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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DAVID M CROWLEY FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
8750 N CENTRAL EXPRESSWAY #1720

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75231

D Employer identification number
75-2350254

E Telephone number
214/265-0555

G Gross receipts $ 58,275,379.

F Name and address of principal officer SANDRA L. HALLMARK
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1990

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF CHARITABLE AND EDUC. ORGANIZATIONS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,718,666.	6,276,696.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,456.	512.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,721,122.	6,277,208.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,618,957.	3,500,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	441,076.	501,369.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	857,143.	899,035.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,917,176.	4,900,404.
19	Revenue less expenses Subtract line 18 from line 12	803,946.	1,376,804.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	113,005,922.	120,976,901.
21	Total liabilities (Part X, line 26)	2,670,318.	2,607,354.
22	Net assets or fund balances Subtract line 21 from line 20	110,335,604.	118,369,547.

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OGDEN, UT

Part II Signature Block

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

Sign Here

▶ Signature of officer: Sandra L. Hallmark — Date: 5-13-14

▶ SANDRA L. HALLMARK, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM H. MOZLEY	Preparer's signature	Date: 5-12-14	Check ☐ if self-employed	PTIN: P00168876
Firm's name ▶ JUDD, THOMAS, SMITH & CO., P.C.			Firm's EIN ▶ 75-1668928	
Firm's address ▶ 12222 MERIT DR., SUITE 1900 DALLAS, TX 75251			Phone no. 972-661-5872	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [x]

1 Briefly describe the organization's mission

THE ORGANIZATION IS OPERATED EXCLUSIVELY FOR THE BENEFIT OF CHARITABLE AND EDUCATIONAL ORGANIZATIONS.

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [x] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 895,000. including grants of $ 895,000.) (Revenue $ _____)

SUPPORTED ORGANIZATION: UT SOUTHWESTERN MEDICAL CENTER

MISSION: A) TO IMPROVE HEALTH CARE IN OUR COMMUNITY, TEXAS, OUR NATION, AND THE WORLD, B) TO EDUCATE THE NEXT GENERATION OF LEADERS IN PATIENT CARE, BIOMEDICAL SCIENCE AND DISEASE PREVENTION, C) CONDUCT HIGH-IMPACT, INTERNATIONALLY RECOGNIZED RESEARCH, AND D) TO DELIVER PATIENT CARE THAT BRINGS UT SOUTHWESTERN'S SCIENTIFIC ADVANCES TO THE BEDSIDE - FOCUSING ON QUALITY, SAFETY, AND SERVICE.

PROGRAM OBJECTIVE: TO CONTINUE TO BE A PREMIER EDUCATIONAL, CLINICAL, AND RESEARCH INSTITUTION WITH CUTTING-EDGE APPROACH TO MEDICINE.

4b (Code _____) (Expenses $ 372,500. including grants of $ 372,500.) (Revenue $ _____)

SUPPORTED ORGANIZATION: SALVATION ARMY

MISSION: TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS IN HIS NAME WITHOUT DISCRIMINATION

PROGRAM OBJECTIVE: CURRENT AND LONG-TERM OBJECTIVE IS TO PROVIDE COMMUNITY AND FELLOWSHIP THROUGH YOUTH CAMPS, TO REBUILD LIVES THROUGH DISASTER RELIEF, PRISONER REHABILITATION, DRUG AND ALCOHOL REHABILITATION, AND FIGHT HUMAN TRAFFICKING, AND TO PROVIDE COMFORT AND SUPPORT THROUGH CHRISTMAS CHARITY, ELDER SERVICES, AND REACHING OUT TO THE LONELY (LEAGUE OF MERCY).

4c (Code _____) (Expenses $ 212,500. including grants of $ 212,500.) (Revenue $ _____)

SUPPORTED ORGANIZATION: CATHOLIC CHARITIES OF DALLAS

MISSION: PROVIDING SERVICES TO STRENGTHEN FAMILIES

PROGRAM OBJECTIVE: CURRENT AND LONG-TERM OBJECTIVE IS TO PROVIDE SERVICES THAT STRENGTHEN FAMILIES INCLUDING ADOLESCENT & FAMILY COUNSELING, ELDERLY SERVICES, IMMIGRATION SERVICES, OUTREACH, CHILD DAY CARE AND FAMILY ASSISTANCE.

