

## 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



DLN: 93493318041014

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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

| A Fo   |  |   | C Name of organization  |  |  | D Emplo   | ver identifi   | ication number  |
|--|--|---|---|--|--|---|--|---|
|  | еск іта<br>dress cl  | applicable<br>change  | WACO FOUNDATION   |  |  |   | 54628  | ication named   |
|  | me cha   | -   | Doing Business As   |  |  | /4-00   | .5-1020  |   |
| ┌ Ind  | tıal retu  | um  |   | ail is not delivered to street address) Room/s   | uıte                                       | E Telepho   | one number   |   |
| Г Те   | rmınate  | ed  | 1227 N VALLEY MILLS DR STE 235  |  |  |   | 754-340  | 4   |
| _  |  | l return  | City or town, state or province, cour WACO, TX 76710  | ntry, and ZIP or foreign postal code   |  | (231)   | 7 5 7 5 7 5  |   |
| Ар   | plicatioi  | n pending   |   |  | _  | <b>G</b> Gross r  | eceıpts \$ 34  | ,514,069  |
|  |  |   | F Name and address of prin<br>ASHLEY DULSKI   | cipal officer  |  | s this a group<br>subordinates?   | return for   | □ Yes 🔽 No  |
|  |  |   | 1227 N VALLEY MILLS DR :<br>WACO,TX 76710   | STE 235  |  |   |  |   |
|  |  |   | ***************************************   |  |  | Are all subordı<br>ncluded?   | nates  | │ Yes │ No  |
| <b>I</b> Ta  | x-exen   | mpt status  | <b>▽</b> 501(c)(3) <b>┌</b> 501(c)( ) <b>◄</b> (  | insert no )  | I  | f "No," attach  | a lıst (se   | e instructions)   |
| J W  | ebsite   | :e:► WW   | /W WACOFOUNDATION ORG   |  | H(c)                                       | Group exempt  | ion numbe  | er ►  |
| <b>K</b> For   | m of or  | rganızatıon   | Corporation Trust Associatio  | n  ○ Other ►   | <b>L</b> Year                              | of formation 19   | 58 <b>M</b> Sta  | te of legal domicile TX   |
| Pa   | rt I   | Sum   | mary  |  |  |   |  |   |
| Governance   |  | AND DII<br>TO ENA<br>COMMU<br>VARIAN  | RECTS THEIR USE FOR THE BE<br>BLE AND ENCOURAGE PEOPLI<br>NITY AND ENHANCE PUBLIC (<br>ICE POWER TO ENSURE THAT                               | HILANTHROPIC RESOURCES FROM NEFIT OF COMMUNITY-BASED CH. E TO CREATE CHARITABLE FUNDS GOOD AND OVERALL QUALITY OF THE INTERESTS OF THE ENTIRE CO   | ARITIES<br>THAT CO<br>LIFE, AND<br>DMMUNIT | THE GOAL O<br>LLECTIVELY<br>O THE BOARD<br>TY ARE THE F   | F WACO F<br>SERVE TI<br>OF TRUS<br>OCUS OF   | FOUNDATION IS<br>HE ENTIRE<br>STEES USES ITS<br>THE WORK  |
| Activities &   | _  | Check tr  | nis box 🞮 - if the organization dis   | scontinued its operations or disposed  | or more tr                                 | ian 25% of its  | net asset  | .s  |
| Ě  | 1  |   |   | ing body (Part VI, line 1a)  |  |   | 3  | 10  |
| ₽ÇĪ  | 1  |   |   | of the governing body (Part VI, line 1b  |  |   | 4  | 10  |
|  | 1  |   | ·   | calendar year 2013 (Part V, line 2a) ecessary)   |  |   | 6  | 38  |
|  |  |   | ,   | art VIII, column (C), line 12  |  |   | 7a   | 0   |
|  | b  | Net unre  | lated business taxable income fi  | om Form 990-T, line 34   | <u> </u>                                   |   | 7b   | 16,420  |
|  |  |   |   |  | 1  | Deign Vaca  |  |   |
|  | _  | C +   | but and another (Doub ) (TTT 1)   | 1 h)   |  | Prior Year  |  | Current Year  |
| ile<br>E   | 8  |   |   | ne 1h)   |  | 3,805,3   | 326  | 5,857,760   |
| ekentle  | 8<br>9<br>10   | Progra  | am service revenue (Part VIII, li   | ne 1h)   |  | 3,805,3   | 326<br>417   |   |
| Revenue  | 9<br>10<br>11  | Progra<br>Invest<br>Other   | im service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),                                       | ne 2g)   |  | 3,805,3<br>8,4<br>2,944,7   | 326<br>417   | 5,857,760<br>7,472  |
| Revenue  | 9<br>10  | Progra<br>Invest<br>Other<br>Total I  | nm service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),<br>revenue—add lines 8 through 11     | ne 2g)   |  | 3,805,3<br>8,4<br>2,944,7   | 326<br>417<br>753<br>307   | 5,857,760<br>7,472<br>5,297,452   |
| Revenue  | 9<br>10<br>11  | Progra<br>Invest<br>Other<br>Total (<br>12)   | nm service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),<br>revenue—add lines 8 through 11     | ne 2g)   | ne   | 3,805,3<br>8,4<br>2,944,7   | 326<br>417<br>753<br>307   | 5,857,760<br>7,472<br>5,297,452<br>643  |
| Revenue  | 9<br>10<br>11<br>12<br>13<br>14  | Progra Invest Other Total (12) Grants Benefi  | am service revenue (Part VIII, li<br>tment income (Part VIII, column<br>revenue (Part VIII, column (A),<br>revenue—add lines 8 through 11<br> | ne 2g)   | ne   | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8   | 326<br>417<br>753<br>307   | 5,857,760<br>7,472<br>5,297,452<br>643<br>11,163,327  |
|  | 9<br>10<br>11<br>12  | Progra Invest Other Total (12) Grants Benefi  | tm service revenue (Part VIII, listment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11              | ne 2g)   | ne   | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8   | 326<br>417<br>753<br>307<br>803<br>206<br>0  | 5,857,760<br>7,472<br>5,297,452<br>643<br>11,163,327<br>5,515,449   |
|  | 9<br>10<br>11<br>12<br>13<br>14  | Progra Invest Other Total (12) . Grants Benefi Salari(5-10)   | tim service revenue (Part VIII, list timent income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11          | ne 2g)   |  | 3,805,3<br>8,6<br>2,944,7<br>1,3<br>6,759,8<br>2,793,2  | 326<br>417<br>753<br>307<br>803<br>206<br>0  | 5,857,760<br>7,472<br>5,297,452<br>643<br>11,163,327<br>5,515,449   |
| Expenses Revenue   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b                            | Progra Invest Other Total (12) . Grants Benefi Salari(5-10) Profes Total fu   | tim service revenue (Part VIII, list timent income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11          | (A), lines 3, 4, and 7d)   |  | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8<br>2,793,3  | 326<br>417<br>753<br>307<br>303<br>206<br>0  | 5,857,760<br>7,472<br>5,297,452<br>643<br>11,163,327<br>5,515,449<br>0<br>861,786   |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b                            | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other  | timent income (Part VIII, littent income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11                    | (A), lines 3, 4, and 7d)   |  | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8<br>2,793,3<br>813,5   | 326<br>417<br>753<br>307<br>803<br>206<br>0  | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0  |
|  | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b                            | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other  | treent income (Part VIII, literent income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11                   | (A), lines 3, 4, and 7d)   |  | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8<br>2,793,3  | 326<br>417<br>753<br>307<br>803<br>206<br>0<br>547<br>0  | 5,857,760<br>7,472<br>5,297,452<br>643<br>11,163,327<br>5,515,449<br>0<br>861,786   |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17                      | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other  | treent income (Part VIII, literent income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11                   | (A), lines 3, 4, and 7d)   |  | 3,805,3<br>8,6<br>2,944,7<br>1,3<br>6,759,8<br>2,793,3<br>813,5<br>677,8<br>4,284,3   | 326<br>417<br>753<br>307<br>803<br>206<br>0<br>547<br>0  | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17                      | Progra Invest Other Total (12) . Grants Benefi Salari(5-10) Profes Total fu Other Total (2) Reven   | timent income (Part VIII, literation income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11                 | (A), lines 3, 4, and 7d)   |  | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8<br>2,793,3<br>813,5<br>4,284,3<br>2,475,4<br>nning of Currer<br>Year                              | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>523<br>376<br>427<br><b>nt</b>                      | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year  |
| Expenses   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19          | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (2) Reven  | timent income (Part VIII, literature) in service revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11    | ne 2g)   |  | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8<br>2,793,2<br>813,5<br>4,284,3<br>2,475,4<br>nning of Currel<br>Year<br>67,590,9<br>368,3         | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>623<br>376<br>427<br><b>nt</b><br>980               | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year 74,372,771 537,572                               |
| Not Assets or Expenses Fund Balances   | 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19          | Progra Invest Other Total ( 12) . Grants Benefi Salario 5-10) Profes Total fu Other Total ( Reven   | timent income (Part VIII, literature) in service revenue (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11    | (A), lines 3, 4, and 7d)   |  | 3,805,3<br>8,4<br>2,944,7<br>1,3<br>6,759,8<br>2,793,3<br>813,5<br>4,284,3<br>2,475,4<br>nning of Currer<br>Year                              | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>623<br>376<br>427<br><b>nt</b><br>980               | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year  |
| Sign of Fund Balances Expenses   | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 22 11 11 11 11 11 11 11 11 11 | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Signal ASHL                             | timent income (Part VIII, Interest income (Part VIII, Column revenue (Part VIII, column (A), revenue—add lines 8 through 11                   | ne 2g)   | Begi                                       | 3,805,3 8,4 2,944,7 1,3 6,759,8 2,793,3 813,5 677,6 4,284,3 2,475,4 nning of Currer Year 67,590,6 368,3 67,222,8                              | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>523<br>376<br>427<br><b>nt</b><br>980<br>120<br>860 | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year 74,372,771 537,572 73,835,199 and to the best of |
| Sign of Feed Balances Expenses   | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 22 11 11 11 11 11 11 11 11 11 | Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Signal Signal ASHL Type                   | timent income (Part VIII, Interest income (Part VIII, Interest income (Part VIII, column (A), revenue—add lines 8 through 11                  | (A), lines 3, 4, and 7d)  lines 5, 6d, 8c, 9c, 10c, and 11e)  (must equal Part VIII, column (A), line  IX, column (A), lines 1-3)  X, column (A), line 4)  te benefits (Part IX, column (A), lines  column (A), line 11e)  to, line 25)  56,612  lines 11a-11d, 11f-24e)  st equal Part IX, column (A), line 25)  18 from line 12   line 21 from line 20   amined this return, including accompaniplete Declaration of preparer (other the | Begi                                       | 3,805,3 8,4 2,944,7 1,3 6,759,8 2,793,3 813,5 677,6 4,284,3 2,475,4 nning of Currer Year 67,590,5 368,3 67,222,8 edules and star) is based on | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>523<br>376<br>427<br><b>nt</b><br>980<br>120<br>860 | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year 74,372,771 537,572 73,835,199 and to the best of |
| Sign Care Base of Expenses Care Base of Expe | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 22 11 11 er penanowlearer had | Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Reven  Sign alties of edge and las any ki | tem service revenue (Part VIII, Interest income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11             | (A), lines 3, 4, and 7d)  lines 5, 6d, 8c, 9c, 10c, and 11e)  (must equal Part VIII, column (A), line  IX, column (A), lines 1-3)  X, column (A), line 4)  te benefits (Part IX, column (A), lines  column (A), line 11e)  to, line 25)  56,612  lines 11a-11d, 11f-24e)  st equal Part IX, column (A), line 25)  18 from line 12  lines 21 from line 20  amined this return, including accompaniplete Declaration of preparer (other to   | Begi                                       | 3,805,3 8,4 2,944,7 1,3 6,759,8 2,793,3 813,5 677,8 4,284,3 2,475,4 nning of Currer Year 67,590,9 368,3 67,222,8 edules and star) is based on | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>523<br>376<br>427<br><b>nt</b><br>980<br>120<br>860 | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year 74,372,771 537,572 73,835,199 and to the best of |
| Sign Paragraph P | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 22 11 11 er penanowlearer had | Progra Invest Other Total (12) Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven  Total (2) Signa alties of edge and as any ki        | timent income (Part VIII, Interest income (Part VIII, Interest income (Part VIII, column (A), revenue—add lines 8 through 11                  | (A), lines 3, 4, and 7d)  lines 5, 6d, 8c, 9c, 10c, and 11e)  (must equal Part VIII, column (A), line  IX, column (A), lines 1-3)  X, column (A), line 4)  te benefits (Part IX, column (A), lines  column (A), line 11e)  to, line 25)  56,612  lines 11a-11d, 11f-24e)  st equal Part IX, column (A), line 25)  18 from line 12   line 21 from line 20   amined this return, including accompaniplete Declaration of preparer (other the | Begi                                       | 3,805,3 8,4 2,944,7 1,3 6,759,8 2,793,3 813,5 677,8 4,284,3 2,475,4 nning of Currer Year 67,590,9 368,3 67,222,8 edules and star) is based on | 326<br>417<br>753<br>307<br>303<br>206<br>0<br>547<br>0<br>523<br>376<br>427<br><b>nt</b><br>980<br>120<br>860 | 5,857,760 7,472 5,297,452 643 11,163,327 5,515,449 0 861,786 0 751,957 7,129,192 4,034,135 End of Year 74,372,771 537,572 73,835,199 and to the best of |

| Part III Statement of Program Service Accomplishments  |   |
|--|---|
| Check if Schedule O contains a response or note to any line in this Part III   |   |
| Briefly describe the organization's mission  |   |
| THE MISSION OF WACO FOUNDATION IS TO PROMOTE SOLUTIONS TO COMMUNITY CHALLENGES, STR<br>NONPROFITS, ENGAGE PHILANTHROPISTS AND MANAGE CHARITABLE ASSETS IN ORDER TO IMPROVE<br>MCLENNAN COUNTY  |   |
| 2 Did the organization undertake any significant program services during the year which were not listed on   |   |
| the prior Form 990 or 990-EZ?  |   |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |   |
| If "Yes," describe these changes on Schedule O   |   |
| Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.  |   |
| <b>4a</b> (Code ) (Expenses \$ 191,670 including grants of \$ 86,201 ) (Revenue \$   | 0)  |
| WACO FOUNDATION OPERATING FUND THIS FUND IS THE ORGANIZATION'S PRIMARY COMPETITIVE GRANT-MAKING FUND, PROWNED SERVE MCLENNAN COUNTY RESIDENTS ALONG WITH OTHER FUNDS (DISCRETIONARY AND SELECTED FIELD OF INTEREST IN COMPETITIVE GRANT PROGRAM, 16 GRANTS WERE AWARDED DURING THE ORGANIZATION'S TWO ANNUAL GRANT CYCLES (SPRING OPERATING FUND GAVE GRANTS TO THE FOUNDATION'S 4 PROGRAM FUNDS - MAC COLLEGE MONEY PROGRAM, CAPACITY BUILD EARLY CHILDHOOD INITIATIVE AND GREATER WACO COMMUNITY EDUCATION ALLIANCE FINALLY, WACO FOUNDATION GRANTED OF WEST, TEXAS AFTER THE FERTILIZER PLANT EXPLOSION IN APRIL OF 2013 THIS MONEY WAS EITHER CONTRIBUTED DIRECTLY RELIEF EFFORTS FUND HELD AT THE FOUNDATION OR GIVEN TO WEST, TEXAS FOUNDATION, INC. FOR UNMET NEEDS   | FUNDS) THAT SUPPORT OUR<br>ING AND FALL) IN ADDITION, THE<br>DING PROGRAM, SMARTBABIES<br>MONIES TO BENEFIT THE PEOPLE  |
| <b>4b</b> (Code ) (Expenses \$ 487,152 including grants of \$ 298,377 ) (Revenue \$  | 0)  |
| (Code ) (Expenses \$ 487,152 including grants of \$ 298,377) (Revenue \$ MAC COLLEGE MONEY PROGRAM THIS FUND WAS ESTABLISHED TO PROVIDE 1ST AND 2ND YEAR SCHOLARSHIPS TO STUDENTS A COLLEGES IN MCLENNAN COUNTY IN ADDITION, 3RD AND 4TH YEAR SCHOLARSHIPS ARE ALSO PROVIDED TO PREVIOUS SCHOLAR CONTINUE THEIR EDUCATION AT ANY 4-YEAR COLLEGE IN OR OUTSIDE THE MCLENNAN COUNTY AREA DURING THE 2013 TAX YI SENIORS WERE ENROLLED IN THE MAC COLLEGE MONEY PROGRAM AND MORE THAN \$3 5 MILLION IN STATE AND FEDERAL STUDENTS IN COMPLETING THE ASSISTANCE OF THE MAC COLLEGE MONEY PROGRAM THE DIRECTOR OF THE PROGRAM ASSISTS STUDENTS IN COMPLETING  | ATTENDING THE 2 MAJOR<br>RSHIP RECIPIENTS WHO WANT TO<br>EAR, 498 MCLENNAN COUNTY<br>ENT AID WAS ACCESSED WITH  |
| <b>4c</b> (Code ) (Expenses \$ 246,839 including grants of \$ 0 ) (Revenue \$  | 0)  |
| CAPACITY BUILDING PROGRAM THIS FUND IS USED TO PROVIDE GRANTS AND SERVICES THAT PROMOTE NONPROFIT EFFECTIVE EXCELLENCE IN MANAGEMENT AND GOVERNANCE AND FINANCIAL SUSTAINABILITY PROGRAM ACTIVITIES INCLUDE, BUT ARE NOT SMALL ASSISTANCE GRANTS THAT CAN BE USED TO ACCESS THE SERVICES AND EXPERTISE OF A PROFESSIONAL NONPROFIT CON EXECUTIVE LEADER PEER LEARNING AND ENGAGEMENT OPPORTUNITIES, THE DELIVERY OF A CIVIC/COMMUNITY DEVELOPMENT DEVELOPMENT PROGRAM, THE DELIVERY OF NONPROFIT MANAGEMENT TRAININGS WHICH FOCUS ON TOPICS SUCH AS BOARD OF EVALUATION AND ASSESSMENT, GRANTWRITING AND FUNDRAISING THE PROGRAM ALSO SUPPORTS THE IDENTIFICATION, COOF COMMUNITY RESOURCES BY AREA ORGANIZATIONS AND NONPROFITS, THE CREATION, MAINTENANCE AND DISTRIBUTION OF RE WEBSITES AND NEWSLETTERS) THAT PROVIDE AREA RESIDENTS AND NONPROFITS WITH INFORMATION ON VOLUNTEERISM, LEAD PRACTICES IN NONPROFIT MANAGEMENT FINALLY, THE PROGRAM CONTINUES TO FUND THE COORDINATION AND SUBMISSION OF AREA HUMAN SERVICE ORGANIZATIONS FOR HUD FUNDING TO REDUCE AND PREVENT CHRONIC HOMELESSNESS | ENESS AND EFFICIENCY, I LIMITED TO THE AWARD OF NSULTANT, FACILITATING ORIENTED LEADERSHIP GOVERNANCE, PROGRAM RDINATION AND USE OF SOURCES AND INFORMATION (VIA DERSHIP DEVELOPMENT AND BEST |
| (Code ) (Expenses \$ 197,576 including grants of \$ 0 ) (Revenue \$  | 7,472 )   |
| GREATER WACO COMMUNITY EDUCATION ALLIANCE AND SUMMIT FUNDS THIS IS A PROGRAM WHICH ORGANIZES THE COMMUN THE OVERALL GOAL IS TO INCREASE THE PERCENTAGE OF THE WACO COMMUNITY POPULATION WITH AN ASSOCIATE'S DEGREE OF 28%, ACCORDING TO CENSUS ESTIMATES FROM 2007, THE YEAR THE ALLIANCE BEGAN TO ORGANIZE SPECIFICALLY, THE ALLIANCE ENSURE STUDENTS (1) COME TO SCHOOL READY TO LEARN, AND (2) COMPLETE POST-SECONDARY EDUCATION PREPARED FOR COORDINATES PROGRAMMING AND EVALUATIONS OF VARIOUS NONPROFIT ORGANIZATIONS AND EDUCATIONAL INSTITUTIONS TO EFFECTIVENESS, AND IT OVERSEES AN EVALUATION OF THE COMMUNITY'S EDUCATION PERFORMANCE ON AN ANNUAL BOUCATION SUMMIT (WITH AN AVERAGE ATTENDANCE OF 500), WHICH INVITES ALL RESIDENTS INTERESTED IN EDUCATION TO PLANS AND STRATEGIES OF THE ALLIANCE   | NITY IN SUPPORT OF EDUCATION<br>OR HIGHER FROM THE RATE OF<br>NCE HAS THREE GOALS - TO<br>R CAREER AND LIFE THE ALLIANCE<br>O ENHANCE COLLABORATION AND<br>IONG THEIR ACTIVITIES ARE AN       |
| (Code ) (Expenses \$ 111,262 including grants of \$ 0 ) (Revenue \$  | 0)  |
| SMARTBABIES EARLY CHILDHOOD INITIATIVE THE SMARTBABIES EARLY CHILDHOOD INITIATIVE WAS ESTABLISHED IN 2011 TO PREFERRIT TO INCREASE THE QUALITY OF LIFE FOR VERY YOUNG CHILDREN IN WACO, WITH A SPECIFIC FOCUS ON WACO AREA ZIFUNDING SUPPORTS A COORDINATOR POSITION AS WELL AS EDUCATIONAL AND PROMOTIONAL ACTIVITIES FOR THE EARLY CHILD INCLUDES CHILD CARE, PUBLIC HEALTH, EDUCATION AND CHARITABLE HEALTH CARE ORGANIZATIONS SMARTBABIES HAS ALSO IN PROVIDE EARLY CHILDHOOD RESOURCE INFORMATION TO PARENTS, TARGETING LOW INCOME PARENTS OF BABIES AND YOUNG  | P CODES WITH HIGHEST POVERTY<br>DHOOD SECTOR, WHICH<br>DEVELOPED A WEBSITE TO   |
| (Code ) (Expenses \$ 5,215,215 including grants of \$ 5,130,871 ) (Revenue \$  | 643 )   |
| THIS INCLUDES ALL OTHER FUNDS OWNED AND MANAGED BY WACO FOUNDATION - 174 DESIGNATED, DONOR ADVISED, SCHOLA DISCRETIONARY FUNDS   | •   |
|  |   |
| Other program services (Describe in Schedule O ) (Expenses \$ 5,524,053 including grants of \$ 5,130,871 ) (Revenue \$   | 8,115)  |
| 4e Total program service expenses ► 6,449,714  | - , ,   |

