,
	Part II of Schedule L  Loans and other receivables from other disqualified persons (as def	inod under	<del>ĬĬ</del>	
6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	I		
	employers and sponsoring organizations of section 501(c)(9) volunt	I		
ļ	employees' beneficiary organizations (see instr). Complete Part II of	I	6	
g   7	Notes and loans receivable, net	30/12	7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	23,874.	9	28,408
10a				<del></del>
'0"	basis. Complete Part VI of Schedule D			
ь		•	10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	- · · · · · · · · · · · · · · · · · · ·
13	Investments - program-related See Part IV, line 11	<del></del>	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	524,304.	16	626,336
17	Accounts payable and accrued expenses	161,479.	17	110,609
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖ္က 21	Escrow or custodial account liability. Complete Part IV of Schedule	D	21	
22	Loans and other payables to current and former officers, directors,	trustees, * *	1	·
21 22 22 22 22 22 22 22 22 22 22 22 22 2	key employees, highest compensated employees, and disqualified	persons.		
-	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
24	Unsecured notes and loans payable to unrelated third parties		24	<u></u>
25	Other liabilities (including federal income tax, payables to related th		1	
ľ	parties, and other liabilities not included on lines 17-24). Complete I	Part X of		460 750
	Schedule D	320,278. 481,757.		468,750 579,359
26_	Total liabilities. Add lines 17 through 25		26	513,333
	· · · · · · · · · · · · · · · · · · ·	X and		
Se	complete lines 27 through 29, and lines 33 and 34.	42,547.	0.7	46,977
27	Unrestricted net assets	42,547.	27	40,511
E 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
른	Organizations that do not follow SFAS 117 (ASC 958), check he	re 🕨 🗀		
S   S	and complete lines 30 through 34.		20	
8 30 30 at	Capital stock or trust principal, or current funds		30	
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund	de	32	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other fund	42,547.		46,977
33	Total net assets or fund balances  Total liabilities and net assets/fund balances	524,304.		626,336
34	Total liabilities and riet assets/fund balances			Form <b>990</b> (2012

Form	990 (2012) C/O ELISSA ELLIS SANGSIER	0 T -	T42/14	<b>у</b> Р	age IZ
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,6	<u>28,</u>	303.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	<u>23,</u>	373.
3	Revenue less expenses. Subtract line 2 from line 1	3			430.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		42,	547.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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		46,	977 <u>.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			1.7	<del></del>
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		— I		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	-	-	X
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	+^-
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	į		
	separate basis, consolidated basis, or both:		ŀ		1
	Separate basis Consolidated basis Both consolidated and separate basis			X	
D	Were the organization's financial statements audited by an independent accountant?		2t	+ ^	<del></del>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	e Dasis	' i	1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	i	1	
·	review, or compilation of its financial statements and selection of an independent accountant?	c addit	20	.	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (		+	+
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ju	Act and OMB Circular A-133?		32		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ıred au			$\top$
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			. [	
			For	n <b>99</b> 0	(2012)

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

.

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

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

THE FORTE FOUNDATION

OMB No 1545-0047

**2012** 

Open to Public Inspection

Employer identification number

			SSA ELLIS SA						6	<u> 1-14571</u>	<u>.4</u> 5
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this part	.) See inst	tructions.			
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>s</b> e	ction 170	(b)(1)(A)(i)	).			
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
з 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 🗀	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II.)								
6 🔲	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X											
	section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)								
8 🖳	A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗀	An organizati	on that normally rec	eives (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembershi	p fees, a	and gross rece	pts from
	activities rela	ted to its exempt fur	nctions - subject to certa	an excepti	ons, and (	2) no more	than 33 1	1/3% of its	suppor	t from gross in	vestment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 30	, 1975.
	See section	<b>509(a)(2).</b> (Complete	e Part III.)								
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	n 509(a)(4	4).			
11 📖	An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of	one or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	?). See <b>se</b> c	ction <b>509</b> (	<b>a)(3).</b> Ch	eck the box th	hat
	describes the	· · · · · · · · · · · · · · · · · · ·	organization and compl		_						
	a	=	•	ype III - Fu	·=	-				n-functionally	•
e 📖	-		at the organization is not						•	-	
		-	han one or more publicly		_				9(a)(1) or	section 509(a	1)(2).
f	If the organiz	ation received a writ	tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
		rganızatıon, check th									
9	_		organization accepted ar			-				_	
		-	lirectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ıı) and (	iii) below		Yes No
	•		upported organization?							11g(i)	
	• •	•	n described in (i) above?							11g(ii)	
_			person described in (i) o							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
		I	F	Viv.) In the c	organization	(v) Did vo	notific the	(vi) Is	the	T	
	of supported	(ii) EiN	(iii) Type of organization (described on lines 1-9		sted in your	erganizat	notify the	Torganizátio	on in col.	(vii) Amount o	_
orga	anization		above or IRC section		document?		support?	(i) organız U.S	ea in the	suppo	лı
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
		<u> </u>		1.00	<del>                                     </del>			1.00			
				1							
				<del>                                     </del>				<del> </del>			
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				<del> </del>	<del> </del>			<del>                                     </del>	<del> </del>	-	
		<del>-</del>		<del>                                     </del>	<del> </del>			<del>                                     </del>			
								1			
	<del></del>			1				<del>"-</del>	<del>                                     </del>		
Total									1		
	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (For	m 990 or 990	-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 C/O ELISSA ELLIS SANGSTER