PROGRAM ACCOMPLISHMENTS: PROVIDE GENERAL SUPPORT

4d Other program services (Describe in Schedule O)

(Expenses $ 2,020,000. including grants of $ 2,020,000.) (Revenue $ _____)

4e Total program service expenses ▶ 3,500,000.

SEE SCHEDULE O FOR CONTINUATION(S)

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2		X
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 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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
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? *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*	13		X
14a	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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or 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, 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 and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete 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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *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 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	

Part 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	1a	6		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	4		
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)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	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		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		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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 to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	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		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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	13b			
c	Enter the amount of reserves on hand	13c			
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		

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 [x]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3		
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:				
a	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 organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			x

Section 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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	x	
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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [ ] Another's website [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, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SANDRA L. HALLMARK - 214-265-0555

8750 N CENTRAL EXPRESSWAY #1720, DALLAS, TX 75231

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SANDRA L. HALLMARK	38.00									
PRESIDENT		X		X				200,000.	0.	0.
(2) WILLIAM J. HENDRIX (DECEASED)	40.00									
VICE PRESIDENT		X		X				139,755.	0.	0.
(3) WENDELL W. JUDD	5.00									
SEC/TREAS/DIRECTOR		X		X				52,800.	0.	0.
(4) NANCY M. HORNSBY	0.30									
BOARD MEMBER/DIRECTOR		X						9,000.	0.	0.
(5) MARY TABOR	0.30									
BOARD MEMBER/DIRECTOR		X						9,000.	0.	0.
(6) SCOTT HENDRIX	0.30									
BOARD MEMBER/DIRECTOR		X						4,000.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								414,555.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								414,555.	0.	0.

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORGAN STANLEY SMITH BARNEY, 300 CRESCENT COURT STE 120, DALLAS, TX 75201	INVESTMENT ADVISORY SERVICES	674,943.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f	▶				
Program Service Revenue		Business Code				
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	2,614,161.			2,614,161.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶	17.			17.
		(i) Real / (ii) Personal				
	6 a Gross rents	15,348.				
	b Less rental expenses	0.				
	c Rental income or (loss)	15,348.				
	d Net rental income or (loss)	▶	15,348.			15,348.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 55,660,706. / (ii) Other				
	b Less cost or other basis and sales expenses	51,998,171.				
	c Gain or (loss)	3,662,535.				
	d Net gain or (loss)	▶	3,662,535.			3,662,535.
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11 a PASSTHROUGH FROM K-1 K	523000	88.			88.
	b PASSTHROUGH FROM K-1 P	523000	-14,941.			-14,941.
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶	-14,853.			
	12 Total revenue See instructions.	▶	6,277,208.	0.	0.	6,277,208.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,500,000.	3,500,000.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,555.		414,555.	
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	59,039.		59,039.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	27,775.		27,775.	
11 Fees for services (non-employees)				
a Management				
b Legal	6,819.		6,819.	
c Accounting	56,206.		56,206.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	674,943.		674,943.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	4,592.		4,592.	
14 Information technology				
15 Royalties				
16 Occupancy	59,189.		59,189.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,116.		29,116.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOREIGN TAXES PAID	44,237.		44,237.	
b INSURANCE	18,196.		18,196.	
c INVESTMENT EXPENSE	3,340.		3,340.	
d BOARD MEETING EXPENSE	1,645.		1,645.	
e All other expenses	752.		752.	
25 **Total functional expenses.** Add lines 1 through 24e	4,900,404.	3,500,000.	1,400,404.	0.
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)				

Part X 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
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		8,845,701.	2	6,242,054.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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 employees' beneficiary organizations (see instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,646.	9	14,988.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 278,911.			
	b	Less accumulated depreciation	10b 127,912.	180,116.	10c	150,999.
	11	Investments - publicly traded securities		103,640,267.	11	112,059,922.
	12	Investments - other securities See Part IV, line 11		331,924.	12	1,851,334.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,268.	15	657,604.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		113,005,922.	16	120,976,901.
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable		2,590,000.	18	2,575,000.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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, 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	
	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		80,318.	25	32,354.
	26	**Total liabilities.** Add lines 17 through 25		2,670,318.	26	2,607,354.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [x] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		110,335,604.	27	118,369,547.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		110,335,604.	33	118,369,547.
	34	Total liabilities and net assets/fund balances		113,005,922.	34	120,976,901.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,277,208.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,900,404.
3	Revenue less expenses Subtract line 2 from line 1	3	1,376,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,335,604.
5	Net unrealized gains (losses) on investments	5	6,657,139.
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	118,369,547.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
DAVID M CROWLEY FOUNDATION	75-2350254

