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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

AF	For the	2013 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	ation number
	∵ ⊟Address	THE COMMUNITY FOUNDATION OF THE TEXAS			
<u>_</u>	change Name	HILL COUNTRY, INC.		·	205260
Ļ	change	Doing Business As			225369
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin- ated	P.O. BOX 291354		830-8	396-8811
	Amende return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,258,091.
	Applica- tion	KERRVILLE, TX 78029-1354		H(a) Is this a group ref	turn
	pending	F Name and address of principal officer: JOHN CARLSON		for subordinates?	Yes X No
		301 JUNCTION HWY, KERRVILLE, TX 78028		H(b) Are all subordinates inc	cluded? Yes No
T -	Tax-exer	mpt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a l	ist. (see instructions)
		E COMMUNITYFOUNDATION.NET		H(c) Group exemption	number 🛌
		organization; X Corporation	L Year	of formation: 1982 M	State of legal domicile: TX
		Summary			
4	1 B	riefly describe the organization's mission or most significant activities: FOST	ERING	PHILANTHROPY	Y BY
Activities & Governance	F	HELPING OUR PARTNERS ACHIEVE THEIR CHARI	TABLE	GOALS IN THE	E TEXAS
'n		Check this box if the organization discontinued its operations or dispo			
Š		lumber of voting members of the governing body (Part VI, line 1a)		3	11
Ĝ		lumber of independent voting members of the governing body (Part VI, line 1b)		4	11
ა ბ		otal number of individuals employed in calendar year 2013 (Part V, line 2a)	•••	5	3
iţie		otal number of volunteers (estimate if necessary)	• • • •	6	0
ξ	1 -	otal unrelated business revenue from Part VIII, column (C), line 12	• •	7a	0.
¥				7b	0.
	101	let unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
Revenue	١, ,	Santubutions and events (Dort VIII June 1h)		652,502.	1,687,947.
	1	Contributions and grants (Part VIII, line 1h)	.	0.002,302.	0.
	1	Program service revenue (Part VIII, line 2g)	• • • • •	527,441.	577,263.
Re	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	• • • -	-44,611.	-25,348.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,135,332.	2,239,862.
	-	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	•	614,383.	626,032.
	1	Strants and similar amounts paid (Part IX, column (A), lines 1-3)	014,303.	020,032.	
	1	Benefits paid to or for members (Part IX, column (A), line 4)	· · -	175,765.	193,339.
Expenses	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	· · · ├─	0.	1,5,555.
ĕ	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	E .		<u></u>
꿃	_b	otal fundraising expenses (Part IX, column (D), line 25) 31,2		126,256.	124,441.
	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25y Revenue less expenses. Subtract line 18 from line 12		916,404.	943,812.
	18 1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u></u>	218,928.	1,296,050.
	19 F			ginning of Current Year	
tso	<u> </u>	⊠ AUG 2 5 2			End of Year 11,559,357.
SSe	20 1	otal assets (Part X, line 16)	SE SE	9,591,918. 1,816,816.	2,793,370.
Net Assets or	21 1	otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 OGDEN	iit $oxed{arphi}$	7,775,102.	8,765,987.
		Net assets or fund balances. Subtract line 21 from line 20 CULLIN Signature Block		1,115,102.	0,103,301.
	art II	ties of perjury, I declare that I have examined this return, including accompanying schedule	o and statem	and to the heet of my	knowledge and helief it is
-Un(jer penan	ties of perjury, I declare that I have examined this return, including accompanying screening, and complete. Declaration of preparer (b), let than officer) is based on all information of w	hich propara	r has any knowledge	knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer to the truth officer) is based on all information of w	men preparei	i ilas aliy kilowiesye./	//
		Signature of orlicer		Date	-/
¹ Sig	I			54.0	
-He	re	JOHN CARLSON, PRESIDENT Type or print name and title			
۳.			T	Date Check	PTIN
.) in - ·		Print/Type preparer's name Preparer's signature		08/07/14 self-employe	—'
Pai		ALAN R. MASSEY ALAN R. MASSEY	<u></u>	Firm's EIN	74-2752212
		Firm's name MASSEY - ITSCHNER & CO., P.C. Firm's address 707 HILL COUNTRY DRIVE, SUITE 1	1.8	LILIII SEIN	17 4174414
ຸ ບ8€)	Only	Firm's address 707 HILL COUNTRY DRIVE, SUITE 1 KERRVILLE, TX 78028	-0	Phone no 83	0-257-5330
<u></u>		S discuss this return with the preparer shown above? (see instructions)		11 Hone Ho. 0 5	X Yes No
мa	іу тле іН	o discuss this return with the preparer shown abover (see instructions)			

