

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED DEC 0 3 2014

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.

		venue Service	► Information about For	m 990-PF and its separate	instructions is at www.	irs.gov/form990pf.	Open to Public Inspection
		ıdar year 2013 or tax yea	r beginning		, and ending		
Nai	ne of	foundation				A Employer identification	n number
_0	ME	GA FOUNDATION	ON, INC.			75-2716754	<u> </u>
		•	r if mail is not delivered to street	address)	Room/suite	B Telephone number	
		W. 7TH STR			900	(817)335-5	
		own, state or province, co T WORTH, TX	ountry, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
G (heck	all that apply	Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		<u></u>	Final return	Amended return		2. Foreign organizations m	eeting the 85% test
			Address change	Name change		2. Foreign organizations me check here and attach or	omputation
H (_	type of organization	X Section 501(c)(3) ex	kempt private toundation Other taxable private founda	***	E If private foundation sta	- 1 1
		ction 4947(a)(1) nonexen arket value of all assets at	 	·	Accrual	under section 507(b)(1	
		Part II, col. (c), line 16)	·	ther (specify)	LLLI Accidai	F If the foundation is in a under section 507(b)(1	
	\$			ımn (d) must be on cash i	basis.)	under 300ttern 007(0)(1	/(b/, 01100K 11010
Pá	ırt l	Analysis of Revenue at (The total of amounts in columnecessarily equal the amount	umns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, gran	nts, etc., received	72,000.		N/A	
	2		on is not required to attach Sch. B				
	3	Interest on savings and temp cash investments	oorary				
	4	Dividends and interest fr	rom securities	52,650.	52,650	•	STATEMENT 1
	5a	Gross rents					
	۱ ـ	Net rental income or (loss)		61,300.		4 117-1-1-1141-1141-1-1-1-1-1-1-1-1-1-1-1-	
ë	6a	Net gain or (loss) from sale of Gross sales price for all	f assets not on line 10 341,392.	61,300.			
Revenue	70	assets on line 6a Capital gain net income (from	<u> </u>		61,300		- 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10
æ	7 8	Net short-term capital ga			01,300	 	
	g	Income modifications	2111	<u> </u>		<u> </u>	<u> </u>
	10a	Gross sales less returns				S, NOY	↓ • • •
	b	Less Cost of goods sold		**************************************	· · · · · · · · · · · · · · · · · · ·	L	
	C	Gross profit or (loss)				CC	·
	11	Other income		105 050			
	12	Total Add lines 1 through	gh 11	185,950.	113,950	•	
	13	Compensation of officers, du		5,000.	0	•	0.
	14	Other employee salaries	•				
es	15	Pension plans, employed Legal fees	e Deficits		*** *		
Expenses	1	Accounting fees	STMT 2	5,410.	5,410		0.
X	1	Other professional fees			0,110		
Ve		Interest					
rati	18	Taxes	STMT 3	600.	600	•	0.
408 Operating and Administrative	1 <u>9</u> 5	Depreciation and deplete	on				
08 74 74	21	Travel, conferences, and Printing and publication					
4 6	23	Other expenses	STMT 4	18,195.	18,195	•	0.
許	24	Total operating and adr	ministrative	·	•		
<u>—</u> §	<u> (</u>	expenses Add lines 13	through 23	29,205.	24,205	•	0.
Õ	25	Contributions, gifts, gran		82,500.			82,500.
	26	Total expenses and dis	bursements.				
	_	Add lines 24 and 25		111,705.	24,205	•	82,500.
	27	Subtract line 26 from lin	ie 12	74 045			
		Excess of revenue over expe		74,245.	89,745		
		Net investment income	= -		09,143	N/A	-

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF**

For	m 99	0-PF(2013) OMEGA FOUNDATION, INC.		75-2	2716754 Page 2		
<u></u>		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year		
	an	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	12,959.	2,918.	2,918.		
	2	Savings and temporary cash investments	15.	15.	15.		
	3	Accounts receivable ►					
		Less allowance for doubtful accounts					
	4	Pledges receivable ►		" ' '			
		Less allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less allowance for doubtful accounts ▶					
ts	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
Ä	10a	Investments - U S and state government obligations					
	b	Investments - corporate stock STMT 5	2,181,078.	2,265,364.	2,656,917.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis			THE PROPERTY OF		
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation					
	15	Other assets (describe STATEMENT 6)	147,054.	147,054.	147,054.		
	16	Total assets (to be completed by all filers - see the					
		instructions Also, see page 1, item 1)	2,341,106.	2,415,351.	2,806,904.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
S	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	2,084.	2,084.			
jab	21	Mortgages and other notes payable					
_	22	Other liabilities (describe 🕨)					
	ĺ						
_	23	Total liabilities (add lines 17 through 22)	2,084.	2,084.			
		Foundations that follow SFAS 117, check here					
'n		and complete lines 24 through 26 and lines 30 and 31.					
Ç	24	Unrestricted					
alar	25	Temporarily restricted					
Net Assets or Fund Balances	26	Permanently restricted					
Š		Foundations that do not follow SFAS 117, check here					
ř		and complete lines 27 through 31.					
ţ	27	Capital stock, trust principal, or current funds	0.	0.			
SSe	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
¥	29	Retained earnings, accumulated income, endowment, or other funds	2,339,022.	2,413,267.			
ž	30	Total net assets or fund balances	2,339,022.	2,413,267.			
			2 241 106	2 415 251			
_	31	Total liabilities and net assets/fund balances	2,341,106.	2,415,351.	······		
F	art	Analysis of Changes in Net Assets or Fund Ba	alances				
			20				
1		I net assets or fund balances at beginning of year - Part II, column (a), line (30		2 220 022		
	•	st agree with end-of-year figure reported on prior year's return)		1	2,339,022.		
		r amount from Part I, line 27a		2	74,245.		
3		er increases not included in line 2 (itemize)		3	2,413,267.		
4		lines 1, 2, and 3 reases not included in line 2 (itemize)		4	0.		
5 6		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 30	5 6	2,413,267.		
<u>. </u>	1016	i net assets di Tunu Dalances at enu di year (ilile 4 milius ilile 3) - Fatt II, CU	ionini (b), iine ou		Form 990-PF (2013)		