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

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

| Ċ.II | 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       |
| 1    | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   19  |            | 1.05     | 110      |
|      | Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b 0   |            |          |          |
| :    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable   | 1          |          |          |
|      | gaming (gambling) winnings to prize winners?  | 1c         |          |          |
| a    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |            |          |          |
|      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 1          |          |          |
| ,    | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | 2b         | Yes      |          |
| ı    | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За         | Yes      |          |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b         | Yes      |          |
| 3    | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                            | 4a         |          | No       |
| )    | If "Yes," enter the name of the foreign country 🕨   |            |          |          |
|      | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts   | -          |          |          |
|      |   |            |          |          |
| 1    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |          | Νo       |
| )    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |          | Νo       |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |            |          |          |
|      |   | 5c         |          |          |
|      | 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         |          | No       |
| )    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b         |          |          |
|      | Organizations that may receive deductible contributions under section 170(c).   |            |          |          |
|      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a         |          | No       |
| ,    | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b         |          |          |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to  |            |          |          |
|      | file Form 8282?   | 7c         | Yes      |          |
| l    | If "Yes," indicate the number of Forms 8282 filed during the year 7d 1  | _          |          |          |
| •    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit   |            |          |          |
|      | contract?   | 7e         |          | Νo       |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f         |          | Νo       |
|      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7</b> g |          |          |
|      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h         |          |          |
|      | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |            |          | N a      |
|      |   | 8          |          | No       |
|      | Sponsoring organizations maintaining donor advised funds.   | 0-         |          | NI a     |
|      | Did the organization make any taxable distributions under section 4966?   | 9a<br>9b   |          | No<br>No |
|      | Did the organization make a distribution to a donor, donor advisor, or related person?  | 90         |          | IN O     |
|      | Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a  |            |          |          |
|      | Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |            |          |          |
|      | Section 501(c)(12) organizations. Enter   |            |          |          |
|      | Gross income from members or shareholders   |            |          |          |
|      | Gross income from other sources (Do not net amounts due or paid to other sources  | 1          |          |          |
|      | against amounts due or received from them )   |            |          |          |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |          |          |
| )    | If "Yes," enter the amount of tax-exempt interest received or accrued during the  |            |          |          |
|      | year  | 1          |          |          |
|      | Is the organization licensed to issue qualified health plans in more than one state?  |            |          |          |
| -    | Note. See the instructions for additional information the organization must report on Schedule O  | 13a        |          |          |
| )    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |            |          |          |
|      | Enter the amount of reserves on hand  | ]          |          |          |
|      | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a        | <u>L</u> | No       |
|      | If "Yes " has it filed a Form 720 to report these payments? <i>If "No" provide an explanation in Schedule</i> 0   | 14h        |          |          |

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

|                                | ection A. Governing body and management  |   |  |                                       |                          |          |
|--------------------------------|--|---|--|---------------------------------------|--------------------------|----------|
|                                |  |   |  |                                       | Yes                      | No       |
| 1a                             | Enter the number of voting members of the governing body at the end of the tax year  | 1a  | 10   |                                       |                          |          |
|                                | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |   |  |                                       |                          |          |
| b                              | Enter the number of voting members included in line 1a, above, who are independent   | <b>1</b> b  | 10   |                                       |                          |          |
| 2                              | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?   |   | relationship with any  | 2                                     |                          | No       |
| 3                              | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management coi   |   |  | 3                                     |                          | No       |
| 4                              | Did the organization make any significant changes to its governing documents since filed?  | the p   | orior Form 990 was   | 4                                     | Yes                      |          |
| 5                              | Did the organization become aware during the year of a significant diversion of the oi   | rganız  | ation's assets? .  | 5                                     |                          | No       |
| 6                              | Did the organization have members or stockholders?   |   |  | 6                                     |                          | Νο       |
| 7a                             | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?  |   | elect or appoint one or  | 7a                                    |                          | No       |
| b                              | Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?  | lby)  | nembers, stockholders,   | 7b                                    |                          | No       |
| 8                              | Did the organization contemporaneously document the meetings held or written active year by the following  |   | ndertaken during the   |                                       |                          |          |
| а                              | The governing body?  |   | 8a   | Yes                                   |                          |          |
| b                              | Each committee with authority to act on behalf of the governing body?  | 8b  | Yes  |                                       |                          |          |
| 9                              | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule  |   |  | 9                                     |                          | No       |
| Se                             | ection B. Policies (This Section B requests information about policies not   |   |  | eveni                                 | ue Cod                   | e.)      |
|                                | · · · · · · · · · · · · · · · · · · ·  |   | · · · · · <b>· · ·</b> · · · · · · · · · · ·                                   |                                       |                          |          |
|                                |  |   |  |                                       | Yes                      | No       |
| 10a                            | Did the organization have local chapters, branches, or affiliates?   |   |  | 10a                                   | Yes                      |          |
|                                | Did the organization have local chapters, branches, or affiliates?   | ivitie  | s of such chapters,  | 10a<br>10b                            | Yes                      | No<br>No |
| b                              | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization   | ivitie<br>on's e  | s of such chapters,<br>xempt purposes?   | 10b                                   | Yes                      |          |
| b<br>11a                       | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?   | civitie<br>on's e<br>s gov                                    | s of such chapters,<br>xempt purposes?<br>erning body before filing<br>        | 10b                                   | Yes                      |          |
| b<br>11a<br>b                  | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members.  | ivitie<br>on's e<br>s gov<br>• •                              | s of such chapters,<br>xempt purposes?<br>erning body before filing<br>        | 10b                                   | Yes                      |          |
| b<br>11a<br>b<br>12a           | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?   | on's es gov   | s of such chapters,<br>xempt purposes?<br>erning body before filing<br><br>190 | 10b                                   |                          |          |
| b<br>11a<br>b<br>12a<br>b      | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  | civitie<br>on's e<br>s gov<br>form 9                          | s of such chapters, xempt purposes? erning body before filing                  | 10b                                   | Yes                      |          |
| b<br>11a<br>b<br>12a<br>b      | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.   | civitie<br>on's e<br>s gov<br>form 9                          | s of such chapters, xempt purposes? erning body before filing                  | 10b<br>11a<br>12a                     | Yes                      |          |
| b<br>11a<br>b<br>12a<br>b      | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with  | civitie<br>on's e<br>s gov<br>form 9                          | s of such chapters, xempt purposes? erning body before filing                  | 10b<br>11a<br>12a<br>12b              | Yes<br>Yes<br>Yes        |          |
| b<br>11a<br>b<br>12a<br>b      | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.   | civitie<br>on's e<br>s gov<br>form s<br>ly inte               | s of such chapters, xempt purposes? erning body before filing                  | 10b<br>11a<br>12a<br>12b              | Yes<br>Yes<br>Yes        |          |
| b<br>11a<br>b<br>12a<br>b<br>c | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  | civitie<br>on's e<br>s gov<br>form 9<br>ly inte<br>the p      | s of such chapters, xempt purposes? erning body before filing                  | 10b<br>11a<br>12a<br>12b<br>12c<br>13 | Yes<br>Yes<br>Yes<br>Yes |          |
| b 11a b 12a c 13 14            | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revi  | civitie on's es gov  form 9  ly inte  the p                   | s of such chapters, xempt purposes? erning body before filing                  | 10b<br>11a<br>12a<br>12b<br>12c<br>13 | Yes<br>Yes<br>Yes<br>Yes |          |
| b 11a b 12a c 13 14 15 a       | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisindependent persons, comparability data, and contemporaneous substantiation of the  | civitie on's e s gov  form 9  ly inte  the p  lew ar e deli   | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14             | Yes Yes Yes Yes Yes Yes  |          |
| b 11a b 12a c 13 14 15 a       | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  | civitie on's e s gov  form 9  ly inte  the p  lew ar e deli   | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14             | Yes Yes Yes Yes Yes Yes  |          |
| b 11a b 12a c 13 14 15 a b     | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization   | civitie on's e s gov  form 9  ily inte  the p  iew ar  e deli | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14             | Yes Yes Yes Yes Yes Yes  |          |
| b 11a b 12a c 13 14 15 a b     | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of   | civitie on's e s gov  form 9  ly inte  the p  lew arredeli    | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14 15a 15b     | Yes Yes Yes Yes Yes Yes  | No       |
| b 11a b 12a c 13 14 15 a b     | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organication of the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? | civitie on's e s gov  | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14 15a 15b     | Yes Yes Yes Yes Yes Yes  | No       |
| b 11a b 12a c 13 14 15 a b     | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take   | civitie on's e s gov  | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14 15a 15b     | Yes Yes Yes Yes Yes Yes  | No       |
| b 11a b 12a c 13 14 15 a b     | If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?  | civitie on's e s gov  form 9  ly inte  the p  lew are deli    | s of such chapters, xempt purposes? erning body before filing                  | 10b 11a 12a 12b 12c 13 14 15a 15b     | Yes Yes Yes Yes Yes Yes  | No       |

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

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►LESLIE MITCHELL 1227 N VALLEY MILLS DR STE 235 WACO,TX 76710 (254)754-3404

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

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

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

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

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

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

| (A)<br>Name and Title   | (B) A verage hours per week (list any hours for related organizations below dotted line) | more<br>pers | than on is a directional | one<br>bot | not<br>box<br>h ar<br>or/ti | ck, of use Highest compensated | ess<br>er | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------|--|--------------|--------------------------|------------|-----------------------------|--------------------------------|-----------|---|--|--|
| (1) SAM ALLISON         | 2 5  | stee         | Trustee                  |            | Ф                           | pensated                       |           |   |  |  |
|                         |  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| TRUSTEE (2) BETTY BAUER | 2 5  |              |                          | $\vdash$   |                             |                                |           |   |  |  |
| TRUSTEE                 |  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| (3) STEVE CATES         | 1<br>2 5   |              |                          |            |                             |                                |           |   |  |  |
| TRUSTEE                 |  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| (4) KYLE DEAVER         | 2 5  |              |                          |            |                             |                                |           |   |  |  |
| TRUSTEE                 | 1  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| (5) LISA JAYNES         | 2 5  |              |                          |            |                             |                                |           |   |  |  |
| TRUSTEE                 | 1  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| (6) KRIS KAISER OLSON   | 2 5  |              |                          |            |                             |                                |           | _   | _  |  |
| TRUSTEE                 | 1  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| (7) MAGGIE STINNETT     | 2 5  | v            |                          |            |                             |                                |           |   | 0  |  |
| TRUSTEE                 | 1  | Х            |                          |            |                             |                                |           | 0   | 0  | 0  |
| (8) CARA CHASE          | 2 5  | х            |                          | Х          |                             |                                |           | 0   | 0  | 0  |
| SECRETARY/TREASURER     | 1  | ^            |                          |            |                             |                                |           | 0   | U  |  |
| (9) DAVID DICKSON       | 2 5  | х            |                          | ×          |                             |                                |           | 0   | 0  | 0  |
| VICE CHAIRMAN           | 1  | ^            |                          |            |                             |                                |           | Ů   | 0  |  |
| (10) JIM HALLER         | 4 5  | x            |                          | ×          |                             |                                |           | 0   | 0  | 0  |
| CHAIRMAN                | 1  |              |                          | <u> </u>   |                             |                                |           | Ů   |  |  |
| (11) ASHLEY DULSKI      | 39 9   |              |                          | ×          |                             | ×                              |           | 141,066   | 0  | 18,847   |
| EXECUTIVE DIRECTOR      | 1  |              |                          | <u> </u>   |                             | Ĺ                              |           | 111,000   | ŭ ,  |  |
| (12) LESLIE MITCHELL    | 29 75  |              |                          | ×          |                             |                                |           | 59,056  | 0  | 10,676   |
| DIRECTOR OF FINANCE     | 25   |              |                          |            |                             |                                |           | 22,223  | _  |  |
|                         |  |              |                          |            |                             |                                |           |   |  |  |
|                         |  |              |                          |            |                             |                                |           |   |  |  |
|                         |  |              |                          | $\vdash$   |                             |                                |           |   |  |  |
|                         |  |              |                          |            |                             |                                |           |   |  |  |
|                         |  |              |                          |            |                             |                                |           |   |  |  |
|                         |  |              |                          |            |                             |                                |           |   |  |  |
|                         |  |              |                          |            |                             |                                |           |   |  | Form <b>990</b> (2013)   |

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

|            | <b>(A)</b><br>Name and Title   | (B) Average hours per week (list any hours            | more than one box, unless compensation compensation is person is both an officer and a director/trustee) organization (W-organizations) |                       | Reportable<br>compensation<br>from related<br>organizations (W | -            | (F)<br>Estima<br>amount o<br>compens<br>from t | ted<br>f other<br>ation<br>he |            |           |                             |          |                                  |        |
|------------|--|---|---|-----------------------|--|--------------|--|-------------------------------|------------|-----------|-----------------------------|----------|----------------------------------|--------|
|            |  | for related<br>organizations<br>below<br>dotted line) | Individual trustie<br>or director   | Institutional Trustee | Officei  | Key employee | Highest compensated employee                   | Former                        | 2/1099     | -MISC)    | 2/1099-MISC)                |          | organizati<br>relate<br>organiza | ed     |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             | +        |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
|            |  | 1   |   |                       |  |              |  |                               |            |           |                             | +        |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             | 1        |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
| <b>1</b> b | Sub-Total  |   |   |                       |  |              |  | Ŧ                             |            |           |                             |          |                                  |        |
| <b>C</b>   | Total from continuation shee   | •   |   | Α.                    | •  | •            | •  | •                             |            | 200 122   |                             |          |                                  | 20 522 |
| d          | Total (add lines 1b and 1c) .  |   |   |                       | •  |              |  | - \                           | <u> </u>   | 200,122   |                             | 0        |                                  | 29,523 |
| 2          | Total number of individuals (in \$100,000 of reportable comp                     |   |   |                       |  |              | u abov   | e) w                          | no receive | a more tr | idii                        |          |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          | Yes                              | No     |
| 3          | Did the organization list any <b>f</b> on line 1a? <i>If "Yes," complete</i> :   |   |   |                       |  |              | emplo  | yee,                          | or highes  | t compen  | sated employee              | 3        |                                  | No     |
| 4          | For any individual listed on lin<br>organization and related organ<br>individual |   |   |                       |  |              |  |                               |            |           |                             | 4        | Yes                              |        |
| 5          | Did any person listed on line 3<br>services rendered to the orga                 |   |   |                       |  |              |  |                               |            | anızatıon | or individual for           | 5        |                                  | No     |
|            | ection B. Independent Co   | ontractors  |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
| 1          | Complete this table for your fi<br>compensation from the organi                  | ıve hıghest comp                                      |   |                       |  |              |  |                               |            |           |                             |          | tax year                         |        |
|            |  | (A)<br>Name and business                              | address   |                       |  |              |  |                               |            | Des       | (B)<br>cription of services | -        | (C<br>Comper                     |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             | $\dashv$ |                                  |        |
|            |  |   |   |                       |  |              |  |                               |            |           |                             |          |                                  |        |
|            | Total number of independent co   | ontractors (inclu                                     | dına but  | t not                 | lımıt  | ed to        | thos   | e list                        | ed above)  | who rece  | ived more than              |          |                                  |        |