| 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.)

Sec	tion A. Public Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		• • • • • • • • • • • • • • • • • • • •	•	•		
	membership fees received (Do not						
	include any "unusual grants.")	1,116,625.	966,809.	1,038,182.	1,106,722.	1,226,998.	5,455,336.
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,116,625.	966,809.	1,038,182.	1,106,722.	1,226,998.	5,455,336.
	The portion of total contributions	, , ,			· · · · · · · · · · · ·		<del></del>
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	Public support. Subtract line 5 from line 4					·	5,455,336,
	etion B. Total Support						-, 100, 000.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2000	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1,116,625.	(b) 2009 966, 809.	1,038,182.	1,106,722.	1,226,998.	5,455,336.
	Gross income from interest,	_,			_,,,	_,,	
0	dividends, payments received on						
	'''				·		
	securities loans, rents, royalties and income from similar sources	2,468.	935.	1,379.	632.	361.	5,775.
	Net income from unrelated business	2,2001		2,0,0		3020	
9	activities, whether or not the						
	•						
40	business is regularly carned on						
IU	Other income Do not include gain						
	or loss from the sale of capital	81 200.	112,464.	157 150	123 338.	167 858	642,010.
44	assets (Explain in Part IV.)  Total support. Add lines 7 through 10	01,200.	112,101	137,1301	123,330.	107,0301	6,103,121.
	Gross receipts from related activities,	ete /eee instructi		<del></del>		12	-,2,2-2-
	First five years. If the Form 990 is for			d fourth or fifth to	v vear as a sectio		
13	organization, check this box and stop	-	s mst, second, time	a, 1001tt1, 01 111t11 to	ix year as a sectio	11 30 1(0)(3)	ightharpoonup
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2012 (I			olumn (fl)		14	89.39 %
	Public support percentage from 2011			0.0 (.,,		15	90.80 %
	33 1/3% support test - 2012. If the c			n line 13, and line 1	14 is 33 1/3% or n		
100	stop here. The organization qualifies					10.0, 0.1001. 1.110 20	<b>►</b> X
H	33 1/3% support test - 2011. If the o				line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization quali	•		•			▶□
179	10% -facts-and-circumstances test				e 13, 16a, or 16b a	and line 14 is 10%	or more.
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	·	non alo organ	<b>&gt;</b>
	10% -facts-and-circumstances test	_			-	17a, and line 15 is	10% or
L	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
12	Private foundation. If the organization		•				
.0	THE TOUR PARTIE OF THE PARTIE	S.CC. GIOCK G		.,,,		dule A (Form 990	

232022 12-04-12

# Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails t
gualify under the tests listed helpy, places complete Part II \

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
2	include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the		<del></del>				
	organization's tax-exempt purpose			<del></del>			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 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						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				*		
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b					<u> </u>	· · · · · · · · · · · · · · · · · · ·
11							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a section	on 501(c)(3) organiz	zation,
- •	check this box and stop here	g	, <del>-, -, -, -, -, -, -, -, -, -, -, -, -, -</del>		, == =====	(-/(-/ g-/ ···	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15				column (f))		15	%
16	Public support percentage from 2011					16	%
Se	ction D. Computation of Inve						
17	Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2011</b> Schedule A,	Part III, line 17			18	%
19:	a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che		· ·	· ·		-	₹;
<u>20</u>	Private foundation. If the organization	n did not check a	pox on line 14, 19	a, or 190, check ti	nis dox and see in	structions	