F	Part IV Capital Gains and	Losses for Tax on In	vestment	Income						
		e kınd(s) of property sold (e g se, or common stock, 200 shs			P-	ow ac Purch Dona			acquired lay, yr)	(d) Date sold (mo , day, yr)
1a	l									
b	SEE ATTACHED ST	ATEMENTS								
C			· · · · · · · · · · · · · · · · · · ·		ļ					
d	<u> </u>				<u> </u>			_		
е			1		<u> </u>					<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					iain or (loss s (f) minus	
_a										
_ <u>b</u>	<u>. </u>									
C										
d				200 00	3					C1 200
е			<u> </u>	280,09	2.					61,300
_	Complete only for assets showing gair		· ·						Col (h) gain not less tha	
_	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any					(from col (
<u>a</u>										
_ <u>b</u>)									
d		<u> </u>	,							61 200
e	<u> </u>				_	F				61,300
2	Capital gain net income or (net capital l	oss) { If gain, also enter oss), enter -0	r in Part I, line : - in Part I, line	7 7	}	2				61,300
3	Net short-term capital gain or (loss) as	defined in sections 1222(5) an	nd (6)							
	If gain, also enter in Part I, line 8, colun								· · / ·	
<u>_</u>	If (loss), enter -0- in Part I, line 8	O	Dadusad	Tay on Nat	1	3			N/A	
·		r Section 4940(e) for					ient ind	come		
(F	or optional use by domestic private foun	dations subject to the section ϵ	4940(a) tax on	net investment in	icome)				
lf :	section 4940(d)(2) applies, leave this pa	rt blank								
										Yes X No
	as the foundation liable for the section 4			•	riog 2					☐ Yes ♠ No
	"Yes," the foundation does not qualify un Enter the appropriate amount in each o	der section 4940(e). Do not co	mplete this pa	itt foro making anv o	ntriac					······································
1	(a)		iistructions bei	iole making any e						(d)
	Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C) onchari	table-	use assets	.		oùtion ratio
	Calendar year (or tax year beginning in)	, , , ,	2,904.	7100 10100 01110			4,97		(cor (b) un	olded by col (c))
	2012		7,500.		1.	42	7,495	5.		.02627
_	2011 2010		9,500.				1,449			.02232
	2009		0,500.				5,978			.03629
_	2008		9,400.		1.	08	2,25	3.		.08260
_	2000	<u> </u>								
2	Total of line 1, column (d)							2		.23678
	Average distribution ratio for the 5-yea	r hase period - divide the total	on line 2 by 5.	or by the number	r of vea	ars				
•	the foundation has been in existence if		 , - ,					3		.04735
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
4	Enter the net value of noncharitable-us	e assets for 2013 from Part X,	line 5					4		2,616,126
5	Multiply line 4 by line 3							5		123,892
6	Enter 1% of net investment income (19	% of Part I. line 27b)						6		897
•		• • • •							1	
7	Add lines 5 and 6							7	ļ	124,789
8	Enter qualifying distributions from Parl	XII, line 4						8		82,500
	If line 8 is equal to or greater than line See the Part VI instructions	7, check the box in Part VI, line	e 1b, and comp	plete that part usin	ng a 19	% tax ı	ate			

323521 10-10-13

	1990-PF (2013) OMEGA FOUNDATION, INC.		27167			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see in	stru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here And enter 1%	1			1,7	<u>95.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			_	0.
3	Add lines 1 and 2	_ 3_			1,7	<u>95.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			1,7	<u>95.</u>
6	Credits/Payments					
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 304.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d				_	O 4
_	Total credits and payments Add lines 6a through 6d	7				04.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. 8			1 4	~ 1 -
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7	9			1,4	<u>91.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
_	Enter the amount of line 10 to be Credited to 2014 estimated tax ► Refunded ► rt VII-A Statements Regarding Activities	11				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene				Yes	No
14	any political campaign?	III	i	10	162	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	١٥		1a 1b		X
U	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials publish-	•	-			
	distributed by the foundation in connection with the activities.	3 4 01				
c	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	16		
•	(1) On the foundation \blacktriangleright \$ 0 • (2) On foundation managers \blacktriangleright \$ 0 •					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
•	managers > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	ır				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law				
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	,		7	X	
_						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	TX					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				,,	
_	of each state as required by General Instruction G? If "No," attach explanation		-	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				v
10	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		A

	990-PF (2013) OMEGA FOUNDATION, INC. 75-271	<u>6754</u>		Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11_		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			.,
	If "Yes," attach statement (see instructions)	12	- 17	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13_	X	
	Website address ► N/A The books are in care of ► JOSEPH E. HARDGROVE Telephone no ► (817)	335	_57	30
14	Located at >309 W. SEVENTH ST., SUITE 900, FORT WORTH, TX ZIP+4 >7			39
4-	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	0102		
10		N	/A	ш
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during colondar year 2012, did the foundation have an interest in or a constitute or other outborns have		Yes	No
10	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank,	16	162	X
	securities, or other financial account in a foreign country? See the undervious for executions and filling requirements for Form TD F 00-22.1. If "Ves " enter the name of the foreign	10	L	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign			
Ď۶	country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 9	During the year did the foundation (either directly or indirectly)		103	140
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No	1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
ŀ	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	·	Х
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2013?	10		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
_	defined in section 4942(j)(3) or 4942(j)(5))			
á	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	'		
	before 2013? Yes X No			
	If "Yes," list the years ▶ , , , , , , , , , , , , , , , , , ,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	o If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013.)	3b	ļ	
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			٠
	had not been removed from leopardy before the first day of the tax year beginning in 2013?	l 4h	I	ΙX

323551

Form 990-PF (2013) OMEGA FOUNDATION, INC.	75-2	716754 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities	,	
List the foundation's four largest direct charitable activities during the tax year. Include relevant's number of organizations and other beneficiaries served, conferences convened, research papers	tatistical information such as the produced, etc	Expenses
1 N/A		
2		
	·	
3		
4		
D AW D		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax yea	r on lines 1 and 2	Amount
1 N/A	TOTALINES I AND Z	Aillouill
2		
All other program-related investments See instructions		
·		
Total. Add lines 1 through 3	b	0.