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete $\mathbf{X}_{\underline{}}$ 8 Schedule D. Part III 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 If "Yes," complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) HILL COUNTRY, INC.
Part IV Checklist of Required Schedules (continued) 74-2225369 Page 4

	·		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	İ		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	1	l	
	column (A), line 2? 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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u> </u>	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			l
_	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	ļ <u>-</u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
-	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ļ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			x
07	complete Schedule L, Part II	26_		
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	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		A.
20	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		x
	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,			
Ī	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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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_		X
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_		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X_
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		X
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	(2013)

Form	990 (2013) HILL COUNTRY, INC. 74-2225	369	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return . 2a 3			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	1
_	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," to line 3b, 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
h	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ĥа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		l
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	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year		_	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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		x
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b				
11	Section 501(c)(12) organizations. Enter:			ĺ
а				ļ
	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		ļ
	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.	'		
	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			1
	organization is licensed to issue qualified health plans	,		1
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

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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 or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			<u> </u>
	tion 74 doverning body and Managemone		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		103	_110_
	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.			
ь	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		_ X
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		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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 reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	X
	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	Х	
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	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	X	
	Other officers or key employees of the organization	15b	X	
_	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		X
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		
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-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	icial	
	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 organiza	tion: 🕨	-	
	COMMUNITY FOUNDATION - 830-896-8811			
	301 JUNCTION HWY, STE 346-B, KERRVILLE, TX 78028			
33200	8 10-29-13	Form	990	(2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)	Decition						(D)	(E)	(F)	
Name and Title	Average	(do	(do not check box, unless pe			than o	one	Reportable	Reportable	Estimated	
	hours per week					or/trus		compensation from	compensation from related	amount of other	
	(list any	į						the	organizations	compensation	
	hours for	Individual trustee or director				E		organization	(W-2/1099-MISC)	from the	
	related	teeo	ste			esa		(W-2/1099-MISC)	,	organization	
	organizations	喜	Institutional trustee		Key employee	Highest compensated employee				and related	
	below	Md usa	ag ag	15	ешы	loyee	Former			organizations	
	line)	Ē	lust	Officer	₹.	표를	쥰				
(1) MS. CHAILLE HAWKINS	0.30										
MEMBER AT LARGE		X				Щ		0.	0.	0.	
(2) MS. MINDY WENDELE	0.30										
BOARD MEMBER		X						0.	0.	0.	
(3) MR. ROY THOMPSON	0.30										
BOARD MEMBER		X						0.	0.	0.	
(4) MR. JOHN HUTCHERSON	0.30										
BOARD MEMBER		X						0.	0.	0.	
(5) MR. JAMES MCAFEE	0.30										
BOARD MEMBER		X						0.	0.	0.	
(6) MR. CHRIS WALLENDORF	0.30										
BOARD MEMBER		X						0.	0.	0.	
(7) MR. WES DORMAN	0.30										
BOARD MEMBER		X						0.	0.	0.	
(8) MR. PAUL URBAN	40.00										
EXECUTIVE DIRECTOR]		X				85,000.	0.	0.	
(9) MS. CATHERINE SCHULTE	0.50										
TREASURER				X				0.	0.	0.	
(10) MR. DAVE WEEKLEY	0.50										
SECRETARY		<u> </u>		X				0.	0.	0.	
(11) MR. ROB KELLY	0.50										
PRESIDENT]		X				0.	0.	0.	
(12) MR. JOHN CARLSON	0.50										
VICE PRESIDENT		1		X	ļ			0.	0.	0.	
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332008 10-29-13

HILL COUNTRY, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) (B) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 2,550 Contributions, Giff and Other Similar d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,685,397 Noncash contributions included in lines 1a-1f \$ 26,595 h Total. Add lines 1a-1f 1,687,947 **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 190,817 190,817. 4 Income from investment of tax-exempt bond proceeds 5 Royalties 4.744 4.744. (ı) Real (ii) Personal 6 a Gross rents 16,600 b Less: rental expenses 37,827 c Rental income or (loss) -21,227 d Net rental income or (loss) -21,227 -21,227, 7 a Gross amount from sales of (ı) Securities (ii) Other assets other than inventory 2,341,950 b Less: cost or other basis and sales expenses 955,504 c Gain or (loss) 386,446 d Net gain or (loss) 386,446 386,446 8 a Gross income from fundraising events (not Other Revenue including \$ 2.550. of contributions reported on line 1c). See Part IV, line 18 16,033 b Less direct expenses 24.898 c Net income or (loss) from fundraising events ~8,865 -8,865, 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less' direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . **b** Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total, Add lines 11a-11d 2,239,862 Total revenue. See instructions. 551,915, 332009 10-29-13