232023 12-04-12

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

THE FORTE FOUNDATION

C/O ELISSA ELLIS SANGSTER

Employer identification number 61-1457145

Do	t I Organizations Maintaining Donor Advise		Accounts Complete of the
Par			Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised farius	(b) I dilds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<del></del>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for chantable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	
	impermissible private benefit?		Yes No
Par			V, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	= .	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the	organization's accounting for
-	conservation easements.	Art Historical Transvers or Othe	v Cimilar Assats
Pal	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		> \$ > \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 958) relating to these items:	<b>•</b>
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

	THE FOR	TE FOUNDAT	ION					
	ddio B (1 81111 888) <u>2812</u>	SSA ELLIS						Page 2
Par	t III Organizations Maintaining (							
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are a s	significant	use of its	collection	n items
	(check all that apply):		<u></u>					
а	Public exhibition	c		change programs				
b	Scholarly research	e	e L Other					
¢	Preservation for future generations							
4	Provide a description of the organization's of	· · · · · · · · · · · · · · · · · · ·	•	-		ose in Par	t XIII.	
5	During the year, did the organization solicit				ır assets		٦	
D	to be sold to raise funds rather than to be m						<u> Yes_</u>	No_
Pai	t IV Escrow and Custodial Arran	-	ete if the organization	on answered "Yes" to	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa				l l l			
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribution	ns or other assets no	t included		٦٧	□ No
	on Form 990, Part X?		. ()				<b>」Yes</b>	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	bliowing table:				Amount	
_	Regioning balance				1c		Amount	
C	Beginning balance Additions during the year				1d			
a e	Distributions during the year				1e			
f	Ending balance				1f	-		
2a	Did the organization include an amount on F	Form 990 Part X line	217				Yes	No
	If "Yes," explain the arrangement in Part XIII			n provided in Part XIII				
	rt V Endowment Funds. Complete							
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance							
b								
	Contributions							
С	Contributions  Net investment earnings, gains, and losses							
c d								
	Net investment earnings, gains, and losses							
d	Net investment earnings, gains, and losses Grants or scholarships							
d e	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities							
d e	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs							
d e f	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur	rrent year end baland	ce (line 1g, column (	a)) held as:				
d e f g	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance		ce (line 1g, column (	a)) held as:				
d e f g	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment	%		a)) held as:				
d e f g 2 a	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment	% %		a)) held as:				
d e f g 2 a b c	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho	% 	_%					
d e f g 2 a b c	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the possi	% 	_%		the organi	zation		
d e f g 2 a b c	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the possibly:	% 	_%		the organi	zation		Yes No
d e f g 2 a b c	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the possible:  (i) unrelated organizations	% 	_%		the organi	zation	3a(i)	Yes No
f g 2 a b c	Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the possibly:	wild equal 100%. ession of the organiz	% cation that are held a		the organi	zation	3a(i) 3a(ii) 3b	Yes No

•			0.

Schedule D (Form 990) 2012

(d) Book value

(c) Accumulated

depreciation

1a Landb Buildings

d Equipmente Other

c Leasehold improvements

(b) Cost or other

basis (other)

(a) Cost or other

basis (investment)

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

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

Description of property

#### THE FORTE FOUNDATION

Schedule D		ELLIS SANGST		61	-1457145 Page 3
	Investments - Other Securities. Se				
	tion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
	al derivatives		<del></del>		<del></del>
	-held equity interests				
(3) Other			+		<del></del>
(A)			-		
(B) (C)	<del></del>				
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Se				
	(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)					
(2)					
(3)					
(4)			<del>- -</del>		
(5)					
(7)					
(8)	·····				
(9)	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
(10)					· ·
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)			,	
Part IX	<u> </u>				
	(a)	Description			(b) Book value
(1)					<del></del>
(2)	<del></del>				
(3)					
(4)					
(5) (6)		<del>.</del>			<del>-</del>
(7)					
(8)					
(9)					
(10)					
	ımn (b) must equal Form 990, Part X, col (B) lin			<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part X,	line 25.			
1.	(a) Description of liability		(b) Book value		
	deral income taxes		160 540		
	CRUED EXPENSES		160,542.		
	EMBERSHIP PREPAYS		308,208.		
(4)		_			
(5)				,	
(6)		-			
(8)					
(9)					
(10)					>
(11)					
	ımn (b) must equal Form 990, Part X, col. (B) lını	e 25)	468,750.		
	(ASC 740) Footnote. In Part XIII, provide the te		organization's financia	statements that rep	ports the organization's
liability	for uncertain tax positions under FIN 48 (ASC 7	740). Check here if the te	xt of the footnote has	been provided in Pa	art XIII