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

|   |     | Check If Schedu                              | <u>lle O contains a respor</u>                      | nse or note to any li |                             |  |  |  |
|---|-----|--|---|-----------------------|-----------------------------|--|--|--|
|   |     |  |   |                       | <b>(A)</b><br>Total revenue | (B) Related or exempt function revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections |
|   | 1.  | Fodorated came                               | naugne 1a   | 0                     |                             |  |  | 512-514  |
| रु ह  | 1a  | Federated camp                               |   |                       |                             |  |  |  |
| 原   | b   | Membership du                                | es <b>1b</b>  | 0                     |                             |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | С   | Fundraising eve                              | ents <b>1c</b>                                      | 0                     |                             |  |  |  |
| £, ξ  | d   | Related organiz                              | ations 1d   | 277,000               |                             |  |  |  |
| છં ⊨ુ   |     | Government grants                            |   |                       |                             |  |  |  |
| ß.  | e   | Government grants                            | s (contributions) <b>1e</b>                         |                       |                             |  |  |  |
| : <u>₽</u> ;;   | f   | All other contribution<br>similar amounts no | ons, gifts, grants, and <b>1f</b> of included above | 5,580,760             |                             |  |  |  |
| 를   | g   |  | ons included in lines                               | 1 021 462             |                             |  |  |  |
| E G   | "   | 1a-1f \$                                     |   | 1,921,462             |                             |  |  |  |
| ತಿ  | h   | Total. Add lines                             | s 1a-1f   | •                     | 5,857,760                   |  |  |  |
|   |     |  |   | Business Code         |                             |  |  |  |
| Ĕ   | 2a  | EDUCATION SUMM                               | IT REGISTRATIONS                                    | 900099                | 7,472                       | 7,472                                  | o  | 0  |
| 94<br>94  | ь   |  |   |                       |                             |  |  |  |
| ъ<br>Н  | c   |  |   |                       |                             |  |  |  |
| Z .   | d   |  |   |                       |                             |  |  |  |
| Æ   | e   |  |   |                       |                             |  |  |  |
| Program Service Revenue                                   | f   | All other progra                             | um carvica ravanua                                  |                       |                             | 0                                      | 0  | 0  |
| Ş   | •   | All other progra                             | ım service revenue                                  |                       | U                           | 0                                      | 0  | 0  |
|   | g   | Total. Add lines                             | s 2a – 2f   |                       | 7,472                       |  |  |  |
|   | 3   |  | ome (including dividen                              |                       | 1,131,180                   | 0                                      | 0  | 1,131,180  |
|   | 4   |  | ar amounts)<br>tment of tax-exempt bond             |                       | 0                           | 0                                      | 0  | 0  |
|   | 5   |  |   | _                     | 0                           | 0                                      | 0  |  |
|   |     | Royaldies : :                                | (ı) Real  | (II) Personal         |                             |  |  |  |
|   | 6a  | Gross rents                                  | (i) iteal   | (II) I CISOIIdi       |                             |  |  |  |
|   | ь   | Less rental                                  |   |                       |                             |  |  |  |
|   | c   | expenses<br>Rental income                    | 0   | 0                     |                             |  |  |  |
|   |     | or (loss)                                    | _   |                       |                             |  |  |  |
|   | d   | Net rental incor                             | me or (loss)  |                       |                             |  |  |  |
|   |     | Gross amount                                 | (ı) Securities                                      | (II) Other            |                             |  |  |  |
|   | 7a  | from sales of                                | 27,517,014  | 0                     |                             |  |  |  |
|   |     | assets other<br>than inventory               |   |                       |                             |  |  |  |
|   | b   | Less cost or other basis and                 | 23,350,742  | 0                     |                             |  |  |  |
|   |     | sales expenses                               | , ,   |                       |                             |  |  |  |
|   | c   | Gain or (loss)                               | 4,166,272   | 0                     | 4 166 272                   | 0                                      | 0  | 4 166 272  |
|   | d   |  | s)  |                       | 4,166,272                   | 0                                      | 0  | 4,166,272  |
| ψ.  | 8a  | Gross income fi<br>events (not incl          |   |                       |                             |  |  |  |
| Other Revenue   |     | \$   | 0   |                       |                             |  |  |  |
| •   |     | of contributions<br>See Part IV, lin         | reported on line 1c)                                |                       |                             |  |  |  |
| άč  |     | See r dre rv , iiii                          | a .   |                       |                             |  |  |  |
| <u> </u>  | ь   | Less direct exi                              | penses b  |                       |                             |  |  |  |
| ₹   |     |  | loss) from fundraising (                            | events 🛌              |                             |  |  |  |
|   |     | Gross income fi                              | rom gaming activities                               | -                     |                             |  |  |  |
|   |     | See Part IV, lin                             |   |                       |                             |  |  |  |
|   | _   |  | а   |                       |                             |  |  |  |
|   |     |  | penses b  |                       |                             |  |  |  |
|   |     |  | loss) from gaming activ                             | vities                |                             |  |  |  |
|   | 104 | Gross sales of returns and allo              |   |                       |                             |  |  |  |
|   |     |  | a   |                       |                             |  |  |  |
|   | Ь   | Less cost of go                              | oods sold <b>b</b>                                  |                       |                             |  |  |  |
|   | С   |  | loss) from sales of inve                            | entory                |                             |  |  |  |
|   |     | Miscellaneous                                | s Revenue   | Business Code         |                             |  |  |  |
|   | 11a | ADMINISTRAT                                  | TION FEES   | 900099                | 643                         | 643                                    | 0  | 0  |
|   | b   |  |   |                       |                             |  |  |  |
|   | c   |  |   |                       |                             |  |  |  |
|   | d   | All other revenu                             | ue  |                       | 0                           | 0                                      | 0  | 0  |
|   | e   | Total. Add lines                             | s 11a-11d   | 🕨                     | 643                         |  |  |  |
|   | 12  | Total revenue                                | See Instructions                                    | 🕨                     |                             |  |  |  |
|   |     |  |   |                       | 11,163,327                  | 8,115                                  | 0  | 5,297,452  |

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.  Crants and other assistance to governments and organizations in the United States See Part IV, line 21  Grants and other assistance to individuals in the United States See Part IV, line 22  Grants and other assistance to individuals in the United States See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees   | (D)<br>Fundraising<br>expenses |
|--|--------------------------------|
| To thick amounts reported on lines by, 75, 8b, 9b, and 10b of Part VIII.  Total expenses  1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21  2 Grants and other assistance to individuals in the United States See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, line 15 and 16  4 Benefits paid to or for members  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  a Management and general expenses properly and service expenses and general expenses general expenses general expenses and general expenses and general expenses and general expenses and separation or included to include the United States See Part IV, line 21  298,377 298,377  298,377  298,377  298,377  298,377  298,377  42,579  176,406  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described i | Fund raising expenses          |
| In the United States See Part IV, line 21  Grants and other assistance to individuals in the United States See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  Other employee benefits  Other employee benefits  Compensation of current officers, directors, trustees, and the persons of the persons | 15.432                         |
| United States See Part IV, line 22  298,377 298,377 298,377  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  | 15.432                         |
| 3   Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  | 15.432                         |
| 5         Compensation of current officers, directors, trustees, and key employees         234,417         42,579         176,406           6         Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)         0         0         0         0           7         Other salaries and wages         504,120         389,238         84,371           8         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         29,522         25,165         3,901           9         Other employee benefits         40,812         30,317         8,614           10         Payroll taxes         52,915         32,570         17,088           11         Fees for services (non-employees)         0         0         0         0           a         Management   | 15.432                         |
| key employees       234,417       42,579       176,406         6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)       0       0       0         7 Other salaries and wages       504,120       389,238       84,371         8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       29,522       25,165       3,901         9 Other employee benefits       40,812       30,317       8,614         10 Payroll taxes   | 15.432                         |
| (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)       0       0       0       0         7 Other salaries and wages       504,120       389,238       84,371         8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       29,522       25,165       3,901         9 Other employee benefits       40,812       30,317       8,614         10 Payroll taxes       52,915       32,570       17,088         11 Fees for services (non-employees)       0       0       0         a Management       1,400       0       1,400         c Accounting   |                                |
| 8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       29,522       25,165       3,901         9       Other employee benefits   | 0                              |
| and 403(b) employer contributions)       29,522       25,165       3,901         9 Other employee benefits       40,812       30,317       8,614         10 Payroll taxes       52,915       32,570       17,088         11 Fees for services (non-employees)       0       0       0         a Management       1,400       0       1,400         c Accounting       14,625       1,643       12,864         d Lobbying       0       0       0   | 30,511                         |
| 10 Payroll taxes   | 456                            |
| 11 Fees for services (non-employees)         a Management       0       0       0         b Legal       1,400       0       1,400         c Accounting       14,625       1,643       12,864         d Lobbying       0       0       0  | 1,881                          |
| a Management       0       0       0         b Legal       1,400       0       1,400         c Accounting       14,625       1,643       12,864         d Lobbying       0       0       0   | 3,257                          |
| b Legal  |                                |
| c Accounting       14,625       1,643       12,864         d Lobbying       0       0       0  | 0                              |
| <b>d</b> Lobbying  | 0                              |
|  | 118                            |
| e Professional fundraising services See Part IV, line 17   | 0                              |
|  | 0                              |
| <b>f</b> Investment management fees  | 0                              |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 0                              |
| 12 Advertising and promotion   | 0                              |
| 13 Office expenses   | 0                              |
|  | 0                              |
| 14 Information technology       16,897       9,933       6,964         15 Royalties       0       0       0  | 0                              |
| 16 Occupancy   | 0                              |
| <b>17</b> Travel   | 0                              |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                              |
| 19 Conferences, conventions, and meetings  | 0                              |
| 20 Interest  | 0                              |
| 21 Payments to affiliates  | 0                              |
| 22 Depreciation, depletion, and amortization   | 0                              |
| <b>23</b> Insurance  | 0                              |
| 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 UNRELATED BUSINESS INCOME TAX 2,319 0 2,319  | 0                              |
| b         WORKSHOP EXPENSE         57,960         57,960         0   | 0                              |
| c         SOFTWARE SUBSCRIPTIONS         28,371         14,409         13,962  | 0                              |
| d         OTHER EXPENSES         115,785         88,889         21,939   | 4,957                          |
| e All other expenses 0 0 0   | 0                              |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e 7,129,192 6,449,714 622,866   | 56,612                         |
| 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 t  | hıs Part            | х                            |                          |     |                    |
|----------------|------|---|---------------------|------------------------------|--------------------------|-----|--------------------|
|                |      |   |                     |                              | (A)<br>Beginning of year |     | (B)<br>End of year |
|                | 1    | Cash-non-interest-bearing   |                     |                              | 200                      | 1   | 200                |
|                | 2    | Savings and temporary cash investments  |                     |                              | 2,949,517                | 2   | 3,468,280          |
|                | 3    | Pledges and grants receivable, net  |                     |                              |                          | 3   |                    |
|                | 4    | Accounts receivable, net  |                     |                              |                          | 4   |                    |
|                | 5    | Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L  | rectors<br>rt II of | , trustees, key              |                          | 5   |                    |
| se.            | 6    | Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(lemployers and sponsoring organizations of section $501(c)(9)$ v beneficiary organizations (see instructions) Complete Part II o | 3), and o           | contributing<br>v employees' |                          | 6   |                    |
| Assets         | 7    | Notes and loans receivable, net   |                     |                              | 528                      | 7   | 200                |
| 4              | 8    | Inventories for sale or use   |                     |                              | 320                      | 8   | 200                |
|                | 9    | Prepaid expenses and deferred charges   |                     |                              |                          | 9   |                    |
|                | 10a  | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   |                     | <br>160,360                  |                          |     |                    |
|                | ь    | Less accumulated depreciation   | 10b                 | 113,309                      | 57,931                   | 100 | 47,051             |
|                | 11   | Investments—publicly traded securities  |                     | ,                            | 38,824,545               |     | 41,944,310         |
|                | 12   | Investments—other securities See Part IV, line 11   | 25,599,909          |                              | 28,753,912               |     |                    |
|                | 13   | Investments—program-related See Part IV, line 11  | 25,555,555          | 13                           | 20,700,012               |     |                    |
|                | 14   |   |                     |                              |                          | 14  |                    |
|                |      | Intangible assets   |                     |                              | 150.350                  |     | 158,818            |
|                | 15   | Other assets See Part IV, line 11   |                     |                              | 158,350                  | -   | <u> </u>           |
|                | 16   | Total assets. Add lines 1 through 15 (must equal line 34)   |                     |                              | 67,590,980               |     | 74,372,771         |
|                | 17   | Accounts payable and accrued expenses   |                     |                              | 56,406                   |     | 32,657             |
|                | 18   | Grants payable  |                     |                              | 311,714                  |     | 502,596            |
|                | 19   | Deferred revenue  |                     |                              |                          | 19  |                    |
|                | 20   | Tax-exempt bond liabilities   |                     |                              |                          | 20  |                    |
| Ø.             | 21   | Escrow or custodial account liability Complete Part IV of Sche  |                     |                              |                          | 21  |                    |
| Liabilitie     | 22   | Loans and other payables to current and former officers, director<br>key employees, highest compensated employees, and disqualif  |                     | tees,                        |                          |     |                    |
| <u>ap</u>      |      | persons Complete Part II of Schedule L  |                     |                              |                          | 22  |                    |
| ⊐              | 23   | Secured mortgages and notes payable to unrelated third parties  | s                   |                              |                          | 23  |                    |
|                | 24   | Unsecured notes and loans payable to unrelated third parties  |                     |                              |                          | 24  |                    |
|                | 25   | Other liabilities (including federal income tax, payables to relat<br>and other liabilities not included on lines 17-24) Complete Pai   |                     |                              | 0                        | 25  | 2 210              |
|                | ]    | D   |                     | •                            | 368,120                  | 25  | 2,319              |
|                | 26   | Total liabilities. Add lines 17 through 25  |                     |                              | 300, 120                 | 26  | 537,572            |
| φ              |      | Organizations that follow SFAS 117 (ASC 958), check here ► Ilines 27 through 29, and lines 33 and 34.   | √ and co            | ompiete                      |                          |     |                    |
| ဋ              | 27   | Unrestricted net assets   |                     |                              | 47,414,555               | 27  | 54,153,679         |
| <u>ର</u>       | 28   | Temporarily restricted net assets   |                     | •                            | 0                        | 28  | 0                  |
| <u> </u>       | 29   | Permanently restricted net assets   |                     | •                            | 19,808,305               | 29  | 19,681,520         |
| · Fund Balance | 23   | Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.   |                     |                              | 10,000,000               | 23  | 10,001,020         |
| <u>.</u>       | 30   | Capital stock or trust principal, or current funds  |                     |                              |                          | 30  |                    |
| Assets         | 31   | Paid-in or capital surplus, or land, building or equipment fund   |                     |                              |                          | 31  |                    |
| S<br>S         | 32   | Retained earnings, endowment, accumulated income, or other fi   |                     | • •                          |                          | 32  |                    |
|                | 33   | Total net assets or fund balances   |                     |                              | 67,222,860               | 33  | 73,835,199         |
| Set            |      |   |                     | •                            |                          |     |                    |
|                | 34   | Total liabilities and net assets/fund balances  |                     |                              | 67,590,980               | 34  | 74.372.771         |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI   |          |             |      | r       |
|-----|---|----------|-------------|------|---------|
|     |   |          |             |      |         |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1        |             | 11,: | 163,327 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2        |             | 7,:  | 129,192 |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3        |             | 4,(  | 34,135  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4        |             | 67,  | 222,860 |
| 5   | Net unrealized gains (losses) on investments  | 5        |             | 2,!  | 578,204 |
| 6   | Donated services and use of facilities  | 6        |             |      | 0       |
| 7   | Investment expenses   | 7        |             |      | 0       |
| 8   | Prior period adjustments  | 8        |             |      | 0       |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 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       |             | 73,8 | 335,199 |
| Par | t XII Financial Statements and Reporting  |          |             |      |         |
|     | Check if Schedule O contains a response or note to any line in this Part XII  |          |             |      | . Г     |
|     |   |          |             | Yes  | No      |
| 1   | Accounting method used to prepare the Form 990  |          |             |      |         |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |          | 2a          |      | No      |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both   | wed on   |             |      |         |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |          |             |      |         |
| b   | Were the organization's financial statements audited by an independent accountant?  |          | 2b          | Yes  |         |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both   | rate     |             |      |         |
|     | ☐ Separate basis ☐ Both consolidated and separate basis   |          |             |      |         |
| c   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of the | e <b>2c</b> | Yes  |         |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | ו        |             |      |         |
| 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?  | е        | За          |      | No      |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |          | 3b          |      |         |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318041014

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

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. ► See separate instructions.