	Mason (2016) officer Tooks Indian		7 2 3 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	2,500,393. 8,518. 147,054.
b	Average of monthly cash balances	1b	8,518.
C	Fair market value of all other assets	10	147,054.
d	Total (add lines 1a, b, and c)	1d	2,655,965.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,655,965.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,839.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,616,126.
6	Minimum investment return. Enter 5% of line 5	6	130,806.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	130,806.
	Tax on investment income for 2013 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
 b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	1,795.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,795. 129,011.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	129,011.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	129,011.
	Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		02 500
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	82,500. 0.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	82,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	82,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	ne section

Form **990-PF** (2013)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,		1111 1111111 11111111 11111111		
line 7				129,011.
2 Undistributed income, if any, as of the end of 2013	111111111111111111111111111111111111111		111111111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·
a Enter amount for 2012 only			16,394.	
b Total for prior years		-D- 11 11111111111111111111111111111111		
,		0.		
3 Excess distributions carryover, if any, to 2013		11 111111111111111111111111111111111111		
a From 2008	,			
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				***************************************
Part XII, line 4 ►\$ 82,500.				
a Applied to 2012, but not more than line 2a			16,394.	
b Applied to undistributed income of prior	· · · · · · · · · · · · · · · · · · ·		······································	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	111111111111111111111111111111111111111	11 11/11/11/11/11/11 17· 11/- 17	**************************************	
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount		· · · · · · · · · · · · · · · · · · ·	MINITED 1	66,106.
e Remaining amount distributed out of corpus	0.	······································		
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		***************************************
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		***************************************
e Undistributed income for 2012 Subtract line				
4a from line 2a Taxable amount - see instr		***************************************	0.	
f Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1 This amount must				
be distributed in 2014		***** <u>********************************</u>		62,905.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.	·····		······
8 Excess distributions carryover from 2008	_			
not applied on line 5 or line 7	0.	***************************************		·····
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.	·····		
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
				Form 990-PF (2013)

Form 990-PF (2			INC.			2716754 Page 10
Part XIV	Private Operating Fo	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the four	ndation has received a ruling or	r determination letter that	it is a private operating			
foundation	n, and the ruling is effective foi	r 2013, enter the date of t	he ruling	▶		 -
b Check box	x to indicate whether the found		ig foundation described ii		4942(j)(3) or	<u> 4942(j)(5)</u>
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years	(1) 00/0	
income fr	om Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
ınvestmer	nt return from Part X for					
each year	listed					
b 85% of lin	ne 2a					
c Qualifying	distributions from Part XII,					
line 4 for	each year listed					
d Amounts	included in line 2c not					
used direc	ctly for active conduct of					
exempt ac	ctivities					
e Qualifying	distributions made directly					
for active	conduct of exempt activities					
	ine 2d from line 2c					
	3a, b, or c for the etect relied upon					
	Iternative test - enter			1		
(1) Value	e of all assets					
(2) Value	e of assets qualifying					
	r section 4942(j)(3)(B)(i)					
	ent" alternative test - enter nimum investment return					
	Part X, line 6 for each year					
listed						
• •	alternative test - enter					
	support other than gross					
	stment income (interest, ends, rents, payments on					
	rities loans (section					
•	a)(5)), or royalties)					
(2) Supp	oort from general public 5 or more exempt					
orgai	nizations as provided in					
	on 4942(J)(3)(B)(III)		·-			
., .	est amount of support from					
	cempt organization					
	s investment income Supplementary Info	rmation (Comple	te this part only i	if the foundati	on had \$5 000 or	more in assets
I GILAT	at any time during t			ii tiio iodiidda	on naa 40,000 or	more in assets
1 Informa	tion Regarding Foundatio		<u>, </u>		····	
	nanagers of the foundation wh	_	than 2% of the total cont	ributions received by	the foundation before the	e close of any tax
	only if they have contributed in					· · · · · · · · · · · · · · · · · · ·
NONE						
	nanagers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large p	ortion of the ownership o	f a partnership or
other enti	ity) of which the foundation has	s a 10% or greater interes	st			
NONE						
	tion Regarding Contributi					
	re $ ightharpoonup oxed{X}$ if the foundation o					
	lation makes gifts, grants, etc	<u> </u>				e, and d
a The name	e, address, and telephone num	ber or e-mail address of t	the person to whom appli	cations should be ad-	dressed	
h The ferre	in which applications about h	o aubanttad and informa	tion and materials they sh	and radiida		
u the form	in which applications should b	e submitted and imorria	tion and materials they si			
c Any subn	nission deadlines					
d Any restr	ictions or limitations on awards	s, such as by geographic	al areas, charitable fields,	kinds of institutions,	or other factors	
323601 10-10-13	3		10			Form 990-PF (2013)

2 Courts and Contributions Daid During the		Dovernout		
3 Grants and Contributions Paid During the	If recipient is an individual,	Payment		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
BEAUTIFUL FEET MINISTRIES	NONE		ASSISTANCE FOR NEEDY	
1709 E HATTIE ST				
FORT WORTH, TX 76014				1,000.
COOKS CHILDRENS	NONE		MEDICAL ASSISTANCE FOR	
801 SEVENTH AVE			NEEDY	
FORT WORTH, TX 76104				10,000.
			AGTGEN VGT. TOD. WUT	
HAPPY HILL FARM 3846 N HIGHWAY 144	NONE		ASSISTANCE FOR THE NEEDY	
GRANBURY, TX 76048		-	Nabo!	2,500.
<u> </u>				
KIDS WHO CARE	NONE		EDUCATIONAL -	
1300 GENDY ST			CHILDREN'S THEATER	
FORT WORTH, TX 76107				500.
LIGHTHOUSE FOR THE BLIND OF FORT	NONE		ASSISTANCE FOR THE	
WORTH			NEEDY	
912 W BROADWAY				
FORT WORTH, TX 76104	<u> </u>	<u> </u>		500.
	NTINUATION SHEE	T(S)	▶ 3a	82,500.
b Approved for future payment				
NONE				
			-	
Total	•		▶ 3b	0.