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
SEE ATTACHMENT A		VARIOUS	X						1,020,000.
SEE ATTACHMENT A		VARIOUS		X					2,480,000.
Total 2									3,500,000.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 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 organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

DAVID M CROWLEY FOUNDATION

Employer identification number

75-2350254

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

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

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		134,446.	42,779.	91,667.
d Equipment		144,465.	85,133.	59,332.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				150,999.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FOREIGN TAX PAYABLE	3,591.
(3) DEFERRED RENT LIABILITY	28,763.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	32,354.

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 ☐

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	12,934,347.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,657,139.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	6,657,139.
3	Subtract line 2e from line 1			3	6,277,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	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	6,277,208.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	4,900,404.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,900,404.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	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	4,900,404.

Part XIII Supplemental Information.

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

DAVID M CROWLEY FOUNDATION

Employer identification number

75-2350254

Part I **General Information on Grants and Assistance**

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 criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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 recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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
SEE ATTACHMENT B			3,500,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 55.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I LINE 2

EXPLANATION: GRANTS AWARDED BY THE DAVID M. CROWLEY FOUNDATION ARE

MONITORED AND MANAGED BY ITS BOARD OF DIRECTORS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

DAVID M CROWLEY FOUNDATION

Employer identification number

75-2350254

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SANDRA L. HALLMARK	(i)	200,000.	0.	0.	0.	0.	200,000.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047
2013
Open to Public Inspection

Name of the organization: DAVID M CROWLEY FOUNDATION
Employer identification number: 75-2350254

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ACCOMPLISHMENTS: PROVIDE MEDICAL RESEARCH GRANTS IN THESE AREAS: BREAST CANCER, PARKINSONS DISEASE, PELVIC REHABILITATION, PERIPHERAL NERVE AND PAIN MANAGEMENT, SCHIZOPHRENIC RESEARCH PROGRAM, AND SPINAL CORD INJURY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM ACCOMPLISHMENTS: PROVIDE GENERAL SUPPORT

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALLOCATIONS TO DESIGNATED ORGANIZATIONS ENABLED THOSE ORGANIZATIONS TO PROVIDE SOCIAL SERVICES TO CHILDREN AND ECONOMICALLY DEPRIVED INDIVIDUALS, SCHOLARSHIPS AND OTHER SERVICES COMPLYING WITH 501(C)(3), EXPENSES $ 2,020,000. INCLUDING GRANTS OF $ 2,020,000. REVENUE $ 0.

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

EXPLANATION: A DRAFT COPY OF THE FORM 990 WAS APPROVED BY THE EXECUTIVE COMMITTEE AND THE FINAL COPY WAS ULTIMATELY EXECUTED BY THE PRESIDENT.

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

EXPLANATION: TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

Name of the organization: DAVID M CROWLEY FOUNDATION

Employer identification number: 75-2350254

EXPLANATION: OFFICER COMPENSATION IS DETERMINED AND VOTED BY THE INDEPENDENT MEMBERS OF THE BOARD. THE BOARD MEMBERS COMPRISING THE OFFICERS OF THE ORGANIZATION ABSTAIN FROM VOTING. COMPARABILITY DATA VOTED BY THE BOARD WAS PROVIDED BY AN INDEPENDENT CONSULTANT. THE ABOVE ACTIONS OF THE BOARD ARE MEMORIALIZED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOUNDATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC:

1. GOVERNING DOCUMENTS

2. ARTICLES OF INCORPORATION AND BYLAWS

3. FINANCIAL STATEMENTS

THESE DOCUMENTS ARE MADE AVAILABLE BY CONTACTING THE FOUNDATION OFFICE.