Form 990 (2013) HILL COUNTRY, INC.
Part IX Statement of Functional Expenses

. Check if Schedule O contains a respon Do not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to governments and				
organizations in the United States. See Part IV, line 21	561,999.	561,999.		
2 Grants and other assistance to individuals in	64 022	64 022		
the United States. See Part IV, line 22	64,033.	64,033.		
3 Grants and other assistance to governments, organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	59,182.	26,632.	23,673.	8,877
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	61,789.	27,805.	24,716.	9,268
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	31,512.	14,180.	12,605.	4,727
9 Other employee benefits				
O Payroll taxes	40,856.	18,385.	16,343.	6,128
1 Fees for services (non-employees):				
a Management				
b Legal	11 002	2 206	0.007	
c Accounting	11,983.	2,996.	8,987.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	60,308.		60,308.	
f Investment management fees	00,300.		00,300.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12 Advertising and promotion	12,879.		12,879.	
3 Office expenses	13,591.	5,552.	5,781.	2,258
4 Information technology	1,854.	927.	927.	
15 Royalties				
16 Occupancy	540.		540.	
7 Travel	4,114.	2,057.	2,057.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				···
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates	·			
2 Depreciation, depletion, and amortization	800.		800.	
3 Insurance	1,576.		1,576.	
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 0.)	10,490.	4,411.	6,079.	
b DUES & SUBSCRIPTIONS	3,833.	=/=+++	3,833.	
c CONTRACTED SERVICES	1,431.	1,002.	429.	
d BANK SERVICE CHARGES	1,042.		1,042.	
e All other expenses	=1, ==,			
5 Total functional expenses. Add lines 1 through 24e	943,812.	729,979.	182,575.	31,258
6 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 (2013) Part X Balance Sheet

HILL COUNTRY, INC.

Par	τ 🙏	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
			Degining of year		
	1	Cash · non-interest-bearing	1 075 000	1_	1 010 170
	2	Savings and temporary cash investments	1,275,282.	2_	1,212,170.
	3	Pledges and grants receivable, net	15 400	3	5,134.
	4	Accounts receivable, net	15,480.	4	12,817.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		_	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		_	
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L	 	6	,
Assets	7	Notes and loans receivable, net		7	
`	8	Inventories for sale or use		8_	0 575
	9	Prepaid expenses and deferred charges		9	8,575.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 710,815.	COC E21		E00 612
	ь	Less: accumulated depreciation 10b 121,202.	606,521.	10c	589,613. 9,702,705.
	11	Investments - publicly traded securities	1,001,409.	11	9,104,105.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	27,166.	14	28,343.
	15	Other assets. See Part IV, line 11	9,591,918.	15 16	11,559,357.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,130.	17	<u> </u>
	17	Accounts payable and accrued expenses	121,350.	18	119,056.
	18 19	Grants payable	121,330.	19	26,760.
	20			20	207.000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	······································	21	
10	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities	,	Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,692,336.	25	2,647,554.
	26	Total liabilities. Add lines 17 through 25	1,816,816.	26	2,793,370.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets	4,444,058.	27	<u>4,764,346.</u>
ala	28	Temporarily restricted net assets	2,081,983.	28	2,575,961.
B	29	Permanently restricted net assets	1,249,061.	29	1,425,680.
뎚		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u>ه</u> ا]	and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	 	32	
Ž	33	Total net assets or fund balances	7,775,102.	33	8,765,987.
	34	Total liabilities and net assets/fund balances	<u>9,591,918.</u>	34	11,559,357.

