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Form **990-PF****Return of Private Foundation**

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

OMB No 1545-0052

2013Department of the Treasury
Internal Revenue ServiceDo not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

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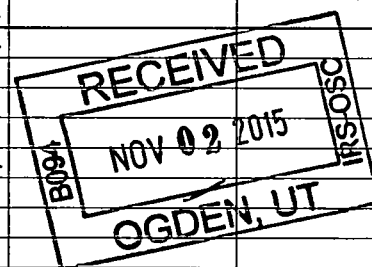
For calendar year 2013 or tax year beginning

12/31, 2013, and ending

06/30, 2014

Name of foundation R.C. CAFFARELLI EDUCATIONAL FUND		A Employer identification number 46-4881149						
FROST BANK TRUSTEE								
Number and street (or P O box number if mail is not delivered to street address) P O BOX 2952 TRUST TAX T-8		B Telephone number (see instructions) (210) 220-4455						
Room/suite								
City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78299								
G Check all that apply: <table border="0"> <tr> <td>☒ Initial return</td> <td>☐ Initial return of a former public charity</td> </tr> <tr> <td>☐ Final return</td> <td>☒ Amended return</td> </tr> <tr> <td>☐ Address change</td> <td>☐ Name change</td> </tr> </table>		☒ Initial return	☐ Initial return of a former public charity	☐ Final return	☒ Amended return	☐ Address change	☐ Name change	C If exemption application is pending, check here ☐ D 1 Foreign organizations, check here ☐ 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ E If private foundation status was terminated under section 507(b)(1)(A), check here ☐ F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐
☒ Initial return	☐ Initial return of a former public charity							
☐ Final return	☒ Amended return							
☐ Address change	☐ Name change							
H Check type of organization: <table border="0"> <tr> <td>☒ Section 501(c)(3) exempt private foundation</td> <td>☐ Other taxable private foundation</td> </tr> <tr> <td>☐ Section 4947(a)(1) nonexempt charitable trust</td> <td></td> </tr> </table>		☒ Section 501(c)(3) exempt private foundation	☐ Other taxable private foundation	☐ Section 4947(a)(1) nonexempt charitable trust				
☒ Section 501(c)(3) exempt private foundation	☐ Other taxable private foundation							
☐ Section 4947(a)(1) nonexempt charitable trust								
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 8,673,360.		J Accounting method: <table border="0"> <tr> <td>☒ Cash</td> <td>☐ Accrual</td> </tr> <tr> <td colspan="2">☐ Other (specify) _____</td> </tr> </table> (Part I, column (d) must be on cash basis)	☒ Cash	☐ Accrual	☐ Other (specify) _____			
☒ Cash	☐ Accrual							
☐ Other (specify) _____								

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	7,631,711.			
2	Check ☐ if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	64,457.	64,457.		ATCH 1
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	9,090.			
b	Gross sales price for all assets on line 6a	123,521.			
7	Capital gain net income (from Part IV, line 2)		9,090.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule) ATCH 2	439,370.	439,370.		
12	Total. Add lines 1 through 11	8,144,628.	512,917.		
13	Compensation of officers, directors, trustees, etc.	4,491.	2,246.		2,245.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) ATCH 3	6,960.	960.		6,000.
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule) ATCH 4	42,026.	41,176.		850.
24	Total operating and administrative expenses. Add lines 13 through 23	53,477.	44,382.		9,095.
25	Contributions, gifts, grants paid				
26	Total expenses and disbursements. Add lines 24 and 25	53,477.	44,382.	0	9,095.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	8,091,151.			
b	Net investment income (if negative, enter -0-)		468,535.		
c	Adjusted net income (if negative, enter -0-)				



Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			534.	534.
	2	Savings and temporary cash investments			2,583,102.	2,583,102.
	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10 a	Investments - U.S. and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule) ATCH 5			1,673,520.	2,106,093.
	c	Investments - corporate bonds (attach schedule) ATCH 6			3,833,995.	3,983,631.
	Liabilities	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) ▶				
12		Investments - mortgage loans				
13		Investments - other (attach schedule)				
14		Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule) ▶				
15		Other assets (describe ▶)				
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	0		8,091,151.	8,673,360.
17		Accounts payable and accrued expenses				
18		Grants payable			60,000.	
Net Assets or Fund Balances	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)	0		60,000.	
	Foundations that follow SFAS 117, check here ▶ ☐					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, . . . ▶ ☒					
	check here and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds			8,031,151.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)	0		8,031,151.		
31	Total liabilities and net assets/fund balances (see instructions)	0		8,091,151.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0
2	Enter amount from Part I, line 27a	2	8,091,151.
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	8,091,151.
5	Decreases not included in line 2 (itemize) ▶ ATCH 7	5	60,000.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	8,031,151.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a SEE PART IV SCHEDULE				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 9,090.		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 3 0		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

NOT AVAILABLE FOR INITIAL YEAR RETURNS

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012			
2011			
2010			
2009			
2008			
2 Total of line 1, column (d)		2	
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5		4	
5 Multiply line 4 by line 3		5	
6 Enter 1% of net investment income (1% of Part I, line 27b)		6	
7 Add lines 5 and 6		7	
8 Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions		8	

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	9,371.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2		3	9,371.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	9,371.
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	8,500.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d. TAX PAID, W/ O. R.	7	1,353.	9,853.
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		482.
11 Enter the amount of line 10 to be Credited to 2014 estimated tax ☐ 0 Refunded ☐	11		482.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ☐ \$ 0 (2) On foundation managers ☐ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ☐ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ☐ TX, _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <u>N/A</u>				
14	The books are in care of <u>LINDA NAMESTNIK</u>	Telephone no	<u>210-220-4455</u>	
	Located at <u>P.O. BOX 1600 SAN ANTONIO, TX</u>	ZIP+4	<u>78296-1600</u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <u></u>	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ☐	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ Yes ☐ No If "Yes," list the years <u></u>		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u></u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☐ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 8		4,491.	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ☐ 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3	

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	5,932,595.
b	Average of monthly cash balances	1b	2,064,424.
c	Fair market value of all other assets (see instructions)	1c	1,315,288.
d	Total (add lines 1a, b, and c)	1d	9,312,307.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,312,307.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	139,685.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,172,622.
6	Minimum investment return. Enter 5% of line 5	6	228,687.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	228,687.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	9,371.
b	Income tax for 2013 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	9,371.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	219,316.
4	Recoveries of amounts treated as qualifying distributions	4	1,000.
5	Add lines 3 and 4	5	220,316.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	220,316.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	9,095.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	60,000.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	69,095.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	69,095.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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Page **9****Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				220,316.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only				
b Total for prior years 20 <u>11</u> , 20 <u>10</u> , 20 <u>09</u>				
3 Excess distributions carryover, if any, to 2013				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e				
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>69,095.</u>				
a Applied to 2012, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2013 distributable amount				69,095.
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				151,221.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

Form **990-PF** (2013)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Total			▶ 3a	
b Approved for future payment				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
---------------------	--