THE FORTE FOUNDATION

Sche	edule D (Form 990) 2012 C/O ELISSA ELLIS SANGSTER		1457145	Page 4
Par		Return		
1	Total revenue, gains, and other support per audited financial statements	1	1,628,	,303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b	7		
C	Recovenes of prior year grants 2c	7		
d	Other (Describe in Part XIII.)	7 '		
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	1,628,	,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	7		
С	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,628,	,303.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	ırn	
1	Total expenses and losses per audited financial statements	1	1,623,	,873.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b	Pnor year adjustments 2b			
С	Other losses 2c	7		
d	Other (Describe in Part XIII )	7		
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	1,623,	,873·
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		ĺ	
b	41	],		
С	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,623,	,873.
Pa	rt XIII Supplemental Information			
Com	plete 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, lın	ie 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation		
				<del></del>
			<del></del>	
				<del></del>

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions

Department of the Treasury

Internal Bevious Secure

Complete to provide information for responses to specific questions

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE FORTE FOUNDATION
C/O ELISSA ELLIS SANGSTER

Employer identification number 61-1457145

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NOT-FOR-PROFIT ORGANIZATIONS. THE PURPOSE OF THE FORTE FOUNDATION IS

TO EDUCATE YOUNG WOMEN ABOUT CAREERS IN BUSINESS, POSITIVELY PROMOTE

BUSINESS EDUCATION FOR WOMEN, AND TO ENCOURAGE AN INCREASE IN THE

NUMBER OF WOMEN PURSUING PROFESSIONAL EDUCATION IN BUSINESS AND RELATED

FIELDS. ULTIMATELY, THE FORTE FOUNDATION'S GOAL IS TO INCREASE THE

NUMBER OF WOMEN BUSINESS OWNERS AND BUSINESS LEADERS BY INCREASING THE

NUMBER OF WOMEN IN KEY EDUCATIONAL GATEWAYS AND BUSINESS NETWORKS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCREASE IN THE NUMBER OS WOMEN PURSUING PROFESSIONAL EDUCATION IN

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INCREASE IN THE NUMBER OS WOMEN PURSUING PROFESSIONAL EDUCATION IN

BUSINESS AND RELATED FIELDS. ULTIMATELY, THE FORTE FOUNDATION'S GOAL

IS TO INCREASE THE NUMBER OF WOMEN BUSINESS OWNERS AND BUSINESS LEADERS

BY INCREASING THE NUMBER OF WOMEN IN KEY EDUCATIONAL GATEWAYS AND

BUSINESS NETWORKS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THIS YEAR THE FORTE FOUNDATION BEGAN 2 NEW PROGRAMS - 1) MBA LAUNCH,