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

201

2013

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF THE TEXAS

Employer identification number

Part I	Reason		arity Status (All organiz	ations mu	st complet	e this nad) See inst	ructions		4-222	1303
			n because it is: (For lines								 –
1	7		n because it is: (For lines the second of church in th)			
2 =	ר		1 70(b)(1)(A)(ii). (Attach Sc				\~/\ ·/\\^/\\!	•			
3	7		pital service organization (•		170(b)(1)	(A)(iii).				
4	-	•	n operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	l's name,
	city, and sta		,					(-)(-)(-)(-	.,.		,
5 🗀	_ *		e benefit of a college or ur	niversity ov	vned or or	perated by	a governi	nental uni	t describ	ed in	
	_	(b)(1)(A)(iv). (Com	· · · · · · · · · · · · · · · · · · ·	•		_	_				
6 🗀	A federal, sta	ate, or local govern	ment or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7 An organization that normally receives a substantial part of its support from a governmental unit									general	public desc	cribed in
	section 170	(b)(1)(A)(vi). (Comp	olete Part II.)								
8 X	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	An organizat	ion that normally re	eceives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross re	ceipts from
	activities rela	ated to its exempt t	functions - subject to certa	in excepti	ons, and (2) no more	than 33 1	/3% of its	support	from gross	investment
	income and	unrelated business	taxable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon	after June	30, 1975
_	7	509(a)(2). (Comple	•								
10		•	operated exclusively to te	•	-			•			
11			operated exclusively for th								
	•		zations described in section		-		2). See se c	tion 509(a)(3). Cn	eck the box	t tnat
	a Type		ng organization and comple Type II	ete iines i ype III - Fui	_		_	і 🗀 Тур	o III. No	n functions	lly integrated
e 🗀			hat the organization is not		-	_					•
·			r than one or more publicly								
f		-	ritten determination from t						<i>σ</i> (α)(1) Οι	30011011 00	٥(۵)(٤)
•	_	organization, check				PC ., ., PC	, 0 , p.				
9	•	•	e organization accepted ar	ny gift or co	ontributior	n from any	of the follo	owing per	sons?	•	• —
•	_		ndirectly controls, either al							' ,	Yes No
	the gov	erning body of the	supported organization?							11g(i)	
	(ii) A family	member of a pers	on described in (i) above?	·						11g(ii)	
	(iii) A 35%	controlled entity of	f a person described in (i) o	or (ii) above	e?					11g(iii	<u> </u>
h	Provide the	following information	on about the supported or	ganızation	(s).						
		,		т		T		<u> </u>			
(i) Nan	ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	organization	(v) Did you		(vi) is organizati	s the on in col.	(vii) Amour	it of monetary
10	ganization		(described on lines 1-9 above or IRC section	in col. (i) lis				(i) organiz U.S	ed in the	su	pport
			(see instructions))	Yes	No	Yes	No	Yes	No		
		 		103		103	140	100	110		
					1	l	İ				
				-		<u> </u>			<u> </u>		
							1				
		1									 _
Takal											

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

74-2225369 Page 2 Schedule A (Form 990 or 990-EZ) 2013 HILL COUNTRY, INC. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			:			
	include any "unusual grants ")	2,600,950.	1,588,621.	516,392.	657,302.	1,692,753.	7,056,018.
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	2,600,950,	1,588,621,	516,392.	657,302.	1,692,753,	7,056,018,
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,215,928,
6	Public support. Subtract line 5 from line 4						4 840 090
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	2,600,950.	1,588,621,	516,392.	657,302.	1,692,753,	7,056,018.
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	215,233.	225,800.	229,041.	286,014.	228,194.	1,184,282,
9	Net income from unrelated business	•					•
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						8,240,300.
12		, etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo	•		d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop			· · · · · · · · · · · · · · · · · · ·		••	▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2013 (column (f))		14	58.74 %
	Public support percentage from 2012					15	62.55 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						▶ X
t	33 1/3% support test - 2012. If the				l line 15 is 33 1/3%	or more, check th	ıs box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
178	a 10% -facts-and-circumstances tes	st - 2013. If the org	anization did not	check a box on line			
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop I	nere. Explaın in Pa	rt IV how the organi	ization
	meets the "facts-and-circumstances"						▶□
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is 1	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶□
<u>18</u>	Private foundation. If the organization						<u>.</u>
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	Slow, picuso com	picto i dit ii j						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not						_		
	include any "unusual grants.")								
2	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 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								
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
t	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								
c	Add lines 7a and 7b								
	Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>	<u> </u>			
	ction B. Total Support	4 > 0000	(h) 0010	(=) 2011	(4) 2012	(a) 2012	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(I) IO(a)		
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
11	Add lines 10a and 10b								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
	Total support. (Add times 9, 10c, 11, and 12)	- Aba augustis	la final personal Al-	ird fourth as fifth	tov voor so a costi	on 501(c)/3) organi	zation		
14	First five years. If the Form 990 is fo	r the organization	s iirst, second, th	ira, iourin, or iimn	iax year as a secti	on soricios organia	Lauon,		
Sa	check this box and stop here ction C. Computation of Pub	ic Support Pa	ercentage	· ···	•	•			
	Public support percentage for 2013 (column (fi)		15	%		
15 16	Public support percentage from 2012	•	-			16			
	ction D. Computation of Inve			<u> </u>	····	1.10.1			
17	Investment income percentage for 20					17	%		
				10, 00.0 (.,,	•	18	%		
18	18 Investment income percentage from 2012 Schedule A, Part III, line 17								
191	more than 33 1/3%, check this box a						▶ □		
	33 1/3% support tests - 2012. If the						and		
	line 18 is not more than 33 1/3%, ch								
20	Private foundation. If the organization								
	23 09-25-13	and HOL CHECK &	LOCK CITAINS IT, I	<u>, 0. 100, 01100K</u>		hedule A (Form 99	0 or 990-EZ) 2013		
J J2L	40 04-47-10								