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100																																																																																																																																																																																																																																											
Population (millions)	5.3	5.4	5.5	5.6	5.7	5.8	5.9	6.0	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	7.0	7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	8.0	8.1	8.2	8.3	8.4	8.5	8.6	8.7	8.8	8.9	9.0	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9	10.0	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9	11.0	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9	12.0	12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9	13.0	13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	14.0	14.1	14.2	14.3	14.4	14.5	14.6	14.7	14.8	14.9	15.0	15.1	15.2	15.3	15.4	15.5	15.6	15.7	15.8	15.9	16.0	16.1	16.2	16.3	16.4	16.5	16.6	16.7	16.8	16.9	17.0	17.1	17.2	17.3	17.4	17.5	17.6	17.7	17.8	17.9	18.0	18.1	18.2	18.3	18.4	18.5	18.6	18.7	18.8	18.9	19.0	19.1	19.2	19.3	19.4	19.5	19.6	19.7	19.8	19.9	20.0	20.1	20.2	20.3	20.4	20.5	20.6	20.7	20.8	20.9	21.0	21.1	21.2	21.3	21.4	21.5	21.6	21.7	21.8	21.9	22.0	22.1	22.2	22.3	22.4	22.5	22.6	22.7	22.8	22.9	23.0	23.1	23.2	23.3	23.4	23.5	23.6	23.7	23.8	23.9	24.0	24.1	24.2	24.3	24.4	24.5	24.6	24.7	24.8	24.9	25.0	25.1	25.2	25.3	25.4	25.5	25.6	25.7	25.8	25.9	26.0	26.1	26.2	26.3	26.4	26.5	26.6	26.7	26.8	26.9	27.0	27.1	27.2	27.3	27.4	27.5	27.6	27.7	27.8	27.9	28.0	28.1	28.2	28.3	28.4	28.5	28.6	28.7	28.8	28.9	29.0	29.1	29.2	29.3	29.4	29.5	29.6	29.7	29.8	29.9	30.0	30.1	30.2	30.3	30.4	30.5	30.6	30.7	30.8	30.9	31.0	31.1	31.2	31.3	31.4	31.5	31.6	31.7	31.8	31.9	32.0	32.1	32.2	32.3	32.4	32.5	32.6	32.7	32.8	32.9	33.0	33.1	33.2	33.3	33.4	33.5	33.6	33.7	33.8	33.9	34.0	34.1	34.2	34.3	34.4	34.5	34.6	34.7	34.8	34.9	35.0	35.1	35.2	35.3	35.4	35.5	35.6	35.7	35.8	35.9	36.0	36.1	36.2	36.3	36.4	36.5	36.6	36.7	36.8	36.9	37.0	37.1	37.2	37.3	37.4	37.5	37.6	37.7	37.8	37.9	38.0	38.1	38.2	38.3	38.4	38.5	38.6	38.7	38.8	38.9	39.0	39.1	39.2	39.3	39.4	39.5	39.6	39.7	39.8</

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | Yes | No |
|---|-------|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of | | | |
| (1) Cash | 1a(1) | | X |
| (2) Other assets | 1a(2) | | X |
| b Other transactions | | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| (4) Reimbursement arrangements | 1b(4) | | X |
| (5) Loans or loan guarantees | 1b(5) | | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

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

Signature of officer or trustee: Ronald W. Marmuth Sr. Vice President 10/26/2015
PROST BANK, TRUSTEE

Title

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

**Paid
Preparer
Use Only**

Pnnr/Type preparer's name STEWART GOODSON		Preparer's signature <i>Stewart Goodson, C.P.A.</i>		Date 10/13/15	Check ☐ if self-employed	PTIN P00084462
Firm's name ▶ ERNST & YOUNG U.S. LLP				Firm's EIN ▶ 34-6565596		
Firm's address ▶ P.O. BOX 2938 SAN ANTONIO, TX 78299-2938				Phone no. 210-228-9696		

Schedule B(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2013▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990**Name of the organization**R.C. CAFFARELLI EDUCATIONAL FUND
FROST BANK TRUSTEE**Employer identification number**

46-4881149

Organization type (check one)**Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

Special Rules

- ☐
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use
- exclusively*
- for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

JSA

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PAGE 15

Name of organization **R.C. CAFFARELLI EDUCATIONAL FUND**
FROST BANK TRUSTEE

Employer identification number
46-4881149

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAFFARELLI, ROCCO GEN ACCT #F0047401 C/O LINDA NAMESTNIK, P.O. BOX 1600 SAN ANTONIO, TX 78296-1600	\$ 7,631,711.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Name of organization **R.C. CAFFARELLI EDUCATIONAL FUND**
FROST BANK TRUSTEE

Employer identification number
46-4881149

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
---	----- ----- ----- -----	\$-----	-----

Name of organization **R.C. CAFFARELLI EDUCATIONAL FUND**
FROST BANK TRUSTEE

Employer identification number
46-4881149

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.**

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	-----		-----
	-----		-----
	-----		-----