WHICH ASSISTS WOMEN WITH THE PROCESS OF IDENTIFYING, SELECTING, AND

APPLYING TO BUSINESS SCHOOL, AND 2) C2B CONFERENCE WHICH INTRODUCES

BUSINESS CAREERS TO COLLEGE WOMEN.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE ORGANIZATION'S TAX ACCOUNTANTS AND REVIEWED BY THE EXECUTIVE DIRECTOR AND THE VCFO CONTROLLER PRIOR TO FILING. A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE FORTE FOUNDATION	Employer identification number
C/O ELISSA ELLIS SANGSTER	61-1457145
FORM 990, PART VI, SECTION B, LINE 15: SALARY LEVELS ARE	DETERMINED BASED
ON REVIEW OF INDUSTRY COMPARABLES AND ARE REVIEWED BY THE	ORGANIZATION'S
COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE RECOM	MENDS THE SALARY
EOD MUE EVECUMINE DIDECMOD MUITE ALL OMUED CALABLEC ADE I	PECOMPUTED BY MILE
FOR THE EXECUTIVE DIRECTOR WHILE ALL OTHER SALARIES ARE F	RECOMMENDED BY THE
EXECUTIVE DIRECTOR. THE BOARD APPROVES, IN WRITING, ALL	SALARY CHANGES FOR
EXISTING EMPLOYEES AS WELL AS SALARY LEVELS FOR ALL NEW H	IIRES.
FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS AVAILA	BI.E IIDON DECITECT
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● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note, Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  ● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II	► X
Part II Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1).    Part II   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need Enter filer's identifying number, s	
Part II	
Type or print THE FORTE FOUNDATION THE FORTE FOUNDATION C/O ELISSA ELLIS SANGSTER  Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number of the return that this application is for (file a separate application for each return)  Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 990-BL Form 990-PF Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)  The books are in the care of ▶ 7600 MITRA DRIVE — AUSTIN, TX 78739 Telephone No. ▶ 512-288-5476 FAX No. ▶  Enter the Getempt organization or other filer, see instructions Employer identification Form 970-Discovery identification Form 970-Discovery identification Form 970-Title form 474.9  Form 970-Title form 474.9  Form 980-Title form 4886 FILISSA ELLIS SANGSTER  The books are in the care of ▶ 7600 MITRA DRIVE — AUSTIN, TX 78739  Telephone No. ▶ 512-288-5476 FAX No. ▶  FAX No. ▶  Is proposed instructions First Ford 10-14-5  Form 970-Title form 10-14-15  Form 970-Title form 10-14-15  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	
Type or print File by the due date for full due	led).
THE FORTE FOUNDATION  C/O ELISSA ELLIS SANGSTER  Number, street, and room or suite no. If a P.O. box, see instructions.  9600 ESCARPMENT #745, NO. PMB72  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  AUSTIN, TX 78749  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code  Form 990 or Form 990-EZ  Form 990-BL  Form 990-BL  Form 990-PF  Output  Out	ee instructions
THE FORTE FOUNDATION  C/O ELISSA ELLIS SANGSTER  Number, street, and room or suite no. If a P.O. box, see instructions.  9600 ESCARPMENT #745, NO. PMB72  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  AUSTIN, TX 78749  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code  Form 990 or Form 990-EZ  Form 990-BL  Form 990-BL  Form 990-PF  Output  Out	n number (EIN) or
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City, town or post office, state, and ZIP code. For a foreign address, see instructions.  AUSTIN , TX 78749  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code Is For  Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 4720 (individual)  Form 990-PF  Out  Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8866  ELISSA ELLIS SANGSTER  The books are in the care of  Telephone No. ► 512-288-5476  FAX No. ►  If the organization does not have an office or place of business in the United States, check this box	er (SSN)
Application Is For Code Code SFor Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (Individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8866  ELISSA ELLIS SANGSTER  The books are in the care of ▶ 7600 MITRA DRIVE - AUSTIN, TX 78739  Telephone No. ▶ 512-288-5476  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	
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Form 990 or Form 990 EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8866  ELISSA ELLIS SANGSTER  The books are in the care of ▶ 7600 MITRA DRIVE − AUSTIN, TX 78739  Telephone No. ▶ 512-288-5476  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	Code
Form 990·BL         02         Form 1041·A           Form 4720 (individual)         03         Form 4720           Form 990·PF         04         Form 5227           Form 990·T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990·T (trust other than above)         06         Form 8870           STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868           ELISSA ELLIS SANGSTER         The books are in the care of T600 MITRA DRIVE - AUSTIN, TX 78739           Telephone No. ► 512-288-5476         FAX No. ►           If the organization does not have an office or place of business in the United States, check this box	
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ELISSA ELLIS SANGSTER  • The books are in the care of ▶ 7600 MITRA DRIVE - AUSTIN, TX 78739  Telephone No. ▶ 512-288-5476 FAX No. ▶  • If the organization does not have an office or place of business in the United States, check this box	B.
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If the organization does not have an office or place of business in the United States, check this box	
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9	roup, check this
box If it is for part of the group, check this box In and attach a list with the names and EINs of all members the exten	
4 I request an additional 3-month extension of time until MAY 15, 2014	
5 For calendar year , or other tax year beginning JUL 1, 2012 , and ending JUN 30, 20	013 .
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return	<u> </u>
Change in accounting period	
7 State in detail why you need the extension	
TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO FILE IN ORDER	TO
GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE	Ē
RETURN.	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	
previously with Form 8868 8b \$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using	
EFTPS (Electronic Federal Tax Payment System). See instructions.	0.
Signature and Verification must be completed for Part II only.	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledg it is true, correct, and complete, and that the authorized to prepare this form.	e and belief,
Signature ► YUSW Title ► EXECUTIVE DIRECTOR  Date ► 3	868 (Rev. 1-2013)