Cabada A	(5				FOUNDATION	OF	THE	TEXAS	74 2225260 0
Part IV	(Form 990 or 990-E	Z) 2013	HILL	COUNTRY,	INC.	. 4 11 1	10.5		74-2225369 Page 4
· artiv	Alas samulata th	imorn	nation	• Provide the explai	nations required by Pa	ırt II, III	ie iu; P	art II, line 17a or	17b; and Part III, line 12.
	Also complete this	part for	any add	litional information.	(See instructions).				
•									
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			··· ·· ····						
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990.

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11f, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE COMMUNITY FOUNDATION OF THE TEXAS

Employer identification number

74-2225369 HILL COUNTRY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ... 25 82 1 587,281. 2 Aggregate contributions to (during year) 158,990. Aggregate grants from (during year) 3 2,790,655. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(II)? . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

589,613.

Other

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

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
	ption of security or category (including name of security)	(b) Book value	(c) Method of val	luation: Cost or end	d-of-year market value
(1) Financ	ial derivatives				
	y-held equity interests				<u></u>
(3) Other					
(A)					
(B)			_		
(C)					
<u>(D)</u>					
<u>(E)</u>					
<u>(F)</u>					······································
(G)					
<u>(H)</u>					
Dart VIII	(b) must equal Form 990, Part X, col. (B) line 12.)			 	
Pai L VII	Investments - Program Related.	- F 000 D- 4 N /		- A.V. Bara 40	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
	(a) Description of the estiment	(b) Book value	(C) Welliod of Val	dation. Cost of end	1-or-year market value
(1)					
(2)			·		
(4)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
(5)					
<u>(6)</u>				-	
(7)		·			· · · · · · · · · · · · · · · · · · ·
(8)				· · · · · · · · · · · · · · · · · · ·	
(9)		· — · — · — · · · · · · · · · · · · · ·	 		· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col. (B) line 13.)				· · · · · · · · · · · · · · · · · · ·
Part IX					***************************************
	Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11d. See Form 990, Pa	art X, line 15.	
		Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)				·	
	umn (b) must equal Form 990, Part X, col. (B) line	9 15.)		<u> </u>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, I		990, Part X, line 25	•
1.	(a) Description of liability		(b) Book value		
	deral income taxes		2 647 554		
	GENCY LIABILITY FUNDS		2,647,554.		
(3)					
(4)					
(5)					
<u>(6)</u> <u>(7)</u>					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line	25.)	2,647,554.		
. J.ai. (CUI	anni joy mast equal i onn 350, i art X, coi. D) line	,			

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

Schedule D (Form 990) 2013

SCH D, PAGE 4, PART XII, LINE 2D

EXPLANATION: SCH D, PAGE 4, PART XII, LINE 2D

09-25-13

Schedule D (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public

Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ.

Inspection

ame of the organization THE COM	MUNITY FOUNDATION					ntification number
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, II		
1 Indicate whether the organization rais a	ed funds through any of the following Solicitates Solicitates Solicitates Solicitates Speciales or oral agreement with any individual art VII) or entity in connection with pividuals or entities (fundraisers) pursuits of the following solicitates of the solicitates of the following solicitates of the follo	tion of tion of fundra (includ	non-go govern using of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		ļ				
otal 3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
					· · · · · · · · · · · · · · · · · · ·	
			_			

Schedule G (Form 990 or 990-EZ) 2013

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

THE COMMUNITY FOUNDATION OF THE TEXAS

74-2225369 Page 2 Schedule G (Form 990 or 990-EZ) 2013 HILL COUNTRY, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through SUMMIT LUNCHEON col. (c)) (total number) (event type) (event type) Revenue 18,583. 3,900 6,813 7,870. Gross receipts 2,550. 2,550 2 Less: Contributions 16,033. 6,813 5,320. 3,900. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 1,674. 5,665. 1,624 2,367. 7 Food and beverages 8 Entertainment 12,609 859. 765 19,233. 9 Other direct expenses 24,898. 10 Direct expense summary. Add lines 4 through 9 in column (d) -8,865. 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

•	
Sch	edule G (Form 990 or 990 EZ) 2013 HILL COUNTRY, INC. 74-2225369 Page 3
11	Does the organization operate gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name >
	Address >
40	
16	Gaming manager information.
	Name
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No
	retain the state garding incertise in the state garding garding gardi
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Da	organization's own exempt activities during the tax year > \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
<u> </u>	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
	Too, To, and Trib, do approach race complete and part to provide any accurate to
_	
_	
3320	83 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990 ▶ Attach to Form 990.