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

Open to Public **Inspection** 

Name of the organization WACO FOUNDATION

**Employer identification number** 

|                |  | _  |  |  |  |  |  | 74-60546   |  |   |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| t I            |  |  | blic Charity Sta   |  |  |  |  |  | <u>nstructions</u>   | <u>.                                    </u>  |  |  |  |  |  |
| ganı:          |  | -  | e foundation becaus  | · ·  |  | -  | •  | -  |  |   |  |  |  |  |  |
| <u> </u>       |  | •  | •  |  |  |  | ection 170(  | b)(1)(A)(i).   |  |   |  |  |  |  |  |
| Γ              | A scho   | ol described   | I in <b>section 170(b)(1</b>   | . <b>)(A)(ii).</b> (At   | tach Schedı  | ule E)   |  |  |  |   |  |  |  |  |  |
| Γ              | A hosp   | ıtal or a coo  | perative hospital se   | rvice organiz  | ation descr  | ıbed ın <b>sectio</b>  | n 170(b)(1)  | (A)(iii).  |  |   |  |  |  |  |  |
| $\sqcap$       | A medi   | cal research   | n organization operat  | ted ın conjun  | ction with a   | hospital desc  | cribed in <b>se</b>  | ction 170(b)(  | 1)(A)(iii). E  | nter the  |  |  |  |  |  |
| _              |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| ı              | _  | •  |  | _  | or universi  | ty owned or o  | perated by   | a governmen  | tal unit desc  | ribed in  |  |  |  |  |  |
| _              | sect ion   | 170(b)(1)(   | <b>A)(iv).</b> (Complete P   | art II )   |  |  |  |  |  |   |  |  |  |  |  |
| Γ              | A feder  | al, state, or  | local government or  | government   | al unit desc   | rıbed ın <b>secti</b>  | on 170(b)(:  | 1)(A)(v).  |  |   |  |  |  |  |  |
| Γ              | An organization that normally receives a substantial part of its support from a governmental unit or from the general public   |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| 굣              |  |  |  |  |  | nplete Part II   | )  |  |  |   |  |  |  |  |  |
|                |  | -  |  |  |  | -  | -  | outions, mem   | bership fees   | , and gross   |  |  |  |  |  |
| -              | _  |  | •  |  |  |  |  | · <u>-</u> '   | -  | -   |  |  |  |  |  |
|                | •  |  |  | •  | -  |  |  | ` '  |  |   |  |  |  |  |  |
|                |  | _  |  |  |  |  | -  |  | .,   |   |  |  |  |  |  |
| $\Box$         |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
| <u></u>        | _  |  | •  | •  |  | •  |  |  | o carry out t  | he nurnoses of  |  |  |  |  |  |
| '              |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |
|                | the box  | that descri  | bes the type of supp   | orting organ   | ızatıon and o  | complete line  | s 11e throu  | ıgh 11h  |  | . , , ,   |  |  |  |  |  |
|                | аſ   | Type I   | <b>b</b> Type II <b>c</b>  | Type II  | I - Function   | ally integrate   | d <b>d</b>   | Type III - N   | on-functiona   | lly integrated  |  |  |  |  |  |
| $\sqcap$       |  | -  | •  | -  |  | •  |  | •  | •  | •   |  |  |  |  |  |
|                |  |  | on managers and ot   | her than one   | or more pub  | olicly support   | ed organıza  | tıons descrıb  | ed in sectioi  | n 509(a)(1) or  |  |  |  |  |  |
|                |  |  |  | _  | f th - ID  | C +b-+ .+ :  | T T. T   | - II T   | TIT accordan   |   |  |  |  |  |  |
|                |  | -  | received a written de  | etermination   | from the 1K  | 5 that it is a   |  |  |  |   |  |  |  |  |  |
| check this box |  |  |  |  |  |  |  |  | ng organization,   |   |  |  |  |  |  |
|                |  |  | :006, has the organi   | zation accep   | ted any gift   |  |  | , ,,   |  | ng organization,  |  |  |  |  |  |
|                | Since A  |  | 006, has the organ   | zation accep   | oted any gift  |  |  | , ,,   |  | ng organization,  |  |  |  |  |  |
|                | Since A<br>followin  | ugust 17, 2<br>g persons?  | 006, has the organi  |  |  | or contributi  | on from any  | of the   | · · · · · · · · · · · · · · · · · · ·  | Yes No  |  |  |  |  |  |
|                | Since A<br>followin<br>(i) A pe  | ugust 17, 2<br>g persons?<br>erson who di  |  | ontrols, eith  | er alone or t  | or contribution  | on from any  | of the   | 11g  | Yes No  |  |  |  |  |  |
|                | Since A followin (i) A pearloon and (iii)  | august 17, 2<br>g persons?<br>erson who di<br>) below, the   | rectly or indirectly o   | controls, eith<br>e supported  | er alone or t<br>organızatıoı  | or contribution  | on from any  | of the   |  | Yes No  |  |  |  |  |  |
|                | Since A followin (i) A pe and (iii) A fa   | august 17, 2<br>g persons?<br>erson who do<br>) below, the<br>amily memb   | rectly or indirectly o<br>governing body of th   | controls, eith<br>le supported<br>lbed in (i) abo  | er alone or t<br>organization  | or contribution or contributin or contribution or contribution or contribution or contribution | on from any  | of the   | 11g  | Yes No (i) (ii)   |  |  |  |  |  |
|                | followin<br>(i) A pe<br>and (iii)<br>(ii) A fa<br>(iii) A 3  | august 17, 2<br>g persons?<br>erson who do<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly o<br>governing body of th<br>er of a person descri  | controls, eith<br>ie supported<br>bed in (i) abo<br>in described   | er alone or t<br>organization<br>ove?<br>in (i) or (ii) a  | or contribution or contribution of the contrib | on from any  | of the   | 11g<br>11g   | Yes No (i) (ii)   |  |  |  |  |  |
|                | followin<br>(i) A pe<br>and (iii)<br>(ii) A fa<br>(iii) A 3  | august 17, 2<br>g persons?<br>erson who do<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly o<br>governing body of th<br>er of a person descri<br>lled entity of a perso  | controls, eith<br>ie supported<br>bed in (i) abo<br>in described   | er alone or t<br>organization<br>ove?<br>in (i) or (ii) a  | or contribution or contribution of the contrib | on from any  | of the   | 11g<br>11g   | Yes No (i) (ii)   |  |  |  |  |  |
|                | Since A followin  (i) A per and (iii) A far (iii) A far Provide  | august 17, 2<br>g persons?<br>erson who do<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly o<br>governing body of th<br>er of a person descri<br>lled entity of a perso  | controls, eith<br>ie supported<br>bed in (i) abo<br>in described   | er alone or t<br>organization<br>ove?<br>in (i) or (ii) a<br>ed organizat  | tor contribution together with n? above? tion(s) (v) Did you   | on from any<br>persons de<br>notify  | of the scribed in (ii)   | 11g<br>11g<br>11g(   | Yes No (i) (ii)   |  |  |  |  |  |
| ıoqqı          | Since A following (i) A per and (iii) A faction (iii) A factio | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person ginformation about   | controls, eith le supported bed in (i) abo in described the supporte (iv) Is t organizati  | er alone or torganization ove? In (I) or (II) and organization organization on In  | together with n? above? lion(s) (v) Did you the organiz  | on from any<br>persons de<br>notify<br>zation  | of the scribed in (ii) (vi) Is organizat   | 11g<br>11g<br>11g(   | Yes No (i) (ii) (iii) (vii) A mount of monetary   |  |  |  |  |  |
| ıoqqı          | Since A followin  (i) A per and (iii) A far (iii) A far Provide  | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person ginformation about  (iii) Type of organization (described on   | controls, eith le supported lbed in (i) abo in described the supporte  (iv) Is t organizati col (i) list   | er alone or to organization ove? In (I) or (II) and organization organization on in ted in   | together with n? above? lion(s)  (v) Did you the organiz in col (i) o  | notify<br>revoir   | (vi) Is organizat col (i) organizat  | 11g<br>11g(<br>11g(<br>the<br>ion in<br>anized   | Yes No (i) (ii) (iii) (vii) A mount of  |  |  |  |  |  |
| ıoqqı          | Since A following (i) A per and (iii) A faction (iii) A factio | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person ginformation about  (iii) Type of organization (described on lines 1-9 above   | controls, eith le supported lbed in (i) abo in described the supporte  (iv) Is t organizati col (i) list your gove   | er alone or torganization ove? In (I) or (II) and organization organiz | together with n? above? lion(s) (v) Did you the organiz  | notify<br>revoir   | of the scribed in (ii) (vi) Is organizat   | 11g<br>11g(<br>11g(<br>the<br>ion in<br>anized   | Yes No (i) (ii) (iii) (vii) A mount of monetary   |  |  |  |  |  |
| ıoqqı          | Since A following (i) A per and (iii) A faction (iii) A factio | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person ginformation about  (iii) Type of organization (described on   | controls, eith le supported lbed in (i) abo in described the supporte  (iv) Is t organizati col (i) list   | er alone or torganization ove? In (I) or (II) and organization organiz | together with n? above? lion(s)  (v) Did you the organiz in col (i) o  | notify<br>revoir   | (vi) Is organizat col (i) organizat  | 11g<br>11g(<br>11g(<br>the<br>ion in<br>anized   | Yes No (i) (ii) (iii) (vii) A mount of monetary   |  |  |  |  |  |
| ıoqqı          | Since A following (i) A per and (iii) A faction (iii) A factio | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person grantent about  (iii) Type of organization (described on lines 1-9 above or IRC section  | controls, eith le supported lon described the supporte  (iv) Is t organizati col (i) list your gove docume   | er alone or to organization ove? In (i) or (ii) and organization organization in ted in rining on the onted in the onted in the organization of the organization  | together with n? above? tion(s)  (v) Did you the organiz in col (i) o suppor   | notify<br>zation<br>f your   | (vi) Is organizat col (i) org  | the ion in anized S ?  | Yes No (i) (ii) (iii) (vii) A mount of monetary   |  |  |  |  |  |
| ıoqqı          | Since A following (i) A per and (iii) A faction (iii) A factio | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person granization (described on lines 1-9 above or IRC section (see  | controls, eith le supported lbed in (i) abo in described the supporte  (iv) Is t organizati col (i) list your gove   | er alone or torganization ove? In (I) or (II) and organization organiz | together with n? above? lion(s)  (v) Did you the organiz in col (i) o  | notify<br>revoir   | (vi) Is organizat col (i) organizat  | 11g<br>11g(<br>11g(<br>the<br>ion in<br>anized   | Yes No (i) (ii) (iii) (vii) A mount of monetary   |  |  |  |  |  |
| ıoqqı          | Since A following (i) A per and (iii) A faction (iii) A factio | august 17, 2<br>g persons?<br>erson who di<br>) below, the<br>amily memb<br>35% contro   | rectly or indirectly of governing body of the er of a person described entity of a person granization (described on lines 1-9 above or IRC section (see  | controls, eith le supported lon described the supporte  (iv) Is t organizati col (i) list your gove docume   | er alone or to organization ove? In (i) or (ii) and organization organization in ted in rining on the onted in the onted in the organization of the organization  | together with n? above? tion(s)  (v) Did you the organiz in col (i) o suppor   | notify<br>zation<br>f your   | (vi) Is organizat col (i) org  | the ion in anized S ?  | Yes No (i) (ii) (iii) (vii) A mount of monetary   |  |  |  |  |  |
|                | . ㄷ ㄷ ㅌ  | A scho A hosp A medi hospita An orga section A feder An orga describ A comm An orga receipt its supp acquire An orga one or i the box a By checo other th section If the o | A school described A hospital or a coo A medical research hospital's name, ci An organization ope section 170(b)(1)( A federal, state, or An organization that described in sectio A community trust An organization that receipts from activ its support from ground acquired by the organization | A school described in section 170(b)(1 A hospital or a cooperative hospital se A medical research organization operation hospital's name, city, and state An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete P) A federal, state, or local government or An organization that normally receives described in section 170(b)(1)(A)(vi). A community trust described in section An organization that normally receives receipts from activities related to its exits support from gross investment inco acquired by the organization after June An organization organized and operated one or more publicly supported organization or more publicly supported organization box that describes the type of support a Type I b Type II c By checking this box, I certify that the other than foundation managers and other section 509(a)(2) If the organization received a written describes the section 509(a)(2) If the organization received a written describes the section 509(a)(2) If the organization received a written describes the section 509(a)(2) If the organization received a written describes the section 509(a)(2) If the organization received a written describes the section 509(a)(2) If the organization received a written describes the section 509(a)(a) | A school described in section 170(b)(1)(A)(ii). (At A hospital or a cooperative hospital service organized A medical research organization operated in conjunt hospital's name, city, and state  An organization operated for the benefit of a college section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or government described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A) (Vi). (Complete Part II)  An organization that normally receives a substantial described in section 170(b)(1)(A) (Vi). (Complete Part II)  An organization that normally receives (1) more the receipts from activities related to its exempt function its support from gross investment income and unrelacquired by the organization after June 30, 1975. So An organization organized and operated exclusively one or more publicly supported organizations described that describes the type of supporting organ a Type I b Type II c Type II  By checking this box, I certify that the organization other than foundation managers and other than one section 509(a)(2)  If the organization received a written determination  | A school described in section 170(b)(1)(A)(ii). (Attach Sched A hospital or a cooperative hospital service organization described in a medical research organization operated in conjunction with a hospital's name, city, and state  An organization operated for the benefit of a college or universified section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% or receipts from activities related to its exempt functions—subject its support from gross investment income and unrelated busine acquired by the organization after June 30, 1975. See section is An organization organized and operated exclusively to test for An organization organized and operated exclusively for the ben one or more publicly supported organizations described in sect the box that describes the type of supporting organization and a Type I b Type II c Type III - Function By checking this box, I certify that the organization is not controther than foundation managers and other than one or more publiced in section 509(a)(2)  | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section  A medical research organization operated in conjunction with a hospital described hospital's name, city, and state  An organization operated for the benefit of a college or university owned or of section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support receipts from activities related to its exempt functions—subject to certain exits support from gross investment income and unrelated business taxable in acquired by the organization after June 30, 1975. See section 509(a)(2). (C)  An organization organized and operated exclusively to test for public safety. An organization organized and operated exclusively for the benefit of, to perfone or more publicly supported organizations described in section 509(a)(1) the box that describes the type of supporting organization and complete line.  a Type I b Type II c Type III - Functionally integrate. By checking this box, I certify that the organization is not controlled directly other than foundation managers and other than one or more publicly supports section 509(a)(2). | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)  A medical research organization operated in conjunction with a hospital described in section section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)  An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributing receipts from activities related to its exempt functions—subject to certain exceptions, a its support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part II)  An organization organized and operated exclusively to test for public safety See section An organization organized and operated exclusively for the benefit of, to perform the fun one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e throw a Type I b Type II c Type III - Functionally integrated d  By checking this box, I certify that the organization is not controlled directly or indirect other than foundation managers and other than one or more publicly supported organization section 509(a)(2) | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a government section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or find described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributions, memoreceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Section 509(a)(2) is 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 - No other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) is other than foundation managers and other than one or more publicly supported organizations described in section 509(a) organizations described in 509(a) organizations d | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). E hospital's name, city, and state  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)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the gene described in section 170(b)(1)(A)(vi). (Complete Part II)  A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)  An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3 its support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50 the box that describes the type of supporting organization and complete lines 11e through 11h  a |  |  |  |  |  |

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.)

| _ <u>S</u> | ection A. Public Support  |  |  |   |   |  |                   |
|------------|---|--|--|---|---|--|-------------------|
| Cal        | endar year (or fiscal year beginning<br>in) 🟲   | (a) 2009   | <b>(b)</b> 2010  | (c) 2011  | <b>(d)</b> 2012   | <b>(e)</b> 2013  | <b>(f)</b> Total  |
| 1          | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 2,659,414  | 3,714,442  | 2,738,696   | 3,781,949   | 3,802,313  | 16,696,814        |
| 2          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | C  | 0  | 0   | 0   | 0  | 0                 |
| 3          | The value of services or facilities furnished by a governmental unit to the organization without charge   | C  | 0  | 0   | 0   | 0  | 0                 |
| 4          | <b>Total.</b> Add lines 1 through 3   | 2,659,414  | 3,714,442  | 2,738,696   | 3,781,949   | 3,802,313  | 16,696,814        |
| 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   | , ,  |  | , ,   | , ,   | , ,  | 5,718,344         |
|            | amount shown on line 11, column   |  |  |   |   |  |                   |
| 6          | (f) <b>Public support.</b> Subtract line 5 from line 4  |  |  |   |   |  | 10,978,470        |
| S          | ection B. Total Support   | •  | •  |   |   |  |                   |
| Cal        | endar year (or fiscal year<br>beginning in) 🟲   | (a) 2009   | <b>(b)</b> 2010  | (c) 2011  | (d) 2012  | <b>(e)</b> 2013  | ( <b>f)</b> Total |
| 7          | A mounts from line 4  | 2,659,414  | 3,714,442  | 2,738,696   | 3,781,949   | 3,802,313  | 16,696,814        |
| 8          | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar   | 1,121,653  | 1,162,713  | 1,277,393   | 947,436   | 1,131,180  | 5,640,375         |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on  | 0  | 0  | 0   | 0   | 0  | 0                 |
| 10         | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   | 0  | 0  | 0   | 0   | 0  | 0                 |
| 11         | Total support (Add lines 7 through 10)  |  |  |   |   |  | 22,337,189        |
| 12         | Gross receipts from related activiti  | es, etc (see inst  | ructions)  |   | -   | 12   |                   |
| 13         | First five years. If the Form 990 is this box and stop here   | <u> </u>   | <u> </u>   |   |   | 501(c)(3) organ  |                   |
|            | ection C. Computation of Pul  |  |  |   |   |  |                   |
| 14         | Public support percentage for 2013  | ·  | •  | 11, column (f))   |   | 14   | 49 149 %          |
| 15         | Public support percentage for 2012  | 2 Schedule A, Par  | t II, line 14  |   |   | 15   | 42 839 %          |
|            | 33 1/3% support test—2013. If the and stop here. The organization qua 33 1/3% support test—2012. If the box and stop here. The organizatio  | alıfıes as a publıcı<br>organızatıon dıd ı   | ly supported orga<br>not check a box o   | nızatıon<br>n lıne 13 or 16a,   |   |  | <b>▶</b> ▽        |
|            | 10%-facts-and-circumstances test is 10% or more, and if the organization nearly how the organization merorganization  10%-facts-and-circumstances test 15 is 10% or more, and if the organization explain in Part IV how the organization private foundation. If the organization | — <b>2013.</b> If the orgation meets the "facts the "facts-and" — <b>2012.</b> If the organization meets the "facts the "f | anization did not o<br>acts-and-circums<br>d-circumstances"<br>anization did not o<br>a "facts-and-circums<br>acts-and-circums | theck a box on lir<br>tances" test, che<br>test The organiz<br>theck a box on lir<br>imstances" test,<br>tances" test The | eck this box and section qualifies as<br>ne 13, 16a, 16b, o<br>check this box a<br>e organization qua | stop here. Explain<br>s a publicly suppo<br>or 17a, and line<br>nd stop here.<br>alifies as a public | orted             |
| 10         | instructions  | cion dia not check   | . a box on time 13   | . 100, 100, 1/0, (  | or 170, CHECK UII   | 2 207 9110 255   | <b>▶</b> □        |