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL CAPITAL GAIN DISTRIBUTIONS					2,605.	
61,860.		7,093.986 SHS IVY HIGH INCOME FUND CLASS 59,235.					06/24/2011 2,625.	04/29/2014
59,056.		6,772.557 SHS IVY HIGH INCOME FUND CLASS 55,196.					01/27/2012 3,860.	04/29/2014
TOTAL GAIN (LOSS)							<u>9,090.</u>	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDENDS	64,457.	64,457.
TOTAL	<u>64,457.</u>	<u>64,457.</u>

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
ROYALTY INCOME	439,370.	439,370.
TOTALS	<u>439,370.</u>	<u>439,370.</u>

ATTACHMENT 3FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
ERNST & YOUNG LLP	6,000.			6,000.
DEBORAH A. DORSETT	960.	960.		
TOTALS	<u>6,960.</u>	<u>960.</u>		<u>6,000.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
ADMINISTRATIVE EXPENSE	850.		
ROYALTY EXPENSES	41,176.	41,176.	850.
TOTALS	42,026.	41,176.	850.

ATTACHMENT 5FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
COHEN & STEERS INSTL REALTY FD	99,347.	137,415.
FROST CINQUE L/C BUY-WRITE	181,619.	201,695.
FROST GROWTH EQUITY FUND INSTL	385,592.	582,189.
FROST INTERNATIONAL EQUITY FD	220,059.	257,749.
FROST KEMPNER MULTICAP DEEP	213,100.	275,267.
FROST VALUE EQUITY FD INS	266,897.	336,938.
INVESCO DEV MARKETS FUND INSTL	125,287.	126,638.
VANGUARD SMALL-CAP GROWTH	60,540.	65,356.
VIRTUS SMALL-CAP CORE FD INSTL	121,079.	122,846.
TOTALS	<u>1,673,520.</u>	<u>2,106,093.</u>

ATTACHMENT 6FORM 990PF, PART II - CORPORATE BONDS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
ARTISAN HIGH INCOME FD ADV	124,098.	125,582.
FROST CREDIT FUND INSTL	121,080.	123,712.
FROST LOW DURATION BOND FD I	406,025.	395,781.
FROST TOTAL RETURN BOND FUND	2,240,035.	2,366,537.
HARTFORD FLOATING RATE FUND CL	242,516.	244,152.
HARTFORD WORLD BOND FD INSTL	296,171.	301,480.
MAINSTAY CONVERTIBLE FUND I	99,912.	126,527.
TEMPLETON GLOBAL BOND FUND	304,158.	299,860.
TOTALS	<u>3,833,995.</u>	<u>3,983,631.</u>

ATTACHMENT 7FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

CURRENT YEAR SET-ASIDE ELECTION

60,000.

TOTAL

60,000.

R.C. CAFFARELLI EDUCATIONAL FUND

46-4881149

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>
EROST BANK P.O. BOX 1600 SAN ANTONIO, TX 78296-1600	TRUSTEE 1.00	4,491.
GRAND TOTALS		<u>4,491.</u>

Attachment 9

R.C. Caffarelli Educational Fund
46-4881149

Attachment to Part XV, line 2a

www.everychanceeverytexan.org/funding/aid/scholarship/roccocaff.php



Reporting Set-asides under the Cash Distribution Test
Tax Year Ended 6/30/14

Form 990-PF, Part XII, Line 3b

1. The nature and purpose of the project for which the amounts are to be set aside are described below:
The R.C. Caffarelli Educational Fund was established to provide scholarships for deserving students in the state of Texas. The Trustee is currently establishing a communication plan to make the Foundation known to the public, create a review plan to award the scholarships and a budget. The set aside is being established in order to allow for an effective scholarship program.
2. The amounts set aside for the project described in item 1 will be paid within the 60-month period that ends after the date of the set-aside.
3. The project will not be completed before the end of the above-referenced tax year (the year in which the set-aside was made).
4. Amounts set aside for charitable purposes are as follows:
 - a. 6/30/2014: \$60,000
5. Payments made for exempt purposes are as follows:
 - a. 6/30/2014: \$9,095

BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE

An Activity of
MINNIE STEVENS PIPER FOUNDATION
1250 NE Loop 410, Suite 810
San Antonio, Texas 78209-1539
Phone: (210) 525-8494 Fax: (210) 341-6627 Email: tbunkley@mspf.org

TO THE STUDENT

The Bexar County Scholarship Clearing House (BCSCH) is a Clearing House for scholarships. This means we offer a standardized application form and register applicants at a central location. This saves time for students, plus aids the sponsoring organization in their selection process.