FORM 990, PART XII, LINE 2C

EXPLANATION: THE INDEPENDENT MEMBERS OF THE BOARD ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

DAVID M. CROWLEY FOUNDATION
DECEMBER 31, 2013
75-2350254
ATTACHMENT A

FORM 990
Schedule A, Part 1, line 11(h)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of Organization	(iv) is the organization listed in your governing document? YES	NO	(vii) Amount of Support
SUPPORTED ORGANIZATIONS:					
CATHOLIC CHARITIES OF DALLAS	75-2745221	1	X		212,500
DALLAS CENTER FOR THE PERFORMING ARTS FOUNDATION	75-2890923	7	X		75,000
HAPPY HILL CHILDREN'S HOME, INC	51-0236530	2	X		50,000
NORTH TEXAS FOOD BANK	75-1785357	7	X		150,000
SALVATION ARMY	75-0800678	7	X		372,500
URSULINE ACADEMY	75-2789158	2	X		160,000
TOTAL SUPPORTED ORGANIZATIONS					**1,020,000**
AGAPE CLINIC OF GRACE UNITED METHODIST CHURCH	14-1847977	3		X	50,000
AMY'S FRIENDS - NEW FRIENDS NEW LIFE	75-2820473	7		X	10,000
ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY	75-2663446	7		X	6,000
AVANCE - DALLAS	74-1769114	7		X	5,000
BIG THOUGHT	75-2170035	7		X	20,000
BISHOP DUNNE HIGH SCHOOL	75-2883025	2		X	100,000
BISHOP LYNCH HIGH SCHOOL	75-2819934	2		X	75,000
THE BRIDGE NORTH TEXAS	45-3452817	7		X	50,000
BRYAN'S HOUSE	75-2801818	7		X	20,000
CATHOLIC CHARITIES OF CENTRAL TEXAS	74-2928450	7		X	100,000
CHILDREN'S MEDICAL FOUNDATION OF TEXAS	75-2062015	7		X	75,000
CISTERCIAN PREPARATORY SCHOOL	75-1087167	2		X	20,000
CITYSQUARE (FORMERLY CENTRAL DALLAS MINISTRIES INC)	75-2332948	7		X	35,000
COMMUNITY PARTNERS OF DALLAS	75-2468034	7		X	30,000
CONTACT CRISIS LINE	75-1285960	9		X	10,000
DALLAS ARBORETUM & BOTANICAL SOCIETY, INC	23-7375815	9		X	25,000
DALLAS SYMPHONY	75-1529851	7		X	50,000
DALLAS THEATER CENTER	75-0959992	9		X	25,000
DPA'S ASSIST THE OFFICER FOUNDATION, INC	75-2823567	7		X	15,000
EMPOWERING AFRICAN CHILDREN	20-5607329	9		X	15,000

DAVID M. CROWLEY FOUNDATION
DECEMBER 31, 2013
75-2350254
ATTACHMENT A

FORM 990
Schedule A, Part 1, line 11(h)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of Organization	(iv) is the organization listed in your governing document? YES	NO	(vii) Amount of Support
THE FAMILY PLACE, INC	75-1590896	7		X	25,000
GENESIS WOMEN'S SHELTER	75-1881365	7		X	50,000
GOOD SHEPHERD EPISCOPAL SCHOOL	75-1008445	1		X	50,000
GREATER DALLAS YOUTH ORCHESTRAS, INC	75-1468956	7		X	20,000
HABITAT FOR HUMANITY	75-2097161	7		X	20,000
HEALING HANDS MINISTRY, INC	65-1259379	7		X	10,000
HIWAY 80 RESCUE MISSION	23-7112088	7		X	10,000
JUBILEE PARK AND COMMUNITY CENTER	75-2726296	7		X	10,000
LITERACY INSTRUCTION FOR TEXAS (LIFT)	75-1095223	7		X	50,000
MISSIONAL WISDOM FOUNDATION	27-2278319	9		X	10,000
OPEN DOOR PRESCHOOL, GRACE UNITED METHODIST CHURCH	75-2397069	2		X	20,000
OUR FRIENDS' PLACE FOR TRANSITIONAL LIVING CENTER	75-2077719	7		X	5,000
OUR LADY OF PERPETUAL HELP SCHOOL	75-0957353	1		X	30,000
PARKLAND FOUNDATION PARKLAND HOSPITAL PEDIATRIC BURN CAMP	75-2089180	7		X	20,000
PEROT MUSEUM OF NATURE AND SCIENCE	75-6067569	7		X	30,000
PROJECT TRANSFORMATION	75-2930405	1		X	5,000
SALESMANSHIP CLUB YOUTH AND FAMILY CENTERS INC	75-1855620	11e		X	25,000
THE SEEING EYE INC	22-1539721	7		X	10,000
SENIOR CITIZENS OF GREATER DALLAS, INC	75-1085555	7		X	10,000
SHELTER MINISTRIES OF DALLAS DBA AUSTIN ST SHELTER	75-1881365	9		X	10,000
SOUTHWESTERN MEDICAL FOUNDATION	75-0945939	7		X	100,000
SPCA OF TEXAS	75-1216660	7		X	5,000
ST CECLIA CATHOLIC SCHOOL	75-6005399	1		X	5,000
ST PATRICK CATHOLIC SCHOOL	75-1105523	1			44,000
THE STEWPOT	75-0871727	7		X	15,000
TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN TREASURE STREET	75-0818178	3		X	10,000
UNITED METHODIST COMMITTEE ON RELIEF (UMCOR)	13-5562279	1		X	150,000