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Cale   | ndar year (or fiscal year beginning<br>in) 🟲   | (a) 2009   | <b>(b)</b> 2010  | (c) 2011  | (d) 2012            | <b>(e)</b> 2013              | (f) Total                               |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1  | Gifts, grants, contributions, and  |  |  |   |                     |                              |   |
|  | membership fees received (Do not   |  |  |   |                     |                              |   |
| 2  | include any "unusual grants ")<br>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  |  |  |   |                     |                              |   |
| 4  | business under section 513 Tax revenues levied for the   |  |  |   |                     |                              |   |
| •  | organization's benefit and either  |  |  |   |                     |                              |   |
|  | paid to or expended on its   |  |  |   |                     |                              |   |
| _  | behalf<br>The value of services or facilities  |  |  |   |                     |                              | <u> </u>                                |
| 5  | furnished by a governmental unit to  |  |  |   |                     |                              |   |
|  | the organization without charge  |  |  |   |                     |                              |   |
| 6  | <b>Total.</b> Add lines 1 through 5  |  |  |   |                     |                              |   |
| 7a   | A mounts included on lines 1, 2,   |  |  |   |                     |                              |   |
|  | and 3 received from disqualified persons   |  |  |   |                     |                              |   |
| ь  | 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 ) ction B. Total Support   |  |  |   |                     |                              |   |
|  | ndar year (or fiscal year beginning  | ( ) 2000   | (1) 2010   | ( ) 2011  | (1) 2012            | ( ) 2012                     | (C) T                                   |
|  |  |  |  | (A) 2011 I  | (d) 2012            | (e) 2013                     | (f) Total                               |
|  | in) ►  | (a) 2009   | <b>(b)</b> 2010  | (c) 2011  | (4) 2012            | (-,                          | (-,                                     |
| 9  | in) ►<br>A mounts from line 6  | (a) 2009   | ( <b>B)</b> 2010   | (6) 2011  | (4) 2012            | (5, 2222                     | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  | in) ► A mounts from line 6 Gross income from interest,   | (a) 2009   | <b>(B)</b> 2010  | (6) 2011  | (4) 2012            | (0, 2000                     | (7,7,5,5,1)                             |
| 9  | in) ►<br>A mounts from line 6  | (a) 2009   | <b>(b)</b> 2010  | (6) 2011  | (4) 2012            | (5,232                       |   |
| 9  | in)  A mounts from line 6 Gross income from interest, dividends, payments received on  | (a) 2009   | <b>(b)</b> 2010  | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | (a) 2009   | <b>(b)</b> 2010  | (6) 2011  | (4) 2322            |                              |   |
| 9  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable   | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a<br>b  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a<br>b  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a<br>b  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a<br>b<br>c<br>11   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a<br>b  | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of  | (a) 2009   | ( <b>b)</b> 2010   | (c) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,  | (a) 2009   | ( <b>b)</b> 2010   | (c) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |  |  |   |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11<br>12   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here  | or the organizati  | on's first, second   |   |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14                                     | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here  | or the organizati  | on's first, second   | , thırd, fourth, or   |                     | a 501(c)(3) orga             | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15                         | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013                                | or the organizati<br>ic Support Pe<br>(line 8, column (  | on's first, second<br>ercentage<br>f) divided by line  | , thırd, fourth, or   |                     | a 501(c)(3) orga             | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16                   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201                             | or the organization of the | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15  | , third, fourth, or   |                     | a 501(c)(3) orga             | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16<br>Se             | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15<br>me Percenta   | , third, fourth, or<br>13, column (f))                            | fifth tax year as a | a 501(c)(3) orga<br>15<br>16 | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16<br>Se<br>17       | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve   | or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)  | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15<br>me Percentagolumn (f) divided                             | , third, fourth, or  13, column (f))  ge by line 13, colum        | fifth tax year as a | 15<br>16                     | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16<br>Se<br>17<br>18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the second of the secon | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15<br>me Percentago<br>olumn (f) divided<br>A, Part III, line 1 | , third, fourth, or  13, column (f)) <b>ge</b> by line 13, column | fifth tax year as a | 15<br>16                     | nization,                               |

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

| Facts And Circumstances Test |   |  |  |  |  |  |  |
|------------------------------|---|--|--|--|--|--|--|
|                              |   |  |  |  |  |  |  |
| Return Reference             | Explanation   |  |  |  |  |  |  |
| Schedule A, Part II, Line 1  | INFORMATION ON UNUSUAL GRANTS UNUSUAL GRANTS FOR 2009 YEAR - \$0, UNUSUAL GRANTS FOR 2011 YEAR - \$70,000 + \$5,000 + \$552,324 = \$627,324, UNUSUAL GRANTS FOR 2012 YEAR - \$23,377, UNUSUAL GRANTS FOR 2013 YEAR - \$60,731 + \$1,994,716 = \$2,055,447 |  |  |  |  |  |  |

Schedule A (Form 990 or 990-EZ) 2013

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

DLN: 93493318041014

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) Open to Public

| tema   | l Revenue Service                                   | and its instruc   | ctions is at <u>www.irs.gov/form990</u> .   |          | Ins                    | pec             | tion               |
|--------|---|---|---|----------|------------------------|-----------------|--------------------|
|        | me of the organ                                     | ization   |   | Emp      | loyer identification i | numbe           | er                 |
| VVΑ    | CO FOUNDATION                                       |   |   | 74-6     | 6054628                |                 |                    |
| Pa     |   |   | lvised Funds or Other Similar Fu  |          |                        | mple            | te if the          |
|        | organiz   | zation answered "Yes" to Form 99  | ,   |          | <b>(1)</b> = 1 11      |                 |                    |
|        | Tatal awakawa                                       | the and of ware   | (a) Donor advised funds   | <u>'</u> | (b) Funds and other a  | accou           |                    |
| L<br>• | Total number a                                      | tributions to (during year)   |   |          |                        | 2               | 125                |
| 2<br>3 | 33 3  | nts from (during year)  | 2,237,800<br>1,745,776  |          |                        |                 | 619,960<br>769,673 |
| ,<br>1 | 33 3 3  | ue at end of year   | 8,596,743   |          |                        |                 | 240,775            |
|        |   |   |   |          |                        | 05,             | 240,773            |
| 5      |   | zation inform all donors and donor advisor<br>organization's property, subject to the o | sors in writing that the assets held in dono<br>organization's exclusive legal control?   | oradvi   | rsed ア                 | Yes             | ┌ No               |
| 5      | used only for c<br>conferring imp                   | charitable purposes and not for the bendermissible private benefit?                     | donor advisors in writing that grant funds<br>efit of the donor or donor advisor, or for an   | y othe   | r purpose              | Yes             | ┌ No               |
| ₽a     |   | •   | ıf the organızatıon answered "Yes" to   | Forn     | n 990, Part IV, line   | <del>2</del> 7. |                    |
| 1<br>2 | Preservation Protection Preservation Complete lines | of natural habitat<br>on of open space  | n or education)  Preservation of an   | ertifie  | d historic structure   | area            |                    |
|        |   | ,   |   |          | Held at the End o      | of the          | Year               |
| а      | Total number o                                      | of conservation easements   |   | 2a       |                        |                 |                    |
| b      | Total acreage                                       | restricted by conservation easements  |   | 2b       |                        |                 |                    |
| c      | Number of con                                       | servation easements on a certified his  | toric structure included in (a)   | 2c       |                        |                 |                    |
| d      |   | servation easements included in (c) ac<br>ure listed in the National Register           | equired after 8/17/06, and not on a   | 2d       |                        |                 |                    |
| 3      | Number of con                                       | servation easements modified, transfe   | rred, released, extinguished, or terminate  | d by th  | ne organization during | 9               |                    |
|        | the tax year ►                                      |   |   |          |                        |                 |                    |
| 4      | Number of stat                                      | tes where property subject to conserva  | ition easement is located 🛌   | _        |                        |                 |                    |
| 5      |   | nization have a written policy regarding<br>f the conservation easements it holds?      | the periodic monitoring, inspection, hand   | ling of  | violations, and        | Yes             | ┌ No               |
| 5      | Staff and volur                                     | nteer hours devoted to monitoring, insp   | ecting, and enforcing conservation easem  | ents d   | during the year        |                 |                    |
| 7      | A mount of exp<br>► \$                              | enses incurred in monitoring, inspectir   | ng, and enforcing conservation easements  | during   | g the year             |                 |                    |
| 3      |   | nservation easement reported on line 270(h)(4)(B)(ii)?                                  | (d) above satisfy the requirements of sect  | tion 17  | 70(h)(4)(B)(ı)         | Yes             | ┌ No               |
| •      | balance sheet,<br>the organization                  | , and include, if applicable, the text of t<br>on's accounting for conservation easem   |   | stater   | ments that describes   |                 |                    |
| 'ar    |   | lizations Maintaining Collectio<br>ete ıf the organızatıon answered "                   | ns of Art, Historical Treasures, o<br>Yes" to Form 990, Part IV, line 8.  | or Otl   | her Similar Asse       | ets.            |                    |
| 1a     | works of art, hi                                    | istorical treasures, or other similar ass   | 116 (ASC 958), not to report in its reven<br>ets held for public exhibition, education, o<br>to its financial statements that describes | or rese  | arch in furtherance o  |                 |                    |
| b      | works of art, hi                                    |   | 116 (ASC 958), to report in its revenue sets held for public exhibition, education, ose items   |          |                        |                 | ıc                 |
|        | (i) Revenues i                                      | ncluded in Form 990, Part VIII, line 1  |   |          | <b>-</b> \$            |                 |                    |
|        | (ii) Assets Inc                                     | luded in Form 990, Part X   |   |          | <b>►</b> \$_           |                 |                    |
| 2      | If the organiza                                     | tion received or held works of art, histo   | orical treasures, or other similar assets fo<br>5 116 (ASC 958) relating to these items   | r finan  | '                      |                 |                    |
| а      | Revenues incli                                      | uded in Form 990, Part VIII, line 1   |   |          | <b>►</b> \$            |                 |                    |

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

|              | Organizations Maintaining Co   | llections of Art,                   | Histo          | oric  | <u>al Trea</u> | sures    | <u>, or Otl</u> | <u>ner Sım</u>                  | <u>iilar Ass</u>                      | <b>ets</b> (contin | าued)        |
|--------------|--|-------------------------------------|----------------|-------|----------------|----------|-----------------|---------------------------------|---------------------------------------|--------------------|--------------|
|              | Using the organization's acquisition, access collection items (check all that apply)   | ion, and other record               | s, che         | ck a  | ny of the      | followin | g that ar       | e a sıgnıf                      | icant use o                           | fits               |              |
| а            | Public exhibition  |                                     | d              | Γ     | Loan or e      | exchang  | e progra        | ms                              |                                       |                    |              |
| b            | Scholarly research   |                                     | e              | Γ     | Other          |          |                 |                                 |                                       |                    |              |
| c            | Preservation for future generations  |                                     |                |       |                |          |                 |                                 |                                       |                    |              |
| 4            | Provide a description of the organization's c<br>Part XIII   | ollections and explain              | n how t        | hey   | further th     | ne organ | ıızatıon's      | exempt                          | purpose in                            |                    |              |
|              | During the year, did the organization solicit  |                                     |                |       |                |          |                 |                                 | _                                     | –                  |              |
| Pari         | assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the |                                     |                |       |                |          |                 |                                 |                                       |                    | No           |
| Pell         | Part IV, line 9, or reported an ar   |                                     |                |       |                |          | swereu          | 165 11                          | ) FUIIII 99                           | υ,                 |              |
|              | Is the organization an agent, trustee, custoo<br>included on Form 990, Part X?   |                                     |                |       |                |          | nerasse         | ts not                          | Г                                     | Yes                | No           |
| b            | If "Yes," explain the arrangement in Part XI   | I and complete the f                | followi        | ng ta | ble            |          | _               |                                 |                                       |                    |              |
|              |  |                                     |                |       |                |          |                 |                                 | Amo                                   | unt                |              |
| с            | Beginning balance  |                                     |                |       |                |          |                 | с                               |                                       |                    |              |
| d            | Additions during the year  |                                     |                |       |                |          | 1               | -                               |                                       |                    |              |
| e<br>•       | Distributions during the year  |                                     |                |       |                |          | <b>├</b>        | e<br>•                          |                                       |                    |              |
| f            | Ending balance   |                                     |                |       |                |          | 1               | т                               |                                       | · –                |              |
| 2a           | Did the organization include an amount on Fe   | orm 990, Part X, line               | 217            |       |                |          |                 |                                 | J                                     | Yes 「              | No<br>—      |
|              | If "Yes," explain the arrangement in Part XI   |                                     |                |       |                |          |                 |                                 |                                       | <u>'</u>           | J .          |
| Par          | t V Endowment Funds. Complete  | If the organization (a)Current year | answ<br>(b)Pri |       |                |          |                 | Part IV,<br>( <b>d)</b> Three y |                                       | e)Four years       | hack         |
| 1a           | Beginning of year balance  | 32,903,890                          |                |       | 58,172         |          | ,757,756        |                                 | 7,479,630                             |                    | 61,867       |
| b            | Contributions  | 550,352                             |                | 6:    | 19,370         | 1,       | 142,030         |                                 | 989,109                               | 77                 | 74,116       |
| c            | Net investment earnings, gains, and losses   | 1,874,992                           |                | 1 5/  | 03,608         |          | 383,264         |                                 | 1,478,239                             | 2.60               | 91,062       |
| d            | Grants or scholarships   | 254,798                             |                |       | 37,188         |          | 314,612         |                                 | 188,872                               | •                  | 14,660       |
|              | Other expenditures for facilities  |                                     |                |       |                |          |                 |                                 |                                       |                    |              |
|              | and programs   | 0                                   |                |       | 0              |          | 0               |                                 | 0                                     |                    |              |
|              | Administrative expenses  | 63                                  |                | 22.04 | 72             |          | 266             |                                 | 350                                   |                    | 2,755        |
| _            | End of year balance  | 35,074,373                          |                |       | 03,890         |          | ,968,172        | 2                               | 9,757,756                             | 27,47              | 79,630       |
| 2            | Provide the estimated percentage of the cur  |                                     | e (line        | 1g,   | column (a      | a)) held | as              |                                 |                                       |                    |              |
| а            | Board designated or quasi-endowment  | 43 89 %                             |                |       |                |          |                 |                                 |                                       |                    |              |
| b            | Permanent endowment ► 56 11 %  |                                     |                |       |                |          |                 |                                 |                                       |                    |              |
|              | Temporarily restricted endowment ► (1) The percentages in lines 2a, 2b, and 2c sho   | ) %<br>uld equal 100%               |                |       |                |          |                 |                                 |                                       |                    |              |
| За           | Are there endowment funds not in the posse   | ssion of the organiza               | tion th        | at aı | re held ar     | nd admir | nistered        | for the                         |                                       |                    |              |
|              | organization by  |                                     |                |       |                |          |                 |                                 |                                       | Yes N              |              |
|              | (i) unrelated organizations  |                                     |                | •     |                |          |                 |                                 | . 3a(i)<br>. 3a(ii)                   | N                  | 0            |
|              | (ii) related organizations   |                                     | on Sc          | hedu  | ıle R?         | • • •    |                 |                                 | .   3b                                |                    | <del>-</del> |
| 4            | Describe in Part XIII the intended uses of the   | ·                                   |                |       |                |          |                 |                                 |                                       |                    | _            |
| Part         |  |                                     | ne org         | janı  | zation a       | nswere   | d 'Yes'         | to Form                         | 990, Part                             | IV, line           |              |
|              | 11a. See Form 990, Part X, line  | 10.                                 |                | (2)   | Cost or otl    | hor (h)  | Cost or ot      | hor (c)                         | Accumulated                           | (d) Book           | value        |
|              | Description of property  |                                     |                |       | s (investme    |          | asıs (othe      |                                 | epreciation                           | (a) book           | value        |
| <b>1</b> a l | and  |                                     |                |       |                | 0        |                 | 0                               |                                       |                    | 0            |
| <b>b</b> E   | Buildings  |                                     | .              |       |                | 0        |                 | 0                               |                                       |                    | 0            |
|              | easehold improvements  |                                     | .              |       |                | 0        |                 | 0                               |                                       | 0                  | 0            |
| c L          | ·  |                                     |                |       |                |          |                 |                                 |                                       |                    |              |
|              | quipment   |                                     |                |       |                | 0        | 160,            | 360                             | 113,30                                | 9 4                | 7,051        |
| <b>d</b> E   | ·  |                                     |                |       |                | 0        | 160,            | 360                             | · · · · · · · · · · · · · · · · · · · | 0                  |              |

| <b>Part VII Investments—Other Securities.</b> Con See Form 990, Part X, line 12.                                | nplete if the organization a | answered 'Yes' to Form 990, Part IV, line 11b. |
|---|------------------------------|--|
| (a) Description of security or category   | ( <b>b)</b> Book value       | (c) Method of valuation                        |
| (including name of security) (1)Financial derivatives   | 28,753,912                   | Cost or end-of-year market value  F            |
| (2)Closely-held equity interests  | 28,733,912                   | 1  |
| Other   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   | 28,753,912                   |  |
| Part VIII Investments—Program Related. Co<br>See Form 990, Part X, line 13.                                     | mplete if the organization   | answered 'Yes' to Form 990, Part IV, line 11c  |
| (a) Description of investment   | (b) Book value               | (c) Method of valuation                        |
|   |                              | Cost or end-of-year market value               |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
| Total (Column (2) made equal (com 550) (are in 650) mile 20 )   | <b>+</b>                     |  |
| Part IX Other Assets. Complete if the organization  |                              |  |
| (a) Descri  | ption                        | (b) Book value                                 |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
| Total (Column (h) must equal Form 200, Part V, col (P) line 11  | = 1                          |  |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. Complete if the orga |                              |  |
| Form 990, Part X, line 25.  |                              |  |
| 1 (a) Description of liability  | (b) Book value               |  |
| Federal income taxes  | 2,319                        |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
|   |                              |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )   | 2,319                        |  |
| 2. Liability for uncertain tax positions In Part XIII, provide  |                              |  |