323611 10-10-13

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

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a	0000		1		
			<u> </u>		
d					
e			 		
e	-				
g Fees and contracts from government agencies	-		 		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Dividends and interest from securities		•	14	52,650.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	61,300.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
C	_ []				
d	_				
e					
12 Subtotal Add columns (b), (d), and (e)		0	•	113,950.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	113,950.
(See worksheet in line 13 instructions to verify calculations)		<u> </u>			

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

▼	the foundation's exempt purposes (other than by providing funds for such purposes)					
=						

323621 10-10-13

Part XVII	Information Re Exempt Organ	_	sfers To a	and Transactions a	and Relationsh	nips With Noncha	ritable	€	-
1 Did the or			of the following	g with any other organization	on described in section	on 501(c) of		Yes	No
	•			7, relating to political organ					
	from the reporting found								ł
(1) Cash			•				1a(1)		X
(2) Other	assets						1a(2)		X
b Other tran	sactions								
(1) Sales	of assets to a noncharita	ible exempt organiza	tion				1b(1)		X
(2) Purch	nases of assets from a no	ncharitable exempt	organization				1b(2)		X
(3) Renta	of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	bursement arrangements	;					1b(4)		X
	s or loan guarantees						1b(5)		X
(6) Perfo	rmance of services or me	embership or fundra	ısıng solıcıtatıo	ns			1b(6)		X
•	f facilities, equipment, ma	-		•			10		X
	•		-	dule Column (b) should al	-	•		sets,	
	-			ed less than fair market valu	ue in any transaction	or sharing arrangement, s	show in		
	the value of the goods,			averant argentzation	(d) p				
(a) Line no	(b) Amount involved	(c) Name o	N/A	exempt organization	(U) Description	of transfers, transactions, and	sharing ar	rangeme	nts
		-	IV/A						
		 							
-		 							
		1							
			·						
-	· · · · · · · · · · · · · · · · · · ·								
									
									
			_						
ın section	501(c) of the Code (othe	er than section 501(c		or more tax-exempt organi ion 527?	izations described		Yes	X	☐ No
b If "Yes," c	omplete the following sch			(h) Tune of organization	1	c) Description of relations	hin		
	(a) Name of org	Janization		(b) Type of organization	1	c) Description of relations	ыр		
	N/A								
							·······		
					 				
	-				 				
				g accompanying schedules and n taxpayer) is based on all inform		has any knowledge Ma ret sho	y the IRS um with th own below	e prepar (see ins	rer I
Sigi	nature of officer or trustee	e (Date	Title				
•	Print/Type preparer's na	ame	Preparer's si	-	Date	Check if PTIN			
			1.	L. Calualy	11/12/2014	self- employed			
Paid	TERRI L. C				11-12014		0282		
Preparer	Firm's name ► GAN	IDY, CALVI	ERLEY &	co., P.C		Firm's EIN ► 75-1	9954	35	_
Use Only									
	Firm's address ► 31						22-		
	FC	ORT WORTH,	<u>, TX 76</u>	107		Phone no (817)		<u>-73</u>	
						F	orm 99	v-PF	(2013)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2013

Name of the organization

Employer identification number

	OMEGA FOUNDATION, INC.	75-2716754			
Organization type (ch	neck one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foun	ndation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on			
	501(c)(3) taxable private foundation				
	•	a Special Rule. See instructions.			
General Rule	4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation your organization is covered by the General Rule or a Special Rule . nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. I Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%				
	-	or more (in money or property) from any one			
Special Rules					
509(a)(1) and	d 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contrib	bution of the greater of (1) \$5,000 or (2) 2%			
total contribu	parization type (check one): rs of: Section: m 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization m 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation circle if your organization is covered by the General Rule or a Special Rule. te. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. heral Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.				
contributions If this box is purpose. Do	s for use exclusively for religious, charitable, etc., purposes, but these contribution checked, enter here the total contributions that were received during the year for not complete any of the parts unless the General Rule applies to this organization.	ons did not total to more than \$1,000. or an exclusively religious, charitable, etc., ion because it received nonexclusively			
•	·				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

OMEGA FOUNDATION, INC.

75-2716754

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM & MARY TISDALE 32 JASON RD BOERNE, TX 75006	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JULIE D ROTH 34292 SHORE LANTERN DANA POINT, CA 92629	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARYBETH AND DONALD LAMPE 3909 STONEHENGE RD FT WORTH, TX 76109	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	LU PHAM 4117 RANIER CT FT WORTH, TX 76109	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DONNA K DOCKSTADER 3003 TANGLEWOOD PARK E FT WORTH, TX 76109	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TRISH WILLIAMSON 4405 BIRCHMAN AVE FT WORTH, TX 76107	\$ 25,000.	Person X Payroll

Name of organization

Employer identification number

OMEGA	FOUNDATION, INC.	75	5-2716754
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBERT & JUDY KELLER 5105 RIVER BLUFF DR FT WORTH, TX 76132	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JOE & CAROLYN HARDGROVE 309 W 7TH ST FT WORTH, TX 76102	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Employer identification number

OMEGA FOUNDATION, INC.