DAVID M. CROWLEY FOUNDATION
DECEMBER 31, 2013
75-2350254
ATTACHMENT A

FORM 990
Schedule A, Part 1, line 11(h)

(i) Name of Supported Organization	(ii) EIN	(iii) Type of Organization	(iv) is the organization listed in your governing document? YES	NO	(vii) Amount of Support
UT SOUTHWESTERN MEDICAL CENTER	75-6002868	7		X	895,000
VISITING NURSES ASSOCIATION	75-0800692	7		X	100,000
TOTAL OTHER ORGANIZATIONS					2,480,000
TOTAL CONTRIBUTIONS-SCHEDULE A, PART 1, LINE 11(h)					3,500,000

DAVID M. CROWLEY FOUNDATION
DECEMBER 31, 2013
75-2350254
ATTACHMENT B

FORM 990
Schedule I, Part II

1(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant assistance
GRANTS & OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES:							
CATHOLIC CHARITIES OF DALLAS 3725 BLACKBURN ST DALLAS, TX 75219	75-2745221	501(c)(3)	212,500				GENERAL FUND
DALLAS CENTER FOR THE PERFORMING ARTS FOUNDATION, INC. 2100 ROSS AVENUE, SUITE 650 DALLAS, TX 75201	75-2890923	501(c)(3)	75,000				BUILDING FUND
HAPPY HILL CHILDREN'S HOME, INC 3846 NORTH HWY 144 GRANBURY, TX 76048	51-0236530	501(c)(3)	50,000				GENERAL FUND
NORTH TEXAS FOOD BANK 4306 SHILLING WAY DALLAS, TX 75237-1021	75-1785357	501(c)(3)	150,000				GENERAL FUND
SALVATION ARMY 5302 HARRY HINES DALLAS, TX 75235	75-0800678	501(c)(3)	372,500				GENERAL FUND
URSULINE ACADEMY 4900 WALNUT HILL LANE DALLAS, TX 75229-6599	75-2789158	501(c)(3)	160,000				GENERAL FUND
AGAPE CLINIC OF GRACE UNITED METHODIST CHURCH 4105 JUNIUS DALLAS, TX 75246	14-1847977	501(c)(3)	50,000				GENERAL FUND
AMY'S FRIENDS P O BOX 192378 DALLAS, TX 75219	75-2820473	501(c)(3)	10,000				NEW FRIENDS, NEW LIFE
ASSISTANCE LEAGUE OF GREATER COLLIN COUNTY 2300 COIT ROAD #350 PLANO, TX 75075	75-2663446	501(c)(3)	6,000				GENERAL FUND
AVANCE - DALLAS 2816 SWISS AVENUE DALLAS, TX 75204	74-1769114	501(c)(3)	5,000				GENERAL FUND
BIG THOUGHT 2501 OAK LAWN AVENUE, SUITE 550 DALLAS, TX 75219	75-2170035	501(c)(3)	20,000				GENERAL FUND
BISHOP DUNNE HIGH SCHOOL 3900 RUGGED DRIVE DALLAS, TX 75224	75-2883025	501(c)(3)	100,000				DAVID M. CROWLEY SCHOLARSHIP FUND
BISHOP LYNCH HIGH SCHOOL 9750 FERGUSON ROAD DALLAS, TX 75228	75-2819934	501(c)(3)	75,000				DAVID M. CROWLEY SCHOLARSHIP FUND
THE BRIDGE NORTH TEXAS P.O BOX 710100 DALLAS, TEXAS 75217-0100	45-3452817	501(c)(3)	50,000				GENERAL FUND
BRYAN'S HOUSE P. O BOX 35868 DALLAS, TX 75235	75-2801818	501(c)(3)	20,000				GENERAL FUND
CATHOLIC CHARITIES OF CENTRAL TEXAS 1625 RUTHERFORD LANE AUSTIN, TX 78754	74-2928450	501(c)(3)	100,000				WEST, TEXAS DISASTER RELIEF
CHILDREN'S MEDICAL FOUNDATION OF TEXAS 2777 N. STEMMONS FREEWAY, STE 700 DALLAS, TX 75207	75-2062015	501(c)(3)	75,000				CHIP PROGRAM
CISTERCIAN PREPARATORY SCHOOL 3660 CISTERCIAN RD IRVING, TX 75039	75-1087167	501(c)(3)	20,000				GENERAL FUND