| Part XI                    |                                 | evenue per Audited Financial Statements With Revenue pered 'Yes' to Form 990, Part IV, line 12a.   | er Re  | <b>eturn</b> Complete if  |  |  |  |  |
|----------------------------|---------------------------------|--|--|---|--|--|--|--|
| <b>1</b> To                |                                 | support per audited financial statements   | 1  |   |  |  |  |  |
|                            |                                 | not on Form 990, Part VIII, line 12  |  |   |  |  |  |  |
|                            |                                 | ments  |  |   |  |  |  |  |
|                            | •                               | cilities 2b  | 1  |   |  |  |  |  |
|                            |                                 |  | 1  |   |  |  |  |  |
|                            |                                 |  | 1  |   |  |  |  |  |
|                            | ,                               |  | 2e   |   |  |  |  |  |
|                            |                                 |  | 3  |   |  |  |  |  |
|                            |                                 | ), Part VIII, line 12, but not on line <b>1</b>  | <u> </u>   |   |  |  |  |  |
|                            |                                 | ided on Form 990, Part VIII, line 7b . 4a  |  |   |  |  |  |  |
|                            | ·                               | 4b   | 1  |   |  |  |  |  |
|                            |                                 |  | 4c   |   |  |  |  |  |
|                            |                                 | <b>4c.</b> (This must equal Form 990, Part I, line 12 )  | 5  |   |  |  |  |  |
| Part XI                    | Reconciliation of Ex            | epenses per Audited Financial Statements With Expenses wered 'Yes' to Form 990, Part IV, line 12a.   |  | Return. Complete  |  |  |  |  |
| <b>1</b> To                |                                 | audited financial statements   | 1  |   |  |  |  |  |
| <b>2</b> Ar                | mounts included on line 1 but   | not on Form 990, Part IX, line 25  |  |   |  |  |  |  |
|                            |                                 | cilities   |  |   |  |  |  |  |
| <b>b</b> Pr                | nor year adjustments            |  |  |   |  |  |  |  |
|                            |                                 |  |  |   |  |  |  |  |
|                            |                                 |  | 1  |   |  |  |  |  |
|                            |                                 |  | 2e   |   |  |  |  |  |
|                            | <del>-</del>                    |  | 3  |   |  |  |  |  |
|                            |                                 | , Part IX, line 25, but not on line 1:   |  |   |  |  |  |  |
|                            |                                 | ded on Form 990, Part VIII, line 7b   4a   |  |   |  |  |  |  |
|                            |                                 | 4b   | 1  |   |  |  |  |  |
|                            |                                 | · · · · · · · · · · · · · · · · · · ·  | 4c   |   |  |  |  |  |
|                            |                                 | d <b>4c.</b> (This must equal Form 990, Part I, line 18)   | 5  |   |  |  |  |  |
|                            | Supplemental Info               |  | 1 -  |   |  |  |  |  |
|                            | ine 4, Part X, line 2, Part XI, | Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , Part IV, lines $1b$ and $2l$ lines $2d$ and $4b$ , and Part XII, lines $2d$ and $4b$ Also complete this part to   |  | le any additional   |  |  |  |  |
|                            | Return Reference                | Explanation  |  |   |  |  |  |  |
| Schedule D, Part V, Line 4 |                                 | THE ENDOWMENTS OF WACO FOUNDATION ARE INTENDED TO PROVIDE INCOME TO VARIOUS CHARITABLE ORGANIZATIONS AND ACTIVITIES IN MCLENNAN COUNTY, TEXAS AS WELL AS MAINTAIN THEIR REAL VALUE OVER TIME SOME ENDOWED FUNDS ARE ESTABLISHED TO PROVIDE SUPPORT FOR SPECIFIC, DESIGNATED CHARITIES OTHER FUNDS, ESTABLISHED FOR GENERAL CHARITABLE COMMUNITY BETTERMENT OR A SPECIFIC CHARITABLE FIELD OF INTEREST, WILL PROVIDE GRANTS OF INCOME TO DIFFERENT CHARITIES EVERY YEAR ACCORDING TO COMMUNITY NEEDS AND THE FINDINGS OF THE DELIBERATIONS OF THE ORGANIZATION'S BOARD OF TRUSTEES  |  |   |  |  |  |  |
| Schedule D, Part X, Line 2 |                                 | THE FOUNDATION HAS BEEN GRANTED EXEMPTIONS FROM FEDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS SUCH, I INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS TRECOGNIZES THE EFFECT OF INCOME TAX POSITIONS (INCLUDIN INCOME MIGHT BE DETERMINED TO BE UNRELATED BUSINESS INCHAS PROPERLY MAINTAINED ITS EXEMPT STATUS) IF SUCH POSITIBEING SUSTAINED (I E , PROBABLE THAT ADJUSTMENTS WOULD NAMEDE BY TAXING AUTHORITIES) RECOGNIZED INCOME TAX PROPERT THE LARGEST AMOUNT THAT IS GREATER THAN 50% OF BEING THE RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PECHANGE IN JUDGMENT OCCURS THE FOUNDATION RECORDS INTRELATED TO UNRECOGNIZED TAX BENEFITS IN MANAGEMENT AN THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATION BY SERVICE FOR YEARS PRIOR TO 2010 | NO PROHE FOR WHE FOR WHE FOR STORE FOR STORE FOR | OVISION FOR UNDATION ETHER EXEMPT AND WHETHER IT ARE PROBABLE OF DETECTED AND NS ARE MEASURED IZED CHANGES IN IN WHICH THE EAND PENALTIES ERAL EXPENSES |  |  |  |  |
|                            |                                 |  |  |   |  |  |  |  |

| •         | <u> </u>          |                      |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret       | turn Reference    | Explanation          |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |
|           |                   |                      |

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318041014

SCHEDULE F (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

**Employer identification number** 

| VACO FOUNDATION   |                                     |  |   | 74-6054628  |  |  |  |
|---|-------------------------------------|--|---|---|--|--|--|
| Part I General Information "Yes" to Form 990, Par   |                                     |  | ne United States. Co  | omplete if the organiz  | ation answered   |  |  |
| 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? |                                     |  |   |   |  |  |  |
| <b>For grantmakers.</b> Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.   |                                     |  |   |   |  |  |  |
| 3 Activites per Region (The following) (a) Region   | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is<br>a program service, describe<br>specific type of | (f) Total expenditures<br>for and investments<br>in region |  |  |
| (1) Central America and the<br>Caribbean  | 0                                   |  | Investments   |   | 10,698,119   |  |  |
| (3) (4)   |                                     |  |   |   |  |  |  |
| 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b)  | 0                                   | 0  |   |   | 10,698,119   |  |  |

| Pa  |                          |   |                    |                         |                              | <b>ited States.</b> Compl<br>duplicated if additior |  |  | to Form 990,   |
|-----|--------------------------|---|--------------------|-------------------------|------------------------------|---|--|--|--|
| 1   | (a) Name of organization | (b) IRS code<br>section<br>and EIN (if<br>applicable) | (c) Region         | (d) Purpose of<br>grant | (e) A mount of<br>cash grant | (f) Manner of<br>cash<br>disbursement               | (g) A mount<br>of non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (:  | 1)                       |   |                    |                         |                              |   |  |  |  |
| ( : | 2)                       |   |                    |                         |                              |   |  |  |  |
| (:  | 3)                       |   |                    |                         |                              |   |  |  |  |
| ( 4 | 4)                       |   |                    |                         |                              |   |  |  |  |
| 2   |                          |   |                    |                         |                              | ies by the foreign co<br>(c)(3) equivalency l       |  |  |  |
| 3   | Enter total nur          | nber of other or                                      | ganizations or ent | rities                  |                              |   |  |  |  |

Schedule F (Form 990) 2013

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

| Part III can be                 | duplicated if addit | ional space is ne        | eeded.                       |                                    |  |  |   |
|---------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|--|--|---|
| (a) Type of grant or assistance | (b) Region          | (c) Number of recipients | (d) A mount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) A mount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | <b>(h)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1)                             |                     |                          |                              |                                    |  |  |   |
| ( 2)                            |                     |                          |                              |                                    |  |  |   |
| (3)                             |                     |                          |                              |                                    |  |  |   |
| (4)                             |                     |                          |                              |                                    |  |  |   |
| (5)                             |                     |                          |                              |                                    |  |  |   |
| (6)                             |                     |                          |                              |                                    |  |  |   |
| (7)                             |                     |                          |                              |                                    |  |  |   |
| (8)                             |                     |                          |                              |                                    |  |  |   |
| (9)                             |                     |                          |                              |                                    |  |  |   |
| (10)                            |                     |                          |                              |                                    |  |  |   |
| (11)                            |                     |                          |                              |                                    |  |  |   |
| ( 12)                           |                     |                          |                              |                                    |  |  |   |
| (13)                            |                     |                          |                              |                                    |  |  |   |
| (14)                            |                     |                          |                              |                                    |  |  |   |
| ( 15)                           |                     |                          |                              |                                    |  |  |   |
| ( 16)                           |                     |                          |                              |                                    |  |  |   |
| ( 17)                           |                     |                          |                              |                                    |  |  |   |
| ( 18)                           |                     |                          |                              |                                    |  |  |   |
|                                 | 1                   |                          |                              | l .                                |  |  |   |

### Part IV Foreign Forms

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

Schedule F (Form 990) 2013

#### **Additional Data**

**Software ID:** 13000241

**Software Version:** v1.00

**EIN:** 74-6054628

Name: WACO FOUNDATION

Schedule F (Form 990) 2013

Page **5** 

#### Part V Supplemental Information

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

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **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

**Employer identification number** 

DLN: 93493318041014

Open to Public Inspection

| WACO FOUNDATION  |                       |  |                             |   |   |  |                                     |
|--|-----------------------|--|-----------------------------|---|---|--|-------------------------------------|
|  |                       |  |                             |   |   | 74-6054628                             |                                     |
| Part I General Information  Does the organization maintain the selection criteria used to av | records to substantı  | ate the amount of the                    | grants or assistance, the   | e grantees' eligibility for               | the grants or assist  | ance, and                              | ✓ Yes ┌                             |
| 2 Describe in Part IV the organize   | atıon's procedures fo | r monitoring the use o                   | f grant funds in the Unite  | ed States                                 |   |  |                                     |
| Part II Grants and Other A<br>Form 990, Part IV, lin   |                       |  |                             |   |   |  | es" to                              |
| (a) Name and address of organization or government   | (b) EIN               | (c) IRC Code<br>section<br>if applicable | (d) Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of gra<br>or assistance |
| See Additional Data Table  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
|  |                       |  |                             |   |   |  |                                     |
| 2 Enter total number of section 5  | 01(c)(3) and governr  | nent organizations list                  | ted in the line 1 table .   |   |   | <b>&gt;</b>                            | 58                                  |

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

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>b)</b> Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------------|----------------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|
| (1) SCHOLARSHIPS PAID TO INDIVIDUALS | 274                              | 298,377                             | 0                                 |  |                                       |
|                                      |                                  |                                     |                                   |  |                                       |
|                                      |                                  |                                     |                                   |  |                                       |
|                                      |                                  |                                     |                                   |  |                                       |
|                                      |                                  |                                     |                                   |  |                                       |
|                                      |                                  |                                     |                                   |  |                                       |
|                                      |                                  |                                     |                                   |  |                                       |
| Part IV Supplemental Informat        | tion Drovido the infer           | mation required in D                | art I line 2 Dart III             | column (h) and any other                             | additional information                |

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

| Return Reference           | Explanation  |
|----------------------------|--|
| Schedule I, Part I, Line 2 | EACH GRANT RECIPIENT IS EMAILED AN AWARD LETTER AND CONTRACT OUTLINING THE TERMS OF THE GRANT AWARD AND            |
|                            | INSTRUCTIONS ON HOW TO REQUEST DISBURSEMENTS IF NECESSARY, THE DIRECTOR OF GRANTS AND CAPACITY BUILDING            |
|                            | SCHEDULES A MEETING WITH THE RECIPIENT IF FURTHER EXPLANATION IS REQUIRED THE SIGNED CONTRACT MUST BE RETURNED TO  |
|                            | WACO FOUNDATION BEFORE THE FIRST DRAW CAN BE MADE TO ACCESS THE FUNDS, THE ORGANIZATION MUST SUBMIT A CHECK        |
|                            | REQUEST AND EXPENSE DOCUMENTATION OF WHEN, WHERE AND HOW THE MONEY WAS SPENT THE DIRECTOR OF GRANTS AND            |
|                            | CAPACITY BUILDING REVIEWS AND APPROVES THE CHECK REQUESTS AND DOCUMENTATION, ANY DISCREPANCIES BETWEEN HOW THE     |
|                            | MONEY WAS SPENT AND WHAT FUNDS WERE ALLOTTED FOR ARE IMMEDIATELY ADDRESSED THE DIRECTOR OF GRANTS AND CAPACITY     |
|                            | BUILDING MAINTAINS THE GRANT FILES EVERY OTHER MONTH, THE TRUSTEES REVIEW A GRANTS REPORT, WHICH STATES WHICH      |
|                            | ORGANIZATIONS HAVE OR HAVE NOT MADE DRAWS, AND WHICH HAVE EXPENDED THEIR GRANTS IN ADDITION, THEY REVIEW A LIST OF |
|                            | GRANT CHECKS WRITTEN AND ARE APPRISED OF ANY REQUESTS FOR REALLOCATION OR RESCISSION OF FUNDS ORGANIZATIONS ARE    |
|                            | REQUIRED TO COMPLETE AN INTERIM EVALUATION REPORT SIX MONTHS AFTER THE GRANT HAS BEEN AWARDED AND A CLOSE-OUT      |
|                            | REPORT UPON FINAL DRAW   |

#### **Additional Data**

**Software ID:** 13000241

**Software Version:** v1.00

**EIN:** 74-6054628

Name: WACO FOUNDATION

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

| (a) Name and address of organization or government     | <b>(b)</b> EIN | (c) IRC Code section if applicable | ( <b>d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                    |
|--|----------------|------------------------------------|--------------------------------------|---|---|--|--|
| AVANCE INC (WACO)<br>508 FRANKLIN AVE<br>WACO,TX 76701 | 90-0143587     | 501(c)(3)                          | 76,350                               |   |   |  | GENERAL SUPPORT,<br>PARENT-CHILD<br>EDUCATION<br>PROGRAM |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |
| BAYLOR BEAR<br>FOUNDATION<br>1500 S UNIVERSITY PARKS<br>DR<br>WACO,TX 76706                                     | 75-2172398     | 501(c)(3)                          | 18,000                              |   |   |  | GENERAL SUPPORT                       |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                     |   |   |  |   |  |  |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |  |  |
| BAYLOR UNIVERSITY -<br>OFFICE OF UNIVERSITY<br>DEVELOPMENT<br>1 BEAR PL UNIT 97026<br>WACO,TX 767987026         | 74-1159753     | 501(c)(3)                             | 683,900                             |   |   |  | SCHOOL OF BUSINESS BUILDING FUND, ENTREPRENEURIAL PROGRAM, SCHOLARSHIP FUNDS, BASKETBALL SUSTAINING EXCELLENCE INITIATIVE |  |  |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance    |  |
| CARE NET PREGNANCY<br>CENTER OF CENTRAL<br>TEXAS INC<br>4700 W WACO DR<br>WACO,TX 76710                         | 74-2345781     | 501(c)(3)                          | 66,000                              |   |   |  | BUILDING<br>CAMPAIGN,<br>GENERAL SUPPORT |  |

| Form 990,Schedule 1, Pa                            | Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                                    |                              |   |  |  |   |  |  |
|--|--|------------------------------------|------------------------------|---|--|--|---|--|--|
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance             |  |  |
| CARITAS OF WACO<br>300 S 15TH ST<br>WACO,TX 76701  | 74-1711575   | 501(c)(3)                          | 674,045                      |   |  |  | GENERAL SUPPORT,<br>ANNUAL INCOME<br>DISTRIBUTION |  |  |

| Form 990,Schedule I, Pa   | form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                    |                                     |   |   |  |  |  |  |
|---|---|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government                      | <b>(b)</b> EIN  | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance             |  |  |
| CHRIST THE KING<br>BAPTIST CHURCH<br>4777 LAKESHORE DR<br>WACO,TX 76710 | 74-2907766  | 501(c)(3)                          | 10,000                              |   |   |  | CHRIST THE KING<br>MINISTRIES<br>INTERNATIONAL |  |  |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                              |   |   |  |                                       |  |
|---|----------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |
| CITY OF WEST<br>PO BOX 97<br>WEST,TX 76691  | 74-6002549     | 501(c)(3)                             | 134,430                      |   |   |  | DISASTER RELIEF<br>SUPPORT            |  |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                    |   |   |  |                                       |  |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |
| COMMUNITY TRAINING<br>CENTER INC<br>704 ELM<br>WACO,TX 76704  | 74-2621655     | 501(c)(3)                          | 10,000                             |   |   |  | SUMMER PROGRAM                        |  |

| Form 990,Schedule I, Pai  | orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                                     |   |   |  |                                       |  |  |
|---|--|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government                  | <b>(b)</b> EIN   | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| CONGREGATION AGUDATH<br>JACOB<br>4925 HILLCREST DR<br>WACO,TX 76710 | 74-1200140   | 501(c)(3)                             | 17,990                              |   |   |  | GENERAL SUPPORT                       |  |  |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| COUNCIL ON<br>FOUNDATIONS<br>2121 CRYSTAL DR STE 700<br>ARLINGTON,VA<br>222023706                               | 13-6068327     | 501(c)(3)                          | 5,540                               |   |   |  | DUES IN EXCESS OF<br>\$500            |  |  |

| Form 990,Schedule 1, Pai  | orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                                    |   |   |  |   |  |  |  |
|---|--|---------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government                          | <b>(b)</b> EIN   | (c) IRC Code section<br>if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                       |  |  |  |
| CULTURAL ARTS OF WACO<br>801 WASHINGTON AVE<br>STE 405<br>WACO,TX 767011260 | 05-0616886   | 501(c)(3)                             | 215,688                            |   |   |  | BRANDING THE<br>BRAZOS PROJECT,<br>DORIS MILLER<br>MEMORIAL |  |  |  |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                    |   |   |  |                                       |  |  |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| DR PEPPER MUSEUM AND<br>FREE ENTERPRISE<br>INSTITUTE<br>300 SOUTH 5TH ST<br>WACO,TX 76701                       | 74-2497117     | 501(c)(3)                             | 25,000                             |   |   |  | KELLUM-ROTAN<br>GALLERY<br>COMPLETION |  |  |