75-2716754

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-13	s	990. 990-EZ. or 990-PF) (2013

323454 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

75-2716754 OMEGA FOUNDATION, PAGE Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo , day, yr) (mo, day, yr) D - Donation 1a FUNDAMENTAL INVESTORS 24.661 SHS VARIOUS 10/07/13 b MATTHEWS ASIA GROWTH FUND 243.191 **VARIOUS** 07/30/13 c PIMCO ALL ASSET 83.333 SHS VARIOUS $07/02/\overline{13}$ d FRANKLIN TEMPLETON HARD CURR 163.399 SHS VARIOUS 07/02/ e AMERICAN FUND INTL GROWTH FUND OF AMERICA 56.409 VARIOUS 01/10/13 219.298 SHS **VARIOUS** 04/03/13 f PIMCO GLOBAL MULTI q PIMCO GLOBAL MULTI 802.644 SHS WARIOUS h PIMCO GLOBAL MULTI 6004.488 SHS VARIOUS 09/19/01 PIMCO EMERG LOCAL BD FD CL D 519.060 SHS VARIOUS 03/27/13 UNCONSTRAINED BD CL D 472.974 SHS VARIOUS 12/03/13 PIMCO k PIMCO GLOBAL MULTI 481.84 SHS VARIOUS 10/07/13 | PIMCO EMERG LOCAL BD FD CL D 181.472 SHS VARIOUS 11/12/13 UNCONSTRAINED BD CL D 158.345 SHS VARIOUS m PIMCO n PIMCO GLOBAL MULTI 254.215 SHS VARIOUS 11/12/13 o NEW PERSPECTIVE FUND 13.717 SHS 10/01/13 VARIOUS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 374. 1,200. 826 а 5,000. 3,924.1,076. b 988 1,000. 12. C 1,500. 1,557. <57.> 1,692. 108. 1,800. 2,500. $\overline{24}$. 2,476. 9,061. 8,500. <561.> g 62,987. 67,787. <4,800.> h 5,668. 5,687. <19.> $5,\overline{308}$ 5,297. <11.> 5,016. 5,664. <648.> <195.> 1,729. 1,924. 1,767. 1,777. 10. 2,936. <300.> 2,636. n 392. 108. 500. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) (i) FMV as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any 374. a 1,076. b 12. C <57.> d $\overline{10}8.$ 24. <561.> g <4,800.> h <19.> <11.> <648.> <195.> 10. m <300.> n $\overline{108}$. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

OMEGA FOUNDATION, INC. 75-2716754 PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo, day, yr) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse, or common stock, 200 shs MLC Co (mo, day, yr) 12.6391a CAPITAL WORLD GROWTH & INCOME FUND VARIOUS SHS 04/03/13 b CAPITAL WORLD GROWTH INCOME FUND 12.652 SHS VARIOUS 07/02/13 c CAPITAL WORLD GROWTH INCOME **FUND** 43.796 SHS VARIOUS d CAPITAL WORLD GROWTH INCOME FUND 124.547 SHS VARIOUS & 12/19/ e THE NEW ECONOMY FUND 437.679 SHS VARIOUS f NEW PERSPECTIVE FUND 826.836 SHS VARIOUS 02/08/1 q CAPITAL WORLD GROWTH & INCOME FUND 231.313 SHS VARIOUS 02/08/13 h FUNDAMENTAL INVESTORS 449.570 SHS VARIOUS 02/08/13 CAPITAL INCOME BUILDER 321.212 SHS VARIOUS 02/08/13 PIMCO ALL ASSET 692.757 SHS VARIOUS 02/08/13 k PIMCO GLOBAL MULTI 1131.251 VARIOUS 07/16/13 36.485 SHS INVESTMENT CO OF AMERICA VARIOUS 07/16/13 m AMERICAN FUND WA MUTUAL INV FD 41.386 SHS VARIOUS 07/16/13 n FRANKLIN TEMPLETON TEMPLETON HARD CURR FD 02/08/1307/16/13 o HODGES SMALL CAP 1162.376 SHS VARIOUS 02/08/13 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 97. 500. 403. а 404. 96. 500. b 401. 1,800. 1,399. C 5,500. 3,993. 1,507. d 13,270. 8,678. 4,592. 26,872. 23,166. 3,706.435. 8,871. 8,436. g 4,258. 19,255. 14,997. h 367. 17,017. 17,384. 8,325 8,756. 431. 13,069. 11,912. <1,157.> 1,283. 1,148. 135. 1,527.1,345. 182. m 4,678.4,855 $\overline{<177.}>$ n 16,703. 12,899. 3,804. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (k) Excess of col (I) (j) Adjusted basis (i) F M V as of 12/31/69 but not less than "-0-") as of 12/31/69 over col (j), if any 97. a 96. b $\overline{401}$. C 1,507. đ 4,592. е 3,706.435. g 4,258. h 367. 431. <1,157.> 135. 182. m <177.> П 3,804. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2