Submitting a scholarship application does not guarantee a scholarship. Therefore, you are encouraged to apply for all financial aid opportunities available to you through other sources, including the financial aid office at the college or university of your choice.

Completing your application with attention to every detail plays an important part in your chances of being selected as a scholarship recipient. Please note the following helpful hints:

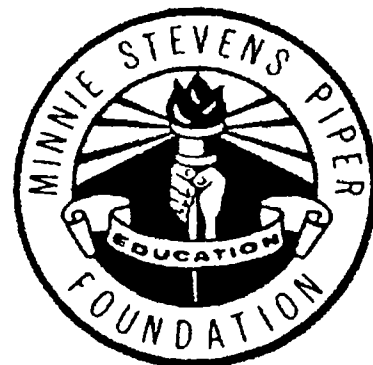
- Remember deadlines: Your high school senior counselor has given you a deadline of _____, to turn in your application and all associated documents. The Clearing House Deadline is November 1.
- Carefully read the scholarship eligibility requirements in the booklet entitled, San Antonio/Bexar County Scholarship Opportunities for High School Seniors, 2013-2014. Some programs require additional supporting documents in addition to the application. This booklet can be obtained from your high school counselor's office.
- A Verification Form must be completed if applying for a scholarship with specific eligibility requirements.
- Do not leave any blanks. For example, do not skip the financial information section. It is used to determine eligibility if you apply for a scholarship based on financial need. It is also used to determine eligibility if you apply for scholarships that are NOT based on need, so either way, this section is very important.
- The Letter of Recommendation needs to be from an adult who is not a relative. It should reference your character in regard to truthfulness, conscientiousness, and the ability to accept responsibility.
- Declare a degree or major: For example, an "Undecided" major may render you ineligible for a specific scholarship if it requires the student to declare an interest in a particular field of study.
- Personal Narratives should be limited to 200-400 words, typed, or hand printed in ink. Print your name at the top of each page. Sign your name at the bottom. Narrative topics to consider:
 - Describe your future plans, hopes and ambitions, and how/why you arrived at that decision, or
 - Describe how a specific person, event, or activity has made a significant impact on your life

NOTE: If you are chosen as an award recipient of any scholarship program, the sponsoring organization will contact you directly. BCSCH is not responsible for notifying scholarship winners.

TO THE COUNSELOR

Please use checklist below for required application items:

- | | |
|--------------------------|---|
| ☐ | Application (pages 1-3) |
| ☐ | Transcript of completed courses |
| ☐ | Transcript of pending senior year courses |
| ☐ | Test Scores: ACT or SAT I (may be included on transcript) |
| ☐ | Evaluation from Counselor |
| ☐ | Evaluation from English Teacher |
| ☐ | Evaluation from Other Teacher |
| ☐ | Verification Form (page 4 - for Credit Unions, Clubs and Employer based programs) |
| ☐ | Personal Narrative (200-400 words, typed or hand printed) |
| ☐ | Adult Recommendation (adult, non-relative) |
| ☐ | Advanced Placement (AP) exam scores, if applicable |
| ☐ | Signatures of both Student and Parent or Legal Guardian (on page 3) |
| ☐ | Student Name printed on all pages submitted with application |



BEXAR COUNTY SCHOLARSHIP CLEARING HOUSE
An Activity of
MINNIE STEVENS PIPER FOUNDATION
1250 NE Loop 410, Suite 810
San Antonio, Texas 78209-1539
Phone: (210) 525-8494 Fax: (210) 341-6627 Email: tbinkley@mspf.org