DAVID M. CROWLEY FOUNDATION
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FORM 990
Schedule I, Part II

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CITYSQUARE (FORMERLY CENTRAL DALLAS MINISTRIES, INC) 511 N AKARD ST DALLAS, TX 75201	75-2332948	501(c)(3)	35,000				GENERAL FUND
COMMUNITY PARTNERS OF DALLAS 2355 STEMMONS FRWY DALLAS, TX 75207	75-2468034	501(c)(3)	30,000				GENERAL FUND
CONTACT CRISIS LINE P O BOX 800742 DALLAS, TX 75380	75-1285960	501(c)(3)	10,000				GENERAL FUND
DALLAS ARBORETUM & BOTANICAL SOCIETY, INC 8617 GARLAND ROAD DALLAS, TX 75218	23-7375815	501(c)(3)	25,000				CHILDREN'S PROGRAM AND GARDEN
DALLAS SYMPHONY ASSOCIATION SCHLEGEL ADMINISTRATIVE SUITES 2301 FLORA STREET DALLAS, TX 75201	75-1529851	501(c)(3)	50,000				GENERAL FUND
DALLAS THEATER CENTER 2400 FLORA ST 8TH FLOOR DALLAS, TX 75201	75-0959992	501(c)(3)	25,000				GENERAL FUND
DPA'S ASSIST THE OFFICER FOUNDATION, INC 1412 GRIFFIN STREET EAST DALLAS, TX 75215	75-2823567	501(c)(3)	15,000				GENERAL FUND
EMPOWERING AFRICAN CHILDREN P.O. BOX 141226 DALLAS, TX 75214	20-5607329	501(c)(3)	15,000				GENERAL FUND
THE FAMILY PLACE, INC P. O BOX 7999 DALLAS, TX 75209-9998	75-1590896	501(c)(3)	25,000				GENERAL FUND
GENESIS WOMEN'S SHELTER DRAWER G DALLAS, TX 75208	75-1881365	501(c)(3)	50,000				GENERAL FUND
GOOD SHEPHERD EPISCOPAL SCHOOL 11110 MIDWAY ROAD DALLAS, TX 75229	75-1008445	501(c)(3)	50,000				EARLY LEARNING COMMUNITY CENTER
GREATER DALLAS YOUTH ORCHESTRAS, INC 3630 HARRY HINES BLVD DALLAS, TX 75219	75-1468956	501(c)(3)	20,000				GENERAL FUND
HABITAT FOR HUMANITY P O BOX 720490 DALLAS, TX 75372	75-2097161	501(c)(3)	20,000				GENERAL FUND
HEALING HANDS MINISTRY, INC P O. BOX 741524 DALLAS, TX 75374-1524	65-1259379	501(c)(3)	10,000				GENERAL FUND
HIWAY 80 RESCUE MISSION P O BOX 3223 LONGVIEW, TX 75606-3223	23-7112088	501(c)(3)	10,000				GENERAL FUND
JUBILEE PARK AND COMMUNITY CENTER 907 BANK STREET DALLAS, TX 75223	75-2726296	501(c)(3)	10,000				GENERAL FUND
LITERACY INSTRUCTION FOR TEXAS (LIFT) 2121 MAIN STREET, SUITE 100 DALLAS, TX 75201	75-1095223	501(c)(3)	50,000				GENERAL FUND
MISSIONAL WISDOM FOUNDATION 185 S. WHITE CHAPEL BLVD SOUTHLAKE, TX 76092	27-2278319	501(c)(3)	10,000				GENERAL FUND
OPEN DOOR PRESCHOOL, GRACE UNITED							