THE COMMUNITY FOUNDATION OF THE TEXAS

INC

HILL COUNTRY,

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public

Employer identification number

Inspection

74-2225369

OMB No 1545-0047

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance Part

ž X Yes Part II 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance?

Fart ii Grants and Other Assistance to Governments and Organizations in the United States. Complete ii the Organization alswelled in Society and Society in Eq. (1) and the received more than \$5.000. Dart II can be duplicated if additional space is needed	Governments and	d Organizations in the	Onlited States. Upon Space is need	ompiete ii trie orgali ed	iizatiori aliswereu T	es to rollii 990, rait	ıv, III (6 2 1, 101 alı)
1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY		_					
P.O. BOX 720366							
OKLAHOMA CITY, OK 73162	74-1185665	501 (C) 3	7,600.	0			GENERAL SUPPORT
CUDICETAN ACCICEDANCE MINICEDY							
P.O. BOX 291352	,						
KERRVILLE, TX 78028	74-2468109	501 (C) 3	13,100,	0			GENERAL SUPPORT
AMERICAN RED CROSS							
2025 E STREET						_	
WASHINGTON, DC 20006	53-0196605	501 (C) 3	6 000	0			
ART 2 HEART				•			
110 WEST BARNETT							
KERRVILLE, TX 78028	06-1685732	501 (C) 3	5,000.	0			
BOTANICAL RESEARCH INSTITUTE OF							
TEXAS - 1700 UNIVERSITY DRIVE -							
FORT WORTH, TX 76107	75-2198196	501 (C) 3	6,000.	0			
BOYS & GIRLS CLUB OF COMFORT							
605 THIRD STREET							
COMFORT, TX 78013	74-2758055	501 (C) 3	5,000.	0			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2013)

THE COMMUNITY FOUNDATION OF THE TEXAS

Page 1

74-2225369

INC. HILL COUNTRY,

Schedule I (Form 990)

(h) Purpose of grant or assistance (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 7,182, 10,800, (c) IRC section if applicable 501 (C) 3 74-2915544 74-6001490 (p) EIN (a) Name and address of organization or government CHRISTIAN WOMEN'S JOB CORP KERRVILLE, TX 78028 KERRVILLE, TX 78028 CITY OF KERRVILLE 701 MAIN STREET 1140 BROADWAY

Schedule I (Form 990)

Page 2

74-2225369

HILL COUNTRY,

Schedule I (Form 990) (2013) HILL COUNTRY, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS ARTOIS INIVERSITIES	3.5	42,557,	o		
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	quired in Part I, lin	e 2, Part III, column	(b), and any other a	ddıtional information.	
PART I, LINE 2:		!			
EXPLANATION: WHEN A GRANT IS GIVEN TO A 501(C)3 ORGANIZATION,	N TO A 50	1(C)3 ORGA		SPECIFIC	
DETAILS ARE IN A LETTER DESCRIBING	WHAT	THE MONIES A	ARE FOR. T	THE FOUNDATION	
REQUIRES THE ORGANIZATION TO SEND	BACK A S	BACK A SIGNED COPY OF	OF THE LETTER	TTER STATING	
THAT THEY ARE IN AGREEMENT WITH THE	HE PROVISIONS.	AN	EVALUATION FORM	FORM IS	
REQUIRED FOR THE ORGANIZATION TO S	SUBMIT TO THE		ATION UPON	FOUNDATION UPON COMPLETION	
OJECT DETAILING HOW	THE MONIES WERE	RE SPENT.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Department of the Treasury Internal Revenue Service Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number 74-2225369

Schedule M (Form 990) (2013)

Types of Property (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art · Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 16,661. MARKET QUOTE X 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other Other 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA

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

THE COMMUNITY FOUNDATION OF THE TEXAS Schedule M (Form 990) (2013) HILL COUNTRY, 74-2225369 Page 2 Part II Supplemental Information. 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. Schedule M (Form 990) (2013) 332142 09-03-13

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE COMMUNITY FOUNDATION OF THE TEXAS