If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

CONTINUATION FOR 990-PF, PART IV 75-2716754 PAGE 3 OF 4

OMEGA FOUNDATION	, INC.	75-27.	16754	PAGE 3 OF 4
Part IV Capital Gains and Lo	sses for Tax on Investment Income			
	d describe the kind(s) of property solo rick warehouse, or common stock, 20		(b) How acqu P - Purcha D - Donatio	
1a WASATCH LONG S			D - Dollatio	VARIOUS 02/08/13
		SHS		VARIOUS 04/01/13
c PIMCO GLOBAL M				VARIOUS 12/04/13
d PIMCO EMERG LO		99.987 SHS		VARIOUS 12/04/13 VARIOUS 12/19/13
e PIMCO GLOBAL M		55.507 BHB		VARIOUS 07/23/13
f NEW WORLD FUND				VARIOUS 04/01/13
g NEW WORLD FUND				VARIOUS 11/21/13
	GROWTH & INCOME	FUND 68.197 SHS		VARIOUS 11/21/13
FUNDAMENTAL IN		HS		VARIOUS 11/21/13 VARIOUS 11/21/13
	CAL BD FD CL D 2			VARIOUS 11/21/13 VARIOUS 11/21/13
	AINED BD CL D 21			VARIOUS 11/21/13 VARIOUS 11/21/13
PIMCO GLOBAL M	 	7.400 5115		VARIOUS 11/21/13 VARIOUS 11/21/13
m PIMCO GLOBAL M				VARIOUS 06/04/13
n PIMCO GLOBAL M				VARIOUS 12/04/13
	BUILDER 89.031	CHC		VARIOUS 06/04/13
O CAPITAL INCOME		 	1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a 2,055.		1,811.		244.
b 1,500.		1,614.		<114.>
c 492.		561.	<u>-</u>	<69.>
d 8,505.		9,556.		<1,051.>
e 6,000.		6,347.		<347.>
f 1,500.		1,111.		389.
g 1,000.		696.		304.
h 3,000.		2,716.		284.
2,000.		1,532.		468.
2,348.		2,685.		<337.>
k 2,440.		2,440.		0.
2,303.		2,605.		<302.>
m 5,500.		5,574.		<74.>
n 2,633.		2,913.		<280 <u>.</u> >
5,000.	<u> </u>	5,213.		<213.>
Complete only for assets show	ng gain in column (h) and owned by t	he foundation on 12/31/69		Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (exc t	ess of col (h) gain over col (k), out not less than "-0-")
a				244.
b				<114.>
<u>c</u>		· · · · · ·	· ·	<69.>
d				<1,051.>
e				<347.>
f				389.
a				304.
h				284.
1				468.
1				<337.>
<u>, </u>			· · · · · · · · · · · · · · · · · · ·	0.
1				<302.>
<u>m</u>				<74.>
n		·-··		<280.>
0		*** * *		<213.>
	r If gain, also enter	ın Part I, line 7		-210./
2 Capital gain net income or (net c	· · · · · · · · · · · · · · · · · · ·	. !	2	
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line		0 (0)	3	
in those, enter -o- in rait i, line	<u> </u>		J	

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
2-story bi	I describe the kind(s) of property sol rick warehouse, or common stock, 2	00 shs MLC Co	D - Donation	(c) Date acquired (mo, day, yr)	(mo, day, yr)
1a PIMCO EMERG LO		3.763 SHS		VARIOUS	08/28/13
b CAPITAL GAINS	DIVIDENDS				
<u>c</u>					
d					
<u> </u>					
_g					
h					
1					
					
<u>k</u>	·				
<u> </u>					· · · · · · · · · · · · · · · · · · ·
_m					
n					
0	(0.5)	[0	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e) p	Gain or (loss) lus (f) minus (g)	
a 500.		595.			<95.>
b 48,695.					48,695.
С					
d					
<u>e</u>					
<u>f</u>		ļ-····			
<u>g</u>					
<u>h</u>					
<u> 1</u>					
<u> </u>					
<u>k</u>					
<u> </u>					·-
<u>m</u>					· · · · · · · · · · · · · · · · · · ·
n					
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) 1 00	ses (from col (h))	
(I) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)	Gains (excess of	of col (h) gain ove of less than "-0-")	rcol (k),
	as of 12/31/69	over col (j), if any			105
<u>a</u>					<95.>
<u>b</u>		<u> </u>			48,695.
<u>c</u>				·····	
<u>d</u>					 -
<u>e</u>					
<u>f</u>					
9					
<u>h</u>					
					
<u></u>		 			
<u>k</u>					
m					
n					
0					·
	<u> </u>				
2 Capital gain net income or (net ca		r in Part I, line 7 0-" in Part I, line 7	2		61,300.
If gain, also enter in Part I, line 8	ss) as defined in sections 1222(5) a , column (c)	nd (6)		,	
If (loss), enter "-0-" in Part I, line	8	J	3	N/A	

Part XV Supplementary Informati				
3' Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	3311113311311	<u> </u>
TALITHA KOUM INSTITUTE	NONE		ASSISTANCE FOR NEEDY	
P.O. BOX 2202			CHILDREN	
WACO, TX 76703	_			2,500.
TCU WESLEY FOUNDATION	NONE		EDUCATIONAL	
2750 w LOWDEN ST				
FORT WORTH, TX 76109				500.
MEALS ON WHEELS	NONE		ASSISTANCE FOR THE	
320 S FREEWAY			NEEDY	
FORT WORTH, TX 76104		•		3,500.
AMON CARTER MUSEUM-RUTH CARTER	NONE		PROMOTE ARTS AND	
STEVENSON MEMORIAL FUND			EDUCATION	
3500 S CAMP BOWIE BLVD				
FORT WORTH, TX 76109				1,000
THE DUNVEGAN FOUNDATION	NONE		PROMOTE IRISH	
P.O. BOX 17303			TRADITIONS AND HISTORY	
RALEIGH, NC 27619				500
	NOVE		DROMOTE COOMITCH	
THE CLAN DONALD LANDS TRUST ARMADALE SLEAT	NONE		PROMOTE SCOTTISH TRADITIONS AND HISTORY	
ISLE OF SKYE, SCOTLAND, UNITED				
KINGDOM IV45 8RS				500
ST JOHNS EPISCOPAL CHURCH	NONE		RELIGIOUS	
348 HARTER RD				
DALLAS, TX 75218				500
CORNERSTONE CHURCH	NONE		RELIGIOUS	
18755 STONE OAK PKWY				
SAN ANTONIO, TX 78258		· · · · · · · · · · · · · · · · · · ·		10,000
HAMILTON PIPE BAND	NONE		SUPPORT MUSICAL ARTS	
2102 SWIFT BLVD				
HOUSTON, TX 77030				250
CLAN DONALD FOUNDATION INC.	NONE	1	PROMOTE IRISH	
P.O. BOX 13138			TRADITIONS AND HISTORY	
CHARLESTON, SC 29412		_		1,000
Total from continuation sheets				68,000