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METHODIST CHURCH 4105 JUNIUS STREET DALLAS, TX 75246	75-2397069	501(c)(3)	20,000				SCHOLARSHIP FUND
OUR FRIENDS' PLACE FOR TRANSITIONAL LIVING CENTER 2501 OAK LAWN, SUITE 500 DALLAS, TX 75219	75-2077719	501(c)(3)	5,000				GENERAL FUND
OUR LADY OF PERPETUAL HELP SCHOOL 7625 CORTLAND AVENUE DALLAS, TX 75235	75-0957353	501(c)(3)	30,000				GENERAL FUND
PARKLAND FOUNDATION 2777 N STEMMONS FREEWAY, STE 1700 DALLAS, TX 75207	75-2089180	501(c)(3)	20,000				PEDIATRIC BURN CAMP
PEROT MUSEUM OF NATURE AND SCIENCE 2201 N FIELD STREET DALLAS, TX 75201	75-6067569	501(c)(3)	30,000				MUSEUM OPERATIONS
PROJECT TRANSFORMATION 547 E. JEFFERSON BLVD. DALLAS, TX 75203	75-2930405	501(c)(3)	5,000				AFTER SCHOOL AND SUMMER PROGRAMS
SALESMANSHIP CLUB YOUTH AND FAMILY CENTERS INC. 106 EAST 10TH STREET DALLAS, TX 75203	75-1855620	501(c)(3)	25,000				JONSSON SCHOOL
THE SEEING EYE INC P O. BOX 375 MORRISTOWN, NJ 07963-0375	22-1539721	501(c)(3)	10,000				DAVID M CROWLEY PUPPY SCHOLARSHIP FUND
SENIOR CITIZENS OF GREATER DALLAS, INC 1215 SKILES DALLAS, TX 75204	75-1085555	501(c)(3)	10,000				GENERAL FUND
SHELTER MINISTRIES OF DALLAS DBA AUSTIN ST SHELTER P O. BOX 710729 DALLAS, TX 75371	75-1881365	501(c)(3)	10,000				LIFE WORKS PROGRAM
SOUTHWESTERN MEDICAL FOUNDATION 3963 MAPLE AVENUE, NO 100 DALLAS, TX 75219	75-0945939	501(c)(3)	100,000				GRANT - THE CLEMENTS UNIVERSITY HOSPITAL
SCPA OF TEXAS 2400 LONE STAR DRIVE DALLAS, TX 75212	75-1216660	501(c)(3)	5,000				GENERAL FUND
ST CECLIA CATHOLIC SCHOOL 635 MARYCLIFF DRIVE DALLAS, TX 75208	75-6005399	501(c)(3)	5,000				SCHOLARSHIP ASSISTANCE
ST PATRICK CATHOLIC SCHOOL 9635 FERNDALE ROAD DALLAS, TX 75238	75-1105523	501(c)(3)	44,000				TECHNOLOGY UPGRADE
THE STEWPOT 408 PARK AVENUE DALLAS, TX 75201	75-0871727	501(c)(3)	15,000				GENERAL FUND
TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 2222 WELBORN ST DALLAS, TX 75219-3924	75-0818178	501(c)(3)	10,000				TREASURE STREET
UNITED METHODIST COMMITTEE ON RELIEF (UMCOR) P O. BOX 9068 NEW YORK, NY 10087	13-5562279	501(c)(3)	150,000				TORNADOS 2013
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390-9002	75-6002868	501(c)(3)	895,000				BREAST CANCER, PARKINSONS DISEASE, FACIAL NERVE RESTORATION,

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FORM 990
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1(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant assistance
							NEUROLOGY, PATHOLOGY AND CANCER, AND SCHIZOPHRENIC RESEARCH, SPINAL CORD INJURY LAB
VISITING NURSES ASSOCIATION 1440 MOCKINGBIRD LANE, #500 DALLAS, TX 75247	75-0800692	501(c)(3)	100,000				MEALS ON WHEELS CHILD & MATERNAL SERVICES
TOTAL CONTRIBUTIONS-SCHEDULE I, PART II			3,500,000				

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
DAVID M CROWLEY FOUNDATION	FORM 990 PAGE 10	75-2350254

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*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ▶	13	

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	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not include listed property) (See instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	29,116.
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

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
		/		27 5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year	/		40 yrs	MM	S/L	

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 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	29,116.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year					
43 Amortization of costs that began before your 2013 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	