Employer identification number 74-2225369

INC. HILL COUNTRY, FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HILL COUNTRY FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A COPY OF THE FORM 990 IS PRESENTED TO THE EXECUTIVE DIRECTOR ONCE THOROUGHLY CHECKED, THE AND FINANCE COMMITTEE FOR FIRST APPROVAL. FORM 990 IS PRESENTED TO THE ENTIRE BOARD FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL EMPLOYEES AND BOARD MEMBERS ANNUALLY. IF ANY BOARD MEMBER IS VOTING ON AN ITEM THAT IS RELATED TO AN ITEM THEY HAVE STATED ON THE CONFLICT OF INTEREST POLICY THEY ABSTAIN FROM THE VOTE. SIGNED DISCLOSURE STATEMENTS ARE KEPT ON FILE. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: AN ANNUAL WRITTEN REVIEW IS DONE BY THE BOARD OF TRUSTEES FOR THE EXECUTIVE DIRECTOR AND AN ANNUAL REVIEW OF THE EMPLOYEES IS DONE BY THE EXECUTIVE DIRECTOR. REVIEWS ARE DONE ANNUALLY AND COPIES KEPT IN THE PERSONNEL FILE OF EACH EMPLOYEE. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE PRINTED ANNUAL REPORT AS WELL AS THE FOUNDATIONS WEBSITE STATES THAT COMPLETE AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE UPON REQUEST FROM THE OFFICE OF THE COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY. THE FORM 990 MAY ALSO BE VIEWED ON GUIDESTAR.ORG. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990 EZ) (2013)				Page 2
Name of the organization THE COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.		oyer identific 4-2225		
COPIES OF GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE	FOR	REVIEW	ΑŢ	OUR
OFFICE.				
FORM OOD DARM YT I THE O CHANGE TH NEW ACCEME.	<u></u>			
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:				
BOOK TO TAX ADJUSTMENT - AGENCY FUNDS			955	662.
				
		· · · · · · · · · · · · · · · · · · ·		
	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
			·	

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions.

► Attach to your tax return.

990

OMB No. 1545-0172

Sequence No 179

Identifying number Business or activity to which this form relates Name(s) shown on return THE COMMUNITY FOUNDATION OF THE TEXAS 74-2225369 FORM 990 PAGE 10 HILL COUNTRY, INC. Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 15 800. 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Depreciation deduction (a) Classification of property (e) Convention 3-year property 19a 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property g MM S/L 27.5 yrs. Residential rental property h 27.5 yrs. MM S/L MM S/L 39 yrs. Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. S/L 12-year b 40 yrs. MM S/L 40-year Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 800. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form 4562 (2013)

43

44

316252 12-19-13

43 Amortization of costs that began before your 2013 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

4562

Depreciation and Amortization RENT (Including Information on Listed Property)

Δ.

OMB No 1545-0172

Department of the Treasury	
Internal Resenue Service	(88)

➤ See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

Name(s)	shown on return			Busii	ness or activ	ity to which	ch this form relat	es	Identifying number
THE	COMMUNITY FOUNDATI L COUNTRY, INC.	ON OF TH	E TEXA		NDDOF	ፐጥ ረ	CAMPUS		74-2225369
Par		u Under Costion 1	70 Noto: // //					V hofore v	
		y Under Section 1	19 Note. II yo	ou nave any n	stea prop	erry, co	Jilipiete Fait	1	500,000.
	aximum amount (see instructions)	 d ha aami'aa (aas			•			2	300,000.
	otal cost of section 179 property place							3	2,000,000.
	reshold cost of section 179 property					•		4	2,000,000.
_	eduction in limitation Subtract line 3 fr			••	•	•		5	
	llar limitation for tax year Subtract line 4 from line (a) Description of pro		-0- If married fil	(b) Cost (bus			(c) Electe		
_6	(a) Description of pro	Derty	-	(b) Cost (bus		197	(C) EIBCIE		
									