3' Grants and Contributions Paid During the		······		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
JNVERSITY OF MARY HARDIN BAYLOR	NONE		EDUCATIONAL	
900 COLLEGE ST BELTON, TX 76513				9,00
		<u>.</u> .		
RIO GRANDE BIBLE INSTITUTE	NONE		RELIGIOUS	
4300 S US HWY 281				
EDINBURGH, TX 78539				1,00
RB EYE FOUNDATION	NONE		SUPPORT FOR EYE	
P.O. BOX 92777 SOUTHLAKE, TX 76092			DISEASES	2,00
THE SAN ANTONIO CLUBHOUSE	NONE		ASSISTANCE FOR THE	
4450 RECOLETA			MENTALLY CHALLENGED	
SAN ANTONIO, TX 78216				75
ROARING FORK CONSERVANCY P.O. BOX 3349	NONE		CONSERVATION OF NATURAL RESOURCES	
BASALT, CO 81621				25,00
HEB ISD EDUCATION FOUNDATION	NONE		EDUCATIONAL	
P.O. DRAWER 969				50
BEDFORD, TX 76095				50
WATER ENVIRONMENT ASSOCIATION OF	NONE		CONSERVATION OF	
TEXAS			NATURAL RESOURCES	
1825 FORT VIEW RD AUSTIN, TX 78704				50
THE SEED COMPANY	none		RELIGIOUS	
3030 MATLOCK STE 104				
ARLINGTON, TX 76105				7,00
CHURCH ON THE ROCK	NONE		RELIGIOUS	
701 E INTERSTATE 30				
ROCKWALL, TX 75087		·-		2,00
Total from continuation sheets				

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUR	ITIES ST	ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MUTUAL FUNDS	101,345	. 48,69	52,650.	52,650.	
TO PART I, LINE 4	101,345	48,69	52,650.	52,650.	
FORM 990-PF		ACCOUNTI	NG FEES	SI	'ATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	_	5,410.	5,410.		0.
TO FORM 990-PF, PG	1, LN 16B	5,410.	5,410.		0.
FORM 990-PF		TAX	ES	ខា	ATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	_	600.	600.	,	0.
TO FORM 990-PF, PG	1, LN 18 =	600.	600.		0.
FORM 990-PF	<u>:</u> .	OTHER E	XPENSES	នា	CATEMENT 4
					
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION INVESTMENT FEES		EXPENSES	NET INVEST- MENT INCOME	ADJUSTED	CHARITABLE

FORM 990-PF	COR	PORATE STOCK	· · · · · · · · · · · · · · · · · · ·	STAT	EMENT	5
DESCRIPTION			BOOK VALUE		MARKE!	r
SCHWAB FUNDS			2,265,364	1. 2	,656,9	17.
TOTAL TO FORM 990-PF, PART II	, LINE	10B	2,265,364	2	,656,9	17.
FORM 990-PF	0	THER ASSETS		STAT	EMENT	6
DESCRIPTION		BEGINNING OF R BOOK VALUE	END OF YEAR BOOK VALUE		MARKE'	Г
SPLIT DOLLAR LIFE INSURANCE		147,054.	147,054	1.	147,0	54.
TO FORM 990-PF, PART II, LINE	15 =	147,054.	147,054	1.	147,0	54.
FORM 990-PF INT	EREST	AND PENALTIES		STAT	EMENT	7
TAX DUE FROM FORM 990-PF, PAI LATE PAYMENT INTEREST LATE PAYMENT PENALTY	RT VI					91. 23. 45.
TOTAL AMOUNT DUE					1,5	59.
FORM 990-PF	LATE	PAYMENT PENALT	Y	STAT	EMENT	8
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENAL	ΤΥ
	/15/14 /15/14	· · · · · · · · · · · · · · · · · · ·	1,491. 1,491.	6		45.
TOTAL LATE PAYMENT PENALTY						45.