| Form 990,Schedule 1, Pa                              | rt 11, Grants ar | <u>na Otner Assistanc</u>             | <u>e to Governments</u>     | and Organization                          | <u>s in the United Sta</u>  | tes                                    |  |
|--|------------------|---------------------------------------|-----------------------------|---|---|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN   | (c) IRC Code section<br>if applicable | (d) Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                        |
| FAMILY ABUSE CENTER<br>PO BOX 20395<br>WACO,TX 76702 | 74-2080943       | 501(c)(3)                             | 15,170                      |   |   |  | EMERGENCY<br>SHELTER SECURITY<br>UPGRADE, GENERAL<br>SUPPORT |

| Form 990,Schedule I, Pa  | orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                    |                                    |   |   |  |                                       |  |  |  |
|--|--|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government                                 | <b>(b)</b> EIN   | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| FORT WORTH COUNTRY<br>DAY SCHOOL INC<br>4200 COUNTRY DAY LN<br>FORT WORTH,TX 76109 | 75-1085363   | 501(c)(3)                          | 15,000                             |   |   |  | ANNUAL FUND                           |  |  |  |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |            |                                    |                                     |   |   |  |   |  |  |
|---|------------|------------------------------------|-------------------------------------|---|---|--|---|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance           |  |  |
| FUZZY FRIENDS RESCUE<br>PO BOX 20966<br>WACO,TX 76702   | 75-2699210 | 501(c)(3)                          | 11,250                              |   |   |  | BARKIN' BALL<br>UNDERWRITER,<br>GENERAL SUPPORT |  |  |

| Form 990,Schedule 1, Pa   | orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                                    |                                     |   |   |  |                                       |  |  |  |
|---|--|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government                      | <b>(b)</b> EIN   | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| GREATER WACO CHAMBER<br>OF COMMERCE<br>PO BOX 1220<br>WACO,TX 767031220 | 74-0967440   | 501(c)(3)                          | 50,000                              |   |   |  | THE MOMENTUM<br>FUND                  |  |  |  |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                    |   |   |  |   |  |  |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance           |  |  |
| HEART OF TEXAS COMMUNITY HEALTH CENTER INC DBA FAMILY HEALTH CENTER 1600 PROVIDENCE DR WACO,TX 76707            | 74-2867580     | 501(c)(3)                          | 76,650                             |   |   |  | HEALTH CARE,<br>DENTAL CARE,<br>GENERAL SUPPORT |  |  |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| HEART OF TEXAS THERAPEUTIC RIDING CENTER INC 848 E WHITE OAK RD WEST,TX 76691                                   | 74-2964587     | 501(c)(3)                          | 20,000                              |   |   |  | TEAM WORK<br>PROJECT                  |  |  |

| form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                      |   |   |  |   |  |  |
|---|----------------|---------------------------------------|--------------------------------------|---|---|--|---|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | ( <b>d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                 |  |  |
| HISTORIC WACO<br>FOUNDATION INC<br>810 S 4TH ST<br>WACO,TX 76706  | 74-1563772     | 501(c)(3)                             | 22,016                               |   |   |  | IN COMPANY WITH<br>ANGELS, INCOME<br>DISTRIBUTION,<br>GENERAL SUPPORT |  |  |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                     |   |  |   |  |  |  |  |
|---|----------------|---------------------------------------|-------------------------------------|---|--|---|--|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance  |  |  |  |
| HUMANE SOCIETY OF<br>CENTRAL TEXAS<br>2032 CIRCLE RD<br>WACO,TX 76706   | 74-2355124     | 501(c)(3)                             | 7,164                               |   |  |   | PAWS IN THE PARK<br>SPONSORSHIP,<br>INCOME<br>DISTRIBUTION,<br>GENERAL SUPPORT |  |  |  |

| Form 990,Schedule I, Pa  | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                                     |   |   |  |                                       |  |  |  |
|--|---|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government               | <b>(b)</b> EIN  | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| JEWISH FEDERATION OF<br>WACO<br>PO BOX 8031<br>WACO,TX 767148031 | 74-1167963  | 501(c)(3)                             | 44,534                              |   |   |  | GENERAL SUPPORT                       |  |  |  |

| Form 990,Schedule I, Pai   | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                                     |   |   |  |   |  |  |
|--|---|---------------------------------------|-------------------------------------|---|---|--|---|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN  | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |  |  |
| KWBU - BRAZOS VALLEY<br>PUBLIC BROADCASTING<br>FOUNDATION<br>1 BEAR PL UNIT 97296<br>WACO,TX 767987296 | 74-2674611  | 501(c)(3)                             | 36,600                              |   |   |  | TOWER<br>RELOCATION,<br>GENERAL SUPPORT |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                              |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| MCLENNAN 100 CLUB<br>PO BOX 21990<br>WACO,TX 76712  | 46-0826722     | 501(c)(3)                          | 25,000                       |   |   |  | GENERAL SUPPORT                       |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                              |   |  |  |   |  |  |  |
|---|----------------|---------------------------------------|------------------------------|---|--|--|---|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                   |  |  |  |
| MCLENNAN COMMUNITY<br>COLLEGE FOUNDATION<br>1400 COLLEGE DR<br>WACO,TX 76708                                    | 74-2550278     | 501(c)(3)                             | 37,118                       |   |  |  | PRESIDENTIAL<br>SCHOLARSHIP<br>FUND, GENERAL<br>SUPPORT |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                    |   |   |  |                                       |  |  |  |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| MESOTHELIOMA APPLIED<br>RESEARCH FOUNDATION<br>INC<br>1317 KING ST<br>ALEXANDRIA, VA<br>223142928               | 75-2816066     | 501(c)(3)                          | 6,000                              |   |   |  | GENERAL SUPPORT                       |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| META-CAMP<br>ATTN WILLIAM HOPPER<br>C/O KASSOUF & CO<br>2208 UNIVERSITY BLVD<br>BIRMINGHAM,AL 35233             | 45-3040738     | 501(c)(3)                          | 10,000                              |   |   |  | GENERAL SUPPORT                       |  |  |  |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |   |   |  |  |  |
|--|----------------|------------------------------------|-------------------------------------|---|---|---|---|--|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance               |  |  |  |
| MISSION WACO MISSION<br>WORLD INC<br>1315 N 15TH ST<br>WACO,TX 76707   | 74-2605621     | 501(c)(3)                          | 21,898                              |   |   |   | HOLISTIC<br>ADVOCACY<br>PROJECT, GENERAL<br>SUPPORT |  |  |  |

| Form 990,Schedule 1, Pa   | -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                                     |   |   |  |                                       |  |  |
|---|---|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government                            | <b>(b)</b> EIN  | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| MYOTONIC DYSTROPHY<br>FOUNDATION<br>PO BOX 29543<br>SAN FRANCISCO,CA<br>94129 | 20-5014628  | 501(c)(3)                             | 27,000                              |   |   |  | SAM'S SQUAD,<br>GENERAL SUPPORT       |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |                                       |                              |      |   |  |  |  |  |  |
|---|------------|---------------------------------------|------------------------------|------|---|--|--|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | cash | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                    |  |  |  |
| PLANNED PARENTHOOD<br>OF CENTRAL TEXAS INC<br>1121 ROSS AVE<br>WACO,TX 76703                                    | 74-1143143 | 501(c)(3)                             | 6,051                        |      |   |  | MARGARITA<br>MADNESS FUND,<br>ANNUAL<br>DISTRIBUTION,<br>GENERAL SUPPORT |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                      |   |   |  |  |  |  |  |
|---|----------------|---------------------------------------|--------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | ( <b>d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance  |  |  |  |
| PLANNED PARENTHOOD<br>OF GREATER TEXAS INC<br>7424 GREENVILLE AVE<br>STE 206<br>DALLAS,TX 75231                 | 52-1243220     | 501(c)(3)                             | 18,300                               |   |   |  | IMPLEMENTATION<br>OF ELECTRONIC<br>HEALTH RECORDS,<br>STAFF T-SHIRTS,<br>GENERAL SUPPORT |  |  |  |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |      |   |  |   |  |  |  |
|--|----------------|------------------------------------|-------------------------------------|------|---|--|---|--|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | cash | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |  |  |  |
| PROVIDENCE<br>FOUNDATION INC<br>6901 MEDICAL PKWY<br>WACO,TX 76712   | 74-2683112     | 501(c)(3)                          | 42,000                              |      |   |  | PINK PARTNER -<br>BREAST HEALTH<br>CENTER, SENIOR<br>GATEWAY<br>PASSENGER VAN,<br>GENERAL SUPPORT |  |  |  |

| Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |                                    |                              |      |   |  |  |  |  |  |
|---|------------|------------------------------------|------------------------------|------|---|--|--|--|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | cash | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                  |  |  |  |
| RAPOPORT ACADEMY<br>1020 ELM ST BLDG 1000<br>WACO,TX 76704  | 74-2798827 | 501(c)(3)                          | 25,000                       |      |   |  | GOMEZ<br>ADMINISTRATION<br>BUILDING<br>RESTORATION,<br>GENERAL SUPPORT |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| SAINT MARY'S HALL INC<br>PO BOX 33430<br>SAN ANTONIO,TX<br>782659974  | 74-0877330     | 501(c)(3)                          | 6,000                               |   |   |  | ANNUAL FUND                           |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| SCOTT & WHITE HEALTHCARE FOUNDATION 2401 S 31ST STREET TEMPLE,TX 76508  | 27-3513154     | 501(c)(3)                          | 10,000                              |   |   |  | GENERAL SUPPORT                       |  |  |  |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |  |  |   |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|--|--|---|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance             |  |  |  |
| ST ALBANS EPISCOPAL<br>CHURCH<br>305 N 30TH ST<br>WACO,TX 76710   | 74-1238428     | 501(c)(3)                          | 37,000                              |   |  |  | DEBT RETIREMENT<br>FUND, 2014<br>OPERATING BUDGET |  |  |  |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |   |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance               |  |  |  |
| ST PAULS AME CHURCH<br>1302 HERRING AVE<br>WACO,TX 76708  | 74-6242244     | 501(c)(3)                          | 23,315                              |   |   |  | SOUND AND VIDEO<br>INSTALLATION,<br>GENERAL SUPPORT |  |  |  |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                     |   |  |  |  |  |  |
|---|----------------|---------------------------------------|-------------------------------------|---|--|--|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance            |  |  |
| ST PAULS EPISCOPAL<br>CHURCH<br>601 COLUMBUS AVE<br>WACO,TX 76701   | 74-1109762     | 501(c)(3)                             | 42,505                              |   |  |  | 2014 BUDGET,<br>MISSION TRIP,<br>GENERAL SUPPORT |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |            |                                    |                                     |   |   |  |                                       |  |  |
|---|------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | (b) EIN    | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| STORYBOOK CHRISTMAS<br>PO BOX 6088<br>WACO,TX 767066088   | 39-2075828 | 501(c)(3)                          | 5,500                               |   |   |  | GENERAL SUPPORT                       |  |  |

| Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                    |   |   |  |   |  |  |  |
|---|----------------|---------------------------------------|------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance   |  |  |  |
| TALITHA KOUM INSTITUTE<br>(CROSSTIES MINISTRIES)<br>PO BOX 2202<br>WACO,TX 76703                                | 75-2849153     | 501(c)(3)                             | 12,250                             |   |   |  | TALITHA KOUM<br>INSTITUTE<br>TRAINING<br>PROGRAM, CALLAN<br>BRAIN TRUST,<br>GENERAL SUPPORT |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| TEXAS RETIRED TEACHERS<br>RESIDENCE CORPORATION<br>5400 LAUREL LAKE DR<br>WACO,TX 76710                         | 74-1492082     | 501(c)(3)                          | 5,500                               |   |   |  | GENERAL SUPPORT                       |  |  |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                     |   |   |  |   |  |  |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                 |  |  |
| THE TSTC FOUNDATION<br>3801 CAMPUS DR<br>WACO,TX 76705  | 75-2892470     | 501(c)(3)                             | 11,469                              |   |   |  | TSTC AEROSPACE<br>PROGRAM, INCOME<br>DISTRIBUTION,<br>GENERAL SUPPORT |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                    |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| UNITARIAN UNIVERSALIST<br>FELLOWSHIP OF WACO<br>4209 N 27TH ST<br>WACO,TX 76708                                 | 74-6070818     | 501(c)(3)                          | 9,000                              |   |   |  | GENERAL SUPPORT                       |  |  |

| Form 990,Schedule I, Pai   | form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                              |      |   |  |  |  |  |  |
|--|---|---------------------------------------|------------------------------|------|---|--|--|--|--|--|
| (a) Name and address of organization or government                           | <b>(b)</b> EIN  | (c) IRC Code section<br>if applicable | (d) A mount of cash<br>grant | cash | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance  |  |  |  |
| VANGUARD COLLEGE<br>PREPARATORY SCHOOL<br>2517 MT CARMEL DR<br>WACO,TX 76710 | 74-1563772  | 501(c)(3)                             | 5,500                        |      |   |  | VANGUARD 40TH<br>ANNIVERSARY GALA<br>& AUCTION (NO<br>TICKETS), ANNUAL<br>FUND |  |  |  |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |   |  |  |  |
|--|----------------|------------------------------------|-------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                     |  |  |  |
| WACO BOYS CLUB INC<br>2700 N 21ST ST<br>WACO,TX 76708  | 74-6002520     | 501(c)(3)                          | 48,866                              |   |   |  | INCOME<br>DISTRIBUTION,<br>PROJECT "BEAT THE<br>HEAT", GENERAL<br>SUPPORT |  |  |  |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                    |   |   |  |                                       |  |  |  |
|--|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| WACO CITY COUNCIL PTA<br>2211 COLCORD AVE<br>WACO,TX 76707   | 74-6087263     | 501(c)(3)                          | 8,385                              |   |   |  | INCOME<br>DISTRIBUTION                |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |      |   |  |  |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|------|---|--|--|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | cash | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance      |  |  |  |
| WACO COMMUNITY DEVELOPMENT CORPORATION 1624 COLCORD AVE WACO,TX 76707   | 74-2995407     | 501(c)(3)                          | 35,000                              |      |   |  | EAST WACO<br>COMMUNITY<br>DEVELOPMENT PLAN |  |  |  |

| form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| WACO CREATIVE ART<br>CENTER<br>1300 COLLEGE DRIVE<br>WACO,TX 76708  | 74-1721811     | 501(c)(3)                          | 8,200                               |   |   |  | GENERAL SUPPORT                       |  |  |

| Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |            |                                    |                                     |   |   |  |   |  |  |  |
|--|------------|------------------------------------|-------------------------------------|---|---|--|---|--|--|--|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                     |  |  |  |
| WACO GIRLS CLUB INC<br>DBA KIDS AND COMPANY<br>1905 WASHINGTON AVE<br>WACO,TX 76701                              | 74-1143145 | 501(c)(3)                          | 25,000                              |   |   |  | BUS FOR A NEW<br>SUMMER CAMP &<br>AFTERSCHOOL<br>LOCATION |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |  |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance        |  |  |
| WACO HABITAT FOR<br>HUMANITY<br>PO BOX 2124<br>WACO,TX 76703  | 75-2130884     | 501(c)(3)                          | 37,800                              |   |   |  | CLIFTON FUND<br>HOUSE #9,<br>GENERAL SUPPORT |  |  |

| Form 990,Schedule 1, Pa  | Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                                    |                                     |   |   |  |  |  |  |  |
|--|---|------------------------------------|-------------------------------------|---|---|--|--|--|--|--|
| (a) Name and address of organization or government               | (b) EIN   | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                    |  |  |  |
| WACO ISD EDUCATION<br>FOUNDATION<br>PO BOX 2369<br>WACO,TX 76701 | 74-2728765  | 501(c)(3)                          | 20,250                              |   |   |  | 2014 HEB<br>CELEBRITY COOK-<br>OFF, SCHOLARSHIP<br>FUNDS |  |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                    |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |  |  |
| WACO SYMPHONY<br>ASSOCIATION INC<br>PO BOX 1201<br>WACO,TX 76703  | 74-6062658     | 501(c)(3)                          | 23,310                              |   |   |  | GENERAL SUPPORT                    |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                    |   |   |  |                                       |  |  |  |
|---|----------------|------------------------------------|------------------------------------|---|---|--|---------------------------------------|--|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> Amount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |  |
| WASHINGTON AND LEE UNIVERSITY OFFICE OF UNIVERSITY DEVELOPMENT 204 W WASHINGTON ST LEXINGTON, VA 24450          | 54-0505977     | 501(c)(3)                          | 100,000                            |   |   |  | SCHOLARSHIP FUND                      |  |  |  |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                              |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| WATER TO THRIVE<br>PO BOX 26747<br>AUSTIN,TX 78755  | 26-2213782     | 501(c)(3)                          | 6,500                        |   |   |  | UGANDA WATER<br>WELL                  |  |  |

| -orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| WEST FIRST UNITED<br>METHODIST CHURCH<br>PO BOX 471<br>WEST,TX 76691  | 74-2921025     | 501(c)(3)                          | 20,000                              |   |   |  | WEST MINISTERIAL<br>ALLIANCE          |  |  |

| Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                |                                       |                                     |   |   |  |                                       |  |  |
|---|----------------|---------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| WEST VOLUNTEER FIRE<br>DEPARTMENT<br>PO BOX 97<br>WEST,TX 76691   | 76-0399944     | 501(c)(3)                             | 43,801                              |   |   |  | REPLACEMENT FIRE<br>SUITS             |  |  |

| Form 990,Schedule I, Pa                                    | Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                                    |                                     |   |   |  |                                       |  |  |
|--|---|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|--|
| (a) Name and address of organization or government         | <b>(b)</b> EIN  | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |
| WEST TX FOUNDATION<br>INC<br>510 E OAK ST<br>WEST,TX 76691 | 46-2833227  | 501(c)(3)                          | 1,839,560                           |   |   |  | DISASTER RELIEF<br>SUPPORT            |  |  |

| Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States |                |                                    |                                     |   |   |  |                                       |  |
|---|----------------|------------------------------------|-------------------------------------|---|---|--|---------------------------------------|--|
| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC Code section if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |  |
| WILLIAM CAMERON PARK<br>CENTENNIAL<br>CELEBRATION<br>C/O CITY OF WACO<br>PO BOX 2570<br>WACO,TX 76702           | 74-6002486     | 501(c)(3)                          | 169,861                             |   |   |  | DISTRIBUTION OF<br>FUND BALANCE       |  |

| Form 990,Schedule 1, Pa                                | form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States |                                       |                                     |   |   |  |  |  |
|--|---|---------------------------------------|-------------------------------------|---|---|--|--|--|
| (a) Name and address of organization or government     | <b>(b)</b> EIN  | (c) IRC Code section<br>if applicable | <b>(d)</b> A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                    |  |
| YMCA OF CENTRAL TEXAS<br>PO BOX 20515<br>WACO,TX 76702 | 74-2668685  | 501(c)(3)                             | 23,548                              |   |   |  | 2013 STRENGTHENING THE FOUNDATIONS, INCOME DISTRIBUTION, GENERAL SUPPORT |  |

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

DLN: 93493318041014

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to 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.