				<u> </u>					
	sted property. Enter the amount from				· · · · · -	7		T _	
	otal elected cost of section 179 proper	=		c), lines 6 and	d 7 .			8	
	entative deduction. Enter the smaller of				• •	•	••	9_	
	arryover of disallowed deduction from	=				_ •	• • • • • • • • • • • • • • • • • • • •	. 10	
	usiness income limitation. Enter the sn		•		•	95.		11	
	ection 179 expense deduction. Add lin							. 12	
	arryover of disallowed deduction to 20					13			<u> </u>
	Do not use Part II or Part III below for								
Par									
14 S	pecial depreciation allowance for quali	fied property (oth	ner than liste	d property) p	placed in s	service	during		
	e tax year							14	
15 Pi	operty subject to section 168(f)(1) elec	ction	•		• •			. 15	
	ther depreciation (including ACRS)		<u> </u>					16	15,254.
Par	III MACRS Depreciation (Do not	include listed pr	operty.) (See	e instructions	s.)				
			Se	ection A					
17 M	ACRS deductions for assets placed in	service in tax ye	ears beginnır	ng before 201	13			17	
18 Ity	ou are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset ac	counts, chec	k here	<u>. • L</u>		
	Section B - Assets I	T			Using th	e Gene	ral Depreci	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use nstructions)	(d) Re	covery	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
	5-year property								
	7-year property	1							
	10-year property								
е_	15-year property	1							
	20-year property]							
q	25-year property	1			25	yrs.		S/L	
		/			27.5	yrs	MM	S/L	
h	Residential rental property	/			27.5	yrs.	ММ	S/L	
		/				yrs.	MM	S/L	
i	Nonresidential real property	,			1		ММ	S/L	
	Section C - Assets Pl	aced in Service	During 201	3 Tax Year U	Jsing the	Altern	ative Depre		stem
 20a	Class life	1	1		T			S/L	<u> </u>
b	12-year	1			12	yrs.		S/L	
 _	40-year	/				yrs.	ММ	S/L	
Par					<u> </u>				
	sted property. Enter amount from line	28						21	
	otal. Add amounts from line 12, lines 1		es 19 and 2	O in column /	o) and lin	ne 21		·	
	nter here and on the appropriate lines	_						22	15,254.
	or assets shown above and placed in s	-				20 11/31/1.			10,2020
	or assets shown above and placed in sortion of the basis attributable to section	_	o ounem yea	41, 011101 1110		23			
316251	LIA For Deserved Bederic	A . A Notice	aanavata !=	aturation :					Form 4560 (2012)

• Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			لينا ٠	
	are filing for an Additional (Not Automatic) 3-Month Ex						
Electron	omplete Part II unless— you have already been granted in it filing (e-file). You can electronically file Form 8868 if you file Form 990-T), or an additional (not automatic) 3-mo	ou need a	a 3-month automatic extension of tim	ne to file (6 months for a corp	oration	
	of file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page						
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		(OCC MONOCHOMO), FOR MONOCHOMO				
Part I			submit original (no copies nee	eded).			
	ation required to file Form 990-T and requesting an autor						
Part I onl	N.	nado o me	STEP CALCULATION OF CORE LINE DON LINE C	30	•	. 🗆	
All other	y	 IICs, and t	rusts must use Form 7004 to reques		nsion of time er's identifying nur	mber	
Type or	Name of exempt organization or other filer, see instru	ctions			r identification num		
	THE COMMUNITY FOUNDATION OF		TEXAS	Linploye	, lacitanoanon nam	JOI (2.1.1) 21	
print	HILL COUNTRY, INC.		12.2.2		74-222536	59	
File by the	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ee instruc	tions	Social se	curity number (SSN		
due date for filing your return, See	P.O. BOX 291354	ee manuc	10115.	000121 30			
instructions	City, town or post office, state, and ZIP code. For a for KERRVILLE, TX 78029-1354	oreign add	Iress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL 02 Form 1041-A 08							
Form 4720 (individual) 03 Form 4720 (other than individual) 09							
Form 990-PF 04 Form 5227 10							
	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069	···		11	
	D-T (trust other than above)	06	Form 8870			12	
1 01111 000	COMMUNITY FOUNI						
• The h	ooks are in the care of > 301 JUNCTION H			, TX	78028		
	none No. ► 830-896-8811	,	Fax No. ▶				
	organization does not have an office or place of business	e in the l lr				. [
	is for a Group Return, enter the organization's four digit					check this	
	. If it is for part of the group, check this box		WIII				
box 🕨					era tric exterision is	, 101.	
1 1 re	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2014 , to file the exemp		to file Form 990-1) extension of time tion return for the organization name		The extension		
is f	or the organization's return for:						
	X calendar year 2013 or						
	tax year beginning	, an	d ending		_ ·		
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return F	inal retur	n		
	Change in accounting penod						
3a If ti	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
	nrefundable credits. See instructions.			3a	\$	<u> </u>	
b If the	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and			•	
	imated tax payments made. Include any prior year overp			3b	\$	0.	
c Ba	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			_	
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution. instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 84	453-EO aı 	nd Form 8879-EO fo	or payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 8868 (R	ev. 1-2014)	