a. 40 3

FORM 990-PF	L.I	ATE PAYMENT IN	TEREST		STATI	STATEMENT	
DESCRIPTION	DATE	AMOUNT	BALANCE	RATI	E DAYS	INTER	EST
TAX DUE DATE FILED	05/15/14 11/15/14	1,491.	1,491. 1,514.	.030	00 184	•	23.
TOTAL LATE PAYMENT IN	ITEREST				=	<u></u>	23.
FORM 990-PF PAR		ST OF OFFICER		 5	STATI	EMENT	10
NAME AND ADDRESS		TITLE AN AVRG HRS/		1— I	EMPLOYEE BEN PLAN CONTRIB		
M KEITH BRANYON 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	DIRECTOR 1.00		0.	0.		0.
TAMMY BRYANT 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	SECRETARY 40.00	5,0	5,000.			0.
RICHARD DRUMMOND 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	DIRECTOR 1.00		0.			0.
JOHN DICKENS 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	DIRECTOR 2.00		0.	0.		0.
JOSEPH E HARDGROVE 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	EXECUTIVE 3.00	DIRECTOR	0.	0.		0.
PHIL LUEBBEHUSEN 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	DIRECTOR 1.00		0.			0.
TOM HARDGROVE 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	DIRECTOR 1.00		0.			0.
KATHLEEN DONALDSON 309 WEST SEVENTH ST, FORT WORTH, TX 76102	STE 900	DIRECTOR 1.00		0.	0.		0.
TOTALS INCLUDED ON 99	00-PF, PAGE	6, PART VIII	5,0	000.	0.		0.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ▶ If you are filing for an Automatic 3-Month Extension, complete only Part II on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Fine type or filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed). File by the file of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions.	Form 886	8 (Rev. 1-2014)					Page 2		
e If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). The Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part III Additional (Not Automatic) 3-Month Extension of Social security number (SSN) 309 W. 7TH STREET, NO. 900 Not provided (SSN) 309 W. 7TH STREET, NO. 900 Not provided (SSN) 309 W. 7TH STREET, NO. 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Part III Part III Part III II Part III II Part III II Part II Part II			tension, d	complete only Part II and check this	s box		► X		
Part II	Note. On	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.			
Enter filer's identifying number, see instructions Employer identification number (EIN) or print Frie by the surface Print P	····								
Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print of the deals by the last data	Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	eded)		
DMEGA FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions.				Enter filer's	identifyir	ng number,	see instructions		
OMEGA FOUNDATION, INC. Mumber, street, and room or suite no. If a P.O. box, see instructions.	Type or						Employer identification number (EIN) or		
Number, street, and room or suite no. If a P.O. box, see instructions. 30.9 W. 7TH STREET, NO. 900 Instructions PORT WORTH, TX 76102 Enter the Return code for the return that this application is for (file a separate application for each return) Application Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-T (see. 401(a) or 408(a) trust) Form 990-T (see. 50) and the three above) Form 990-T (see. 50) and three three sees and three sees an	print						0-161		
No. 900 No. 7TH STREET, No. 900 No. 900 No. 7TH STREET, No. 900 No. 900 No. 7TH STREET, No. 900 No. 9	-						/5-2/16/54		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WORTH, TX 76102 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return	filing your	our DOO II 7 mu competer NO 000, see instructions.				Social security number (SSN)			
Application Is For Code Is For Code Is For Code Is For Code Form 990 or Form 990-EZ O1 O1 Code Form 990-BL O2 Form 1901-HA O8 Form 4720 (Individual) O3 Form 4720 (Individual) O9 Form 990-FF O7 PATE ON PATE OF PATE			oreign add	iress, see instructions.					
Is For	Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Is For	Applicati	on	Return	Application			Return		
Form 990-BL Form 990-BL Form 990-BL Form 990-F Form 99			Code				Code		
Form 4720 (Individual) Form 990-PF O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) O5 Form 6870 112 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JOSEPH E. HARDGROVE The books are in the care of ▶ 30 9 W. SEVENTH ST., SUITE 900 − FORT WORTH, TX 76102 Telephone No.▶ (817) 335-5739 Fax No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return and the stansion of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Ohney the term of the group of the stansion of time until Change in accounting period Tate in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Ba S 300 Signature and Verification must be completed for Part II only. Under penalties of penjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Form 990	or Form 990-EZ	01						
Form 990-PF O4 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8069 111 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JOSEPH E. HARDGROVE The books are in the care of ▶ 30.9 W. SEVENTH ST., SUITE 90.0 FORT WORTH, TX 7610.2 Telephone No. ▶ (817) 335-5739 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8b \$ 300 or 10 o	Form 990	-BL	02	Form 1041-A			08		
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 STOPI Do not complete Part III if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JOSEPH E. HARDGROVE The books are in the care of ▶ 30.9 W. SEVENTH ST., SUITE 90.0 − FORT WORTH, TX 7610.2 Telephone No.▶ (817) 335−5739 Fax No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ■ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a S 300 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Ball shows the form in the short inne 8b from line 8 include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of penjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JOSEPH E. HARDGROVE The books are in the care of ▶ 30 9 W. SEVENTH ST., SUITE 900 − FORT WORTH, TX 76102 Telephone No. ▶ (817) 335-5739 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ■ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 300 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature A Title PRESIDENT Date Title PRESIDENT Date	Form 990	-PF	04	Form 5227			10		
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. JOSEPH E. HARDGROVE The books are in the care of ▶ 309 W. SEVENTH ST., SUITE 900 − FORT WORTH, TX 76102 Telephone No. ▶ (817) 335–5739 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this for part of the group, check this box ▶ and attach a list with the names and ElNs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning and ending	Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
JOSEPH E. HARDGROVE The books are in the care of ▶ 309 W. SEVENTH ST., SUITE 900 − FORT WORTH, TX 76102 Telephone No. ▶ (817) 335-5739 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. If request an additional 3-month extension of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning , and ending. If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 300. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature Average Tax Payment System). See instructions. Signature Average Tax Payment System). See instructions. Title PRESIDENT Date	Form 990	rm 990-T (trust other than above) 06 Form 8870					12		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box In fit is for part of the group, check this box In fit is for part of the group, check this box In and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning and ending and ending and ending and ending and ending fit the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Final return Final return Final return ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ 300 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ 304 C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$ 0 Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Teleph	ooks are in the care of ► 309 W. SEVENTH none No. ► (817) 335-5739	ST.,	Fax No. ▶	ORTH,	TX 76	5102		
If it is for part of the group, check this box		•							
I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning, and ending, and ending If the tax year entered in line 5 is for less than 12 months, check reason:	[7						
For calendar year 2013, or other tax year beginning		· - ·			all memb	ers the exte	ension is for.		
6 If the tax year entered in line 5 is for less than 12 months, check reason:			NOVEM.	· · · · · · · · · · · · · · · · · · ·	_				
To Change in accounting period To State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. B If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title PRESIDENT Date		· —				-4	<u> </u>		
State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 300 and \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	• ""	¬ · ·	meek reas	on initial return _	rinai i	eturri			
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8 \$ 300. C Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature PRESIDENT Date	7 Sta								
Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature ▶ Title ▶ PRESIDENT Date ▶			GATHE	R THE INFORMATION	NEEDE	D TO F	ILE A		
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title ▶ PRESIDENT Date ▶				=					
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title ▶ PRESIDENT Date ▶									
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Title PRESIDENT Date	8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title PRESIDENT Date	nor	•		8a	\$	300.			
previously with Form 8868. Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature ▶ Title ▶ PRESIDENT Date ▶	b If th						-		
Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature Title PRESIDENT Date	tax	• •							
EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature PRESIDENT Date	pre	eviously with Form 8868.			8b	\$	304.		
Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature ▶ Title ▶ PRESIDENT Date ▶			-	th this form, if required, by using	İ		_		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form Signature PRESIDENT Date	EF					\$	0.		
It is true, correct, and complete, and that I am authorized to prepare this form Signature ► Title ► PRESIDENT Date ►		_		•	-	_			
				panying schedules and statements, and to	o the best o	f my knowled	lge and belief,		
Form 8868 (Rev. 1-2014	<u>Signature</u>	► Title ►	PRESI	DENT	Date				
						Form	8868 (Rev. 1-2014)		

323842 12-31-13