SCHOLARSHIP APPLICATION

S T U D E N T I N F O R M A T I O N

Mr. ___/Miss ___ Soc. Sec. # _____
First Middle Last

Address _____
Number & Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

High School you now attend: _____ Middle School attended: _____

Age _____ Date of Birth _____ Are you a U.S. Citizen? _____ or Permanent Resident? _____

Are you enrolled in any Special Education Courses? Yes No / Do you have any Special Needs? Yes No
If yes, a brief explanation will be helpful in determining eligibility for certain scholarships:

P A R E N T I N F O R M A T I O N

Father's Name: _____ Age _____

Home Address _____ Home # _____
Number & Street City State Zip Code Cell # _____
Work # _____

Father's Employer: _____
Company Name City/State Job Title

Mother's Name: _____ Age _____

Home address _____ Home # _____
Number & Street City State Zip Code Cell # _____
Work # _____

Mother's Employer: _____
Company Name City/State Job Title

IF APPLICABLE, stepfather's name and employer: _____

IF APPLICABLE, stepmother's name and employer: _____

Parents are: Married _____ Divorced _____ Separated _____ Remarried _____ Widowed _____

If parent(s) is(are) deceased, please check: Father _____ Mother _____

Number of dependents in family (INCLUDE parents and yourself): _____

List ages for all family members where you live: _____

F I N A N C I A L I N F O R M A T I O N:

Annual gross income of family	1. Under \$10,000 _____	6. \$50,000- 59,999 _____
Amount indicated should include the	2. \$10,000-19,999 _____	7. 60,000- 74,999 _____
2013 estimated income for yourself	3. 20,000-29,999 _____	8. 75,000- 89,999 _____
and parent(s) with whom you reside	4. 30,000-39,999 _____	9. 90,000-119,999 _____
	5. 40,000-49,000 _____	10. 120,000- and up _____

Who will be responsible for financing your college education? _____

Will you be receiving Veterans Educational Benefits for college? _____

NOTE: SOME SCHOLARSHIP DONORS MAY REQUEST VERIFICATION OF INCOME OR FINANCIAL NEED.

Student's Name: _____

FINANCIAL INFORMATION (cont'd)

Do you have a savings account for college expenses? _____ If so, indicate amount _____
Indicate the number of family members in your household who will be in college (or vocational/
technical school) at least half-time next year (2013-2014). INCLUDE YOURSELF! _____
Medical/Dental expenses for 2013 not covered by insurance _____
Describe Other Unusual Expenses: _____

Any comments/additional information (if there are unusual circumstances in your family which
may be pertinent to applying for scholarships, please briefly explain here): _____

SCHOOL PREFERENCE / INTENDED MAJOR

College or university you wish to attend:

1st choice _____
Name City State

2nd choice _____
Name City State

Indicate your college major by entering the associated code number as found on page 5.

Intended Major(s): _____ Code #(s) _____ Intended Career: _____

Explain any educational plans you may have beyond four years of college: _____

SCHOOL ACTIVITIES / AWARDS

(Include additional sheet if needed)

Activities	# of Years	Offices Held/Awards Received

EMPLOYMENT RECORD

Present Employer: _____ Dates worked: From _____ To _____
Job Title/Duties: _____ Hours worked per week: _____

Past Employer: _____ Dates worked: From _____ To _____
Job Title/Duties: _____ Hours worked per week: _____

Student's Name: _____

E T H N I C I T Y / H E R I T A G E

The following information is optional; however, it will be used to determine your eligibility if you are applying for a scholarship(s) based on ethnic/national origins.

Which of the following categories best describes you (choose one or more)

_____ 1-American Indian or Alaskan native	_____ 6-Italian American
_____ 2-Asian American or Pacific Islander	_____ 7-Puerto Rican
_____ 3-Black or African American	_____ 8-Hungarian
_____ 4-White or Caucasian	_____ 9-Other (specify _____)
_____ 5-Hispanic	

M I L I T A R Y A F F I L I A T I O N

NAME OF YOUR MILITARY SPONSOR _____ SPONSOR'S SSN# _____

Indicate your relationship to sponsor, their military branch, rank and years served:

	Father	Mother	Stepfather	Stepmother	Grandmother	Grandfather
Army	_____	_____	_____	_____	_____	_____
Air Force	_____	_____	_____	_____	_____	_____
Coast Guard	_____	_____	_____	_____	_____	_____
Marines	_____	_____	_____	_____	_____	_____
Navy	_____	_____	_____	_____	_____	_____
Years Served	_____	_____	_____	_____	_____	_____
Rank	_____	_____	_____	_____	_____	_____

ACTIVE DUTY: Parent/Sponsor is stationed at: _____

Is your active duty parent or sponsor on a remote tour: Yes ____ No ____

RETIRED: Indicate the appropriate reason your sponsor retired from the military: _____

Medical Retirement ____ After 20 years of service ____ From which military base: _____

DEATH OF PARENT while on active duty: Yes ____ No ____ Station at time of death _____

RESERVE STATUS (check category): Currently Active ____ NOT currently active ____ Retired ____

Years Served ____ Rank ____ Military Branch ____ Reserve Duty Station _____

S T U D E N T / P A R E N T A C K N O W L E D G E M E N T

We understand that this is only a Scholarship Application and that neither Minnie Stevens Piper Foundation nor the Bexar County Scholarship Clearing House makes any representations or assurances regarding the award or availability of scholarships.

We authorize and request the Bexar County Scholarship Clearing House to release the information contained herein, parents' financial statements, and all other information contained in student's Application Packet, to possible donors and/or colleges and universities upon request of such donors and/or colleges and universities.

A FALSE STATEMENT, ALTERATION OR OMISSION OF PERTINENT INFORMATION FROM THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REMOVAL OF APPLICATION FROM SCHOLARSHIP CONSIDERATION.

Student (signature required)

Date

Parent (signature required)

Date

Student's Name _____

VERIFICATION OF ELIGIBILITY FORM

Students applying for a scholarship that requires verification of membership or eligibility, must provide the requested information below regarding their sponsoring parent, legal guardian or relative. Space for up to three different scholarships is provided below. Please attach an additional page if more space is needed. (For military sponsorship, please use page 3 of BCSC application).

Name of Scholarship: _____
(Enter Scholarship name(s) as listed in BCSC Booklet for High School Seniors)

Full Name and Relationship of person whom eligibility is based for this scholarship:

First	Middle	Last	Relationship to Student
-------	--------	------	-------------------------

- For Credit Union/Bank Scholarship Programs, please provide the following information:
Member's Account #: _____ Last 4 digits of member's SSN #: _____
- For Scholarship Programs requiring a club or employer affiliation, please indicate the name of the club or employer, and your assigned member ID number, if available.
Club or Employer Name: _____ Member ID #: _____

Name of Scholarship: _____
(Enter Scholarship name(s) as listed in BCSC Booklet for High School Seniors)

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Club or Employer Name: _____ Member ID #: _____

Name of Scholarship: _____
(Enter Scholarship name(s) as listed in BCSC Booklet for High School Seniors)

Full Name and Relationship of person whom eligibility is based for this scholarship:

First	Middle	Last	Relationship to Student
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- For Scholarship Programs requiring a club or employer affiliation, please indicate the name of the club or employer, and your assigned member ID number, if available.
Club or Employer Name: _____ Member ID #: _____