Open to Public Inspection

Name of the organization WACO FOUNDATION

**Employer identification number** 

74-6054628

| Pai | t I Questions Regarding Compensation  | 1         |   |    |     |    |
|-----|---|-----------|---|----|-----|----|
|     |   |           |   |    | Yes | No |
| 1a  | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III   |           |   |    |     |    |
|     | First-class or charter travel   | $\sqcap$  | Housing allowance or residence for personal use   |    |     |    |
|     | Travel for companions   |           | Payments for business use of personal residence   |    |     |    |
|     | Tax idemnification and gross-up payments  | Г         | Health or social club dues or initiation fees   |    |     |    |
|     | Discretionary spending account  | Г         | Personal services (e g , maid, chauffeur, chef)   |    |     |    |
| b   | If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de   |           |   | 1b |     |    |
| 2   | Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec  |           |   | 2  |     |    |
|     |   |           |   |    |     |    |
| 3   | Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all thused by a related organization to establish compens | at apply  | y Do not check any boxes for methods  |    |     |    |
|     | ▼ Compensation committee  | Г         | Written employment contract   |    |     |    |
|     | ☐ Independent compensation consultant   | 굣         | Compensation survey or study  |    |     |    |
|     | Form 990 of other organizations   | <u> </u>  | Approval by the board or compensation committee   |    |     |    |
| 4   | During the year, did any person listed in Form 990, for a related organization  | Part VII  | , Section A , line 1a with respect to the filing organization $% \left( 1\right) =\left( 1\right) \left( 1\right$ |    |     |    |
| а   | Receive a severance payment or change-of-control  | paymen    | t?  | 4a |     | No |
| b   | Participate in, or receive payment from, a supplement   | ntal non  | qualified retirement plan?  | 4b |     | Νo |
| C   | Participate in, or receive payment from, an equity-ba   | ased co   | mpensation arrangement?   | 4c |     | Νo |
|     | If "Yes" to any of lines 4a-c, list the persons and pro   | ovide th  | e applicable amounts for each item in Part III  |    |     |    |
|     | Only 501(c)(3) and 501(c)(4) organizations only mu  | st comp   | olete lines 5-9.  |    |     |    |
| 5   | For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of   |           |   |    |     |    |
| а   | The organization?   |           |   | 5a |     | No |
| b   | Any related organization?   |           |   | 5b |     | No |
|     | If "Yes," to line 5a or 5b, describe in Part III  |           |   |    |     |    |
| 6   | For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of   | line 1a   | , did the organization pay or accrue any  |    |     |    |
| а   | The organization?   |           |   | 6a |     | No |
| b   | Any related organization?   |           |   | 6b |     | Νo |
|     | If "Yes," to line 6a or 6b, describe in Part III  |           |   |    |     |    |
| 7   | For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d   |           |   | 7  |     | No |
| 8   | Were any amounts reported in Form 990, Part VII, p  | aid or a  | ccured pursuant to a contract that was  |    |     |    |
|     | subject to the initial contract exception described in  |           |   |    |     |    |
|     | ın Part III   |           |   | 8  |     | No |
| 9   | If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?   | e rebutta | able presumption procedure described in Regulations   | 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)(1)-(111) 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-MI                        | SC compensation                           | (C) Retirement and             | ( <b>D)</b> Nontaxable | (E) Total of columns | (F) Compensation                          |
|---|-------------|--------------------------|---|---|--------------------------------|------------------------|----------------------|---|
|   |             | (i) Base<br>compensation | (ii) Bonus &<br>ıncentıve<br>compensatıon | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits               | (B)(ı)-(D)           | reported as deferred<br>in prior Form 990 |
| (1)ASHLEY DULSKI<br>EXECUTIVE<br>DIRECTOR | (i)<br>(ii) | 127,266<br>0             | 0   | 13,800<br>0                               | 14,143<br>0                    | 4,704<br>0             | 159,913<br>0         |   |

Schedule J (Form 990) 2013

#### 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

Return Reference Explanation

Schedule J (Form 990) 2013

DLN: 93493318041014

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

## **Noncash Contributions**

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

Inspection

Internal Revenue Service Name of the organization WACO FOUNDATION

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

| art I Types of Property   |                                  |  |  | T  |
|---|----------------------------------|--|--|--|
|   | (a)<br>Check<br>If<br>applicable | (b)<br>Number of contributions<br>or items contributed | <b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
| Art—Works of art  |                                  |  |  |  |
| Art—Historical treasures .  |                                  |  |  |  |
| Art—Fractional interests  |                                  |  |  |  |
| Books and publications  |                                  |  |  |  |
| Clothing and household goods  |                                  |  |  |  |
| Cars and other vehicles   |                                  |  |  |  |
| Boats and planes  |                                  |  |  |  |
| Intellectual property   |                                  |  |  |  |
| Securities—Publicly traded .  | X                                | 18   |  | AVG HI/LO VALUES   |
| Securities—Closely held stock .                                       | X                                | 1  | 38,125   | APPRAISED VALUE  |
| Securities—Partnership, LLC, or trust interests                       |                                  |  |  |  |
| Securities—Miscellaneous  |                                  |  |  |  |
| Qualified conservation contribution—Historic structures               |                                  |  |  |  |
| Qualified conservation contribution—Other                             |                                  |  |  |  |
| Real estate—Residential .   |                                  |  |  |  |
| Real estate—Commercial  |                                  |  |  |  |
| Real estate—O ther  |                                  |  |  |  |
| Collectibles  |                                  |  |  |  |
| Food inventory  |                                  |  |  |  |
| Drugs and medical supplies .  |                                  |  |  |  |
| Taxıdermy   |                                  |  |  |  |
| Historical artifacts  |                                  |  |  |  |
| Scientific specimens  |                                  |  |  |  |
| Archeological artifacts   |                                  |  |  |  |
| Other►(<br>WCOPIER)   | Х                                | 1  | 10,800   | APPRAISED VALUE  |
| O ther ▶()  |                                  |  |  |  |
| O ther ▶()  |                                  |  |  |  |
| O ther ▶ ()   |                                  |  |  |  |
| Number of Forms 8283 received by for which the organization completed |                                  |  |  | 9  |
|   |                                  |  |  | Yes  |

Part II Supplem

**Supplemental Information.** Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318041014

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

|                 | Employer identification number |
|-----------------|--------------------------------|
| WACO FOUNDATION | 74-6054628                     |
|                 | 7 1 003 1020                   |

| Return<br>Reference | Explanation  |
|---------------------|--|
|                     | WACO FOUNDATION BY LAWS WERE AMENDED TO INCLUDE THE FOLLOWING CHANGES (1) RENAME NOMINATING COMMITTEE THE GOVERNANCE COMMITTEE, (2) CHANGE THE FREQUENCY OF BOARD MEETINGS FROM MONTHLY TO QUARTERLY, OR MORE FREQUENTLY AS REQUIRED, (3) ALLOW FOR LIMITED CONFERENCE/WEB CONFERENCING INTO BOARD MEETINGS BY TRUSTEES WHO CANNOT ATTEND IN PERSON, (4) CLARIFICATION THAT ABILITY TO VOTE ON REGULAR BUSINESS DOES NOT REQUIRE IN-PERSON ATTENDANCE, BUT ABILITY TO VOTE ON GRANTS DOES REQUIRE IN-PERSON ATTENDANCE |

| Return Reference                          | Explanation   |
|---|---|
| Form 990, Part VI,<br>Section B, Line 11b | THE DIRECTOR OF FINANCE EMAILS TO THE BOARD OF TRUSTEES A COPY OF THE COMPLETED, UNFILED FORM 990, WITH AN EXPLANATION OF THE MOST IMPORTANT ITEMS OF INTEREST ON THE FORM THE BOARD IS GIVEN TWO WEEKS TO REVIEW THE FORM 990 AND ASK QUESTIONS ABOUT ITS CONTENTS |

| Return<br>Reference                          | Explanation  |
|--|--|
| Form 990, Part<br>VI, Section B,<br>Line 12c | CONFLICTS OF INTEREST ARE DETERMINED AND REVIEWED ON THE LEVELS OF EXECUTIVE DIRECTOR, COMMITTEE MEMBERS AND BOARD MEMBERS IF THERE IS REASON TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OR DUALITY OF INTEREST, THEY WILL BE GIVEN AN OPPORTUNITY TO EXPLAIN UPON FURTHER INVESTIGATION, THE BOARD OR COMMITTEE MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY RESULT IN THE REMOVAL OF THAT PERSON FROM THEIR BOARD POSITION, OR TERMINATION OF EMPLOY MENT, IF AN EMPLOYEE IF A MEMBER DISCLOSES A CONFLICT OR DUALITY OF INTEREST, THEY ARE ALLOWED TO REMAIN IN THE BOARD MEETING DURING DISCUSSIONS, BUT ARE REQUIRED TO ABSTAIN FROM VOTING ON THE SUBJECT |

| Return<br>Reference                            | Explanation  |
|--|--|
| Form 990,<br>Part VI,<br>Section B,<br>Line 15 | IN DETERMINING THE EXECUTIVE DIRECTOR'S SALARY, THE BOARD USES THE COUNCIL ON FOUNDATION'S SALARY SURVEY, WHICH HAS INFORMATION ON EXECUTIVES FROM OTHER FOUNDATIONS AND INCLUDES COMPARISON DATA RELATED TO SIMILAR ASSET SIZE AND DIFFERENCES IN WAGE RATES BASED ON GEOGRAPHY WACO FOUNDATION CONSIDERS FOR COMPARISON COMMUNITY FOUNDATIONS IN THE 50 TO 100 MILLION ASSET RANGE AND THAT ARE LOCATED IN THE SOUTHWEST REGION OF THE UNITED STATES A COMPENSATION PACKET, WHICH INCLUDES INFORMATION ON EXECUTIVE PERFORMANCE, IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO THE BOARD'S VOTE ON SALARIES, AND IS MAINTAINED AS A PART OF THE ORGANIZATIONAL RECORDS INPUT FROM THE FULL BOARD IS OBTAINED THROUGH FORMAL ONLINE SURVEYS OF OBJECTIVE CRITERIA OR THROUGH THE CHAIRMAN'S POLLING OF BOARD MEMBERS VIA TELEPHONE CALLS AND MEETINGS THIS PROCESSED IS PERFORMED ANNUALLY THE PROCESS FOR SETTING ALL OTHER EMPLOYEES' SALARIES IS BASED ON THE SAME SALARY SURVEY AND AN ANNUAL PERFORMANCE REVIEW ALL SALARIES ARE APPROVED BY THE BOARD |

| Return Reference                         | Explanation   |
|--|---|
| Form 990, Part VI, Section C,<br>Line 18 | THE FOUNDATION'S MOST RECENTLY FILED FORM 990 IS AVAILABLE ON OUR WEBSITE FORM 1023 IS AVAILABLE UPON REQUEST |

| Return Reference                         | Explanation  |
|--|--|
| Form 990, Part VI,<br>Section C, Line 19 | THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC |

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

DLN: 93493318041014

2013

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

# SCHEDULE R Rel

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

| /ACO FOUNDATION  |   |   |  | 74-6054628                |  |         |                              |
|--|---|---|--|---------------------------|--|---------|------------------------------|
| Part I Identification of Disregarded Entities Com  | plete if the organization                                     | answered "Yes" oi                                   | n Form 990, Par                          | •                         |  |         |                              |
| (a)  Name, address, and EIN (ıf applıcable) of dısregarded entity  | (b) Primary activity  | (c)<br>Legal domicile (state<br>or foreign country) |  | (e)<br>ind-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |         |                              |
|  |   |   |  |                           |  |         |                              |
|  |   |   |  |                           |  |         |                              |
|  |   |   |  |                           |  |         |                              |
| Part II  Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin  (a)  Name, address, and EIN of related organization | inizations Complete if g the tax year.  (b)  Primary activity | the organization as  (c) Legal domicile (state      | nswered "Yes" o  (d)  Exempt Code sectio |                           | (f)  | 1 (     | ne<br>( <b>g)</b><br>n 512(b |
|  |   | or foreign country)                                 |  | (if section 501(c)(3)     | entity                                     | (13) co | ontrolle<br>tity?            |
| (1) WF ASSETS INC<br>1227 N VALLEY MILLS DR STE 235<br>NACO, TX 76710  | TYPE 1 SUPPORTING ORGANIZATION                                | ТХ  | 501(C)(3)                                | LINE 11, TYPE 1           | WACO FOUNDATION                            | Yes     |                              |
| 74-2783048   |   |   |  |                           |  |         |                              |
|  |   |   |  |                           |  |         | _                            |
|  |   |   |  |                           |  | _       | _                            |
|  |   |   |  |                           |  |         |                              |
|  |   |   |  |                           |  |         |                              |

| Part III | <b>Identification of Related Org</b> because it had one or more rela  |                                |  |   |   |   | ation ansv                             | vered "Ye   | es" on                             | Form     | 990, Part   | IV, lu                 | ne 34                                   | ļ                                     |
|----------|---|--------------------------------|--|---|---|---|--|-------------|------------------------------------|----------|---|------------------------|---|---------------------------------------|
|          | <b>(a)</b><br>Name, address, and EIN of<br>related organization       |                                | <b>(b)</b><br>Primary activity                                   | (c) Legal domicile (state or foreign country) | entity -                                  | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | <b>(f)</b><br>Share of<br>total income |             | (h<br>Disprop<br>r allocat         | rtionate | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene<br>mana<br>part   | j)<br>eral or<br>agıng<br>:ner?         | <b>(k)</b><br>Percentage<br>ownership |
|          |   |                                |  |   |   | ,   |  |             | Yes                                | No       |   | Yes                    | No                                      |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   | _                      |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        | $\square$                               |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
| Part IV  | <b>Identification of Related Org</b> line 34 because it had one or mo | ore related organız            |  |   |   |   |  |             | wered                              | d "Yes   |   |                        |   | IV,                                   |
| Na       | ( <b>a)</b><br>ame, address, and EIN of<br>related organization       | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal<br>domicile<br>(state or foreign<br>country) |   | <b>(d)</b><br>Direct controllir<br>entity | (e) Type of entit (C corp, S corp, or trust)  | y Share of income                      | total Share | (g)<br>e of end-<br>-year<br>ssets |          | (h)<br>ercentage<br>wnership                                | Section (b) (continue) | i)<br>on 512<br>(13)<br>rolled<br>tity? | No.                                   |
|          |   |                                |  |   |   |   | 1                                      |             |                                    | -        | ĺ   | Yes                    | <u>*</u>                                | No                                    |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   |                        |   |                                       |
|          |   |                                |  |   |   |   |  |             |                                    |          |   | ı                      |   |                                       |

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule   |   |                        |   | Y         | es No |  |  |  |  |  |
|--|---|------------------------|---|-----------|-------|--|--|--|--|--|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more r   | related organizations li                | sted in Parts II-IV?   |   |           |       |  |  |  |  |  |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity   |   |                        |   | 1a        | No    |  |  |  |  |  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |   |                        |   | 1b        | No    |  |  |  |  |  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   |   |                        |   | 1c Y      | es    |  |  |  |  |  |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |   |                        |   | 1d        | No    |  |  |  |  |  |
| Loans or loan guarantees by related organization(s)  |   |                        |   |           |       |  |  |  |  |  |
| f Dividends from related organization(s)   |   |                        |   | 1f        | No    |  |  |  |  |  |
| g Sale of assets to related organization(s)  |   |                        |   | 1g        | No    |  |  |  |  |  |
| h Purchase of assets from related organization(s)  |   |                        |   | 1h        | No    |  |  |  |  |  |
| i Exchange of assets with related organization(s)  |   |                        |   | 1i        | No    |  |  |  |  |  |
| j Lease of facilities, equipment, or other assets to related organization(s)   |   |                        |   | 1j        | No    |  |  |  |  |  |
| k Lease of facilities, equipment, or other assets from related organization(s)   |   |                        |   | 1k        | No    |  |  |  |  |  |
| Performance of services or membership or fundraising solicitations for related organization(s)   |   |                        |   | 11        | No    |  |  |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |   |                        |   |           |       |  |  |  |  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) |   |                        |   |           |       |  |  |  |  |  |
| • Sharing of paid employees with related organization(s)   |   |                        |   | 10        | No    |  |  |  |  |  |
| p Reimbursement paid to related organization(s) for expenses   |   |                        |   | 1p        | No    |  |  |  |  |  |
|  |   |                        |   | 1q        | No    |  |  |  |  |  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |   |                        |   |           |       |  |  |  |  |  |
| f r Other transfer of cash or property to related organization(s)  |   |                        |   | 1r        | No    |  |  |  |  |  |
| s Other transfer of cash or property from related organization(s)  |   |                        |   | 1s        | No    |  |  |  |  |  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete  | e this line, including co               | vered relationships    | and transaction thresholds              |           |       |  |  |  |  |  |
| (a)<br>Name of related organization  | <b>(b)</b><br>Transaction<br>type (a-s) | (c)<br>Amount involved | <b>(d)</b><br>Method of determining amo | ount invo | lved  |  |  |  |  |  |
| 1) WF ASSETS INC   | С                                       | 277,000                | CASH                                    |           |       |  |  |  |  |  |
|  |   |                        |   |           |       |  |  |  |  |  |
|  |   |                        |   |           |       |  |  |  |  |  |
|  |   |                        |   |           |       |  |  |  |  |  |
|  |   |                        |   |           |       |  |  |  |  |  |
|  |   | 1                      |   |           |       |  |  |  |  |  |

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|--|--------------------------------|---|--|---|----|--|--|-----|----|------------------------------------|------------------|----------------------------------|--|---|---|--|--------------------------------|
| (a)<br>Name, address, and EIN of entity  | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (e) Are all partners section 501(c)(3) organizations? |    |  |  |     |    | (f)<br>Share of<br>total<br>income | otal end-of-year | (h) Disproprtionate allocations? |  | (i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |  | (k)<br>Percentage<br>ownership |
|  |                                |   | 314)   | Yes   | No |  |  | Yes | No |                                    | Yes              | No                               |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  | ]                                |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  | $\Box$                           |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  |                                |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |
|  | •                              |   |  |   |    |  |  |     |    |                                    |                  |                                  |  |   |   |  |                                |

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013