CODES FOR PROGRAMS OF STUDY

- 99 UNDECIDED
- 100 AGRICULTURE, general
 - 101 animal science
 - 102 forestry
 - 103 horticulture
 - 104 wildlife mgt.
- 110 ARCHITECTURE, general
 - 111 landscape
- 120 BUSINESS, general
 - 121 accounting
 - 122 banking
 - 123 economics
 - 124 finance
 - 125 insurance
 - 126 management
 - 127 marketing
- 130 COMMUNICATIONS, general
 - 131 advertising
 - 132 journalism
 - 133 photography
 - 134 public relations
 - 135 radio-tv-film
- 140 COMPUTER SCIENCE, general
 - 141 programming
 - 142 system analysis
- 150 EDUCATION, general
 - 151 elementary
 - 152 secondary
 - 153 health education
 - 154 physical education
 - 155 special education
- 160 ENGINEERING, general
 - 161 aerospace
 - 162 chemical
 - 163 civil
 - 164 electrical/electronics
 - 165 industrial
 - 166 mechanical
 - 167 nuclear
 - 168 petroleum
- 170 ENGLISH, general
 - 171 classics
 - 172 creative writing
 - 173 linguistics
 - 174 literature
- 180 FINE ARTS, general
 - 181 art (draw/paint/sculpt)
 - 182 art history
 - 183 dance
 - 184 dramatic arts
 - 185 music (compose/perform/theory)
 - 186 music history
 - 187 oratory (speech/debate)
- 190 HOME ECONOMICS, general
 - 191 fashion design
 - 192 fashion merchandising
 - 193 interior design
- 200 LANGUAGES, general
 - 201 French
 - 202 German
 - 203 Greek
 - 204 Italian
 - 205 Latin
 - 206 Spanish
- 210 LAW ENFORCEMENT, general
 - 211 criminal justice
- 220 MATHEMATICS, general
- 230 MEDICAL FIELDS, general
 - 231 chiropractic
 - 232 dental assisting
 - 233 dental hygiene
 - 234 emergency med. tech.
 - 235 medical assistant
 - 236 medical tech.
 - 237 nursing, general
 - 238 occupational therapy
 - 239 optometry
 - 240 pharmacy
 - 241 physical therapy
 - 242 physician assistant
 - 243 public health
 - 244 radiology
 - 245 sports medicine
 - 246 surgical technology
- 250 MORTUARY SCIENCE, general
- 260 NATURAL SCIENCES, general
 - 261 astronomy
 - 262 biology
 - 263 botany
 - 264 chemistry
- 265 earth sciences
- 266 geography
- 267 geology
- 268 oceanography
- 269 physics
- 270 zoology
- 271 Meteorology
- 280 NUTRITION, general
 - 281 dietetics
- 290 PHILOSOPHY, general
 - 291 religion
- 300 PRE-PROFESSIONAL PROGRAMS
 - 301 pre-dentistry
 - 302 pre-law
 - 303 pre-medicine
 - 304 pre-veterinary medicine
- 310 SOCIAL SCIENCES, general
 - 311 anthropology
 - 312 archaeology
 - 313 history
 - 314 international relations
 - 315 political science
 - 316 psychology
 - 317 social work
 - 318 sociology
- 320 TRADE/VOCATIONAL FIELDS
 - 321 aeronautical/aviation
 - 322 air cond./heating tech.
 - 323 airline/travel careers
 - 324 auto mechanics
 - 325 business technology
 - 326 carpentry/construction
 - 327 cosmetology
 - 328 culinary arts
 - 329 drafting
 - 330 electronics
 - 331 graphic arts
 - 332 hotel/food service mgt.
 - 333 industrial arts
 - 334 machine-working
 - 335 masonry
 - 336 metalworking
 - 337 plumbing
 - 338 real estate
 - 339 secretarial
 - 340 welding

TEACHER/COUNSELOR CONFIDENTIAL EVALUATION

Endorsement of a student should show his/her qualifications pertinent to the preferred area of study. Any particularly outstanding qualities of the student should also be noted here, such as character, altruistic endeavors, interpersonal relations, etc. Use the additional comments section of this form to cite your personal experiences with the student which may be beneficial in our assessment.

Student's Name _____ High School _____
 First Middle Last

- Rate the following characteristics of the student with a check mark below: -

	FAIR	GOOD	EXCELLENT	UNKNOWN
1. Motivation				
2. Responsibility				
3. Integrity, honesty				
4. Diligence, perseverance				
5. Cooperation				
6. Leadership				
7. Emotional stability				
8. Common sense, judgment				
9. Appearance, neatness, poise				

[illegible]

Evaluator: _____ Title/Department: _____
(print first and last name)

Signature: _____ Email: _____

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9. Appearance, neatness, poise				

Additional Comments _____

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8. Common sense, judgment				
9. Appearance, neatness, poise				

Additional Comments _____

10. *Journal of the American Medical Association*, 2000; 283: 2686-2692.

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