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Department of the Treasury

A For the 2013 calendar year, or tax year beginning AUG 1, 2013

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)

OMB No 1545-0047

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

► Information about Form 990 and its instructions is at www. irs. gov/form990 reax year beginning AUG 1, 2013 and ending JUL 31,

Open to Public Inspection

B Check if applicable		C Name of organization	D Employer identifie	cation number		
Addres		S WEIDI TWEDG HOVDINION OF MENIG				
\vdash	change Name change		<u>-</u> -	74-2	281076	
F	lnitial return		Room/suite	+		
Ē	Termin-		2100		479-8080	
	Amendereturn		G Gross receipts \$ 237,766.			
	Application	* AUSTIN, TX 78701	H(a) Is this a group re	eturn		
	pendin	F Name and address of principal officer.MARK MORKISON	for subordinates? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
		empt status. X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list (see instructions)	
		e: ► WWW.HEADLINERSFOUNDATIONS.ORG	·	H(c) Group exemption		
		organization: X Corporation	L Year	of formation: 1983 N	State of legal domicile: TX	
P		Summary	DOMORI	C GUDDODE	TOUDNALTON	
çe	1 1	Briefly describe the organization's mission or most significant activities TO PI	KOMOTI	ARCUID DROC	JOURNALISM	
Activities & Governance	-	EXCELLENCE AND EDUCATION THROUGH AWARD &				
veri	1	Check this box I if the organization discontinued its operations or dispositive to the continued of the continued its operations or dispositive to the continued of the continued its operations or dispositive to the continued its operations.	sea ot mor		sets 21	
ဇ္ဗ	1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	$\frac{21}{21}$	
త అ	1	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0	
ıţie	1	Total number of volunteers (estimate if necessary)		6	21	
ξį		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.	
⋖	i	Net unrelated business taxable income from Form 990-T, line 34	`	7b	0.	
		r	¬	Prior Year	Current Year	
Φ	8 (Contributions and grants (Part VIII, line 1h)		198,133.	106,197.	
nue	9 1	Program service revenue (Part VIII, line 2g)	ပ္ကု 🗌	0.	0.	
Revenue	10	investment income (Part VIII, column (A), lines 3, 4 and 7 of EB 0 2 2015	S-08C	69,225.	120,620.	
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	S L	<23,512.		
		Total revende add lines of through 11 (must equal 1 art \$11,500 artim(\$\text{V}_0\$), \frac{1}{2} \frac{1}{2} \frac{1}{2}		243,846.	216,823.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 13) 111, U		39,750.	43,250.	
2		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	.	52,032.	52,032.	
CEXPENSES OF	1	Professional fundraising fees (Part IX, column (A), line 11e)	, <u>⊢</u>	0.	0.	
鬶	1	Total fundraising expenses (Part IX, column (D), line 25)	0.	60,785.	76 645	
j		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	152,567.	76,645. 171,927.	
n n	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	91,279.	44,896.	
5 7	1	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year	
ets.	20	Total assets (Part X, line 16)	۲	2,862,896.	3,112,476.	
ASS.	21	Total liabilities (Part X, line 26)	-	717.	- 0.	
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		2,862,179.	3,112,476.	
	art II	Signature Block	•			
Unc	ler penal	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	nents, and to the best of m	y knowledge and belief, it is	
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.		
		mue mon vo				
Sig	ın	Signature of officer		Date	23-2015	
He	re	MARK MORRISON, CHAIR Type or print name and title		<u> </u>	23-2015	
		<u> </u>	- <u>-</u> -	Date Check	II PTIN	
D.:		Print/Type preparer's name Preparer's signature	////	0.100m		
Pai Pre	ŀ	FIRM'S name REYNOLDS & FRANKE, P.C.	in	01/19/15 self-employ	P00964479 74-2516372	
	` }	Firm's name REYNOLDS & FRANKE, P.C. // Firm's address 6850 AUSTIN CENTER BLVD., SUITE	100	Firm's EIN 🛌	14-2710712	
-	,	AUSTIN, TX 78731	100	Phone no. (5	12) 206-3141	
Ma	v the IP	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110. (3	X Yes No	
	001 10-29		ons.		Form 990 (2013)	

Form 990 (2013) HEADLINERS F
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)?		163	-140
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
•	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			5 1
_	as applicable.		v	
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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 114		 -
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	444		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	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	10h		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		_	000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
•	Schedule J	23	_	┝┻
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	2 4d		
	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	2 5a		Х
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	2 5b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			J
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		**
20	instructions for applicable filing thresholds, conditions, and exceptions):	,		2
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	2 8b		X
	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	2 8c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	۱		х
00	If "Yes," complete Schedule N, Part I	31		<u> </u>
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		 -
~	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	1	X -
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38		(2012)

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Part V Statements Regarding Other IRS Filings and Tax Compliance HEADLINERS FOUNDATION OF TEXAS

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c_	$_{\mathbf{X}}$	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Γ
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			Γ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		-	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X.
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	*		<u>.</u> .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		a San Land	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		· *-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		\$ 8	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			,
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	, * ,	v	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ĺ	
1	Section 501(c)(12) organizations. Enter:	_		
а	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ь—
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		l	
	organization is licensed to issue qualified health plans	Į	1	
	Enter the amount of reserves on hand	<u> </u>	 	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Form 990 (2013)

HEADLINERS FOUNDATION OF TEXAS

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

	Chèck if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion 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 21							
	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 1b 21							
2	, , , , , , , , , , , , , , , , , , , ,							
•	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		X				
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	H						
, a	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	, a						
_	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,	2					
-	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	·						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		77					
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Λ	<u> </u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	45-	X					
	Other officers or key employees of the organization	15a 15b	-11	x				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		٠					
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1				
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	ncial					
	statements available to the public during the tax year							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza CINDY KEEBLER $-512-479-8080$	tion.						
	221 W. 6TH STREET, NO. 2100, AUSTIN, TX 78701	-						

Form	മമവ	(2013)	
VIIII	330	120101	

Section A.

HEADLINERS FOUNDATION OF TEXAS

74-2281076

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

Check if Schedule O contains a response or note to any line in this Part VII
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A)	(B)	Ť		((C)	•		(D)	(E)	(F)
Name and Title	Average hours per week	box,	not ci unle:	Posi heck ss pe	ntion more rson	than s bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK MORRISON	1.00									
CHAIR		Х		X	$ldsymbol{ld}}}}}}$	$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	_	0.	0.	0.
(2) KELLEY SHANNON	1.00						l			
VICE CHAIR	1 00	Х		X		_	<u> </u>	0.	0.	0.
(3) PATTI SMITH	1.00	_		. ,					_	_
VICE CHAIR (4) JANE GREIG	1.00	Х		X				0.	0.	0.
SECRETARY	1.00	x		х				0.	0.	0.
(5) JOANNE MIDWIKIS	1.00	^		_		-	-	0.	U •	<u> </u>
TREASURER	1.00	x		х	1			0.	0.	0.
(6) QUEN GARZA	1.00	^			┢		 		•	- 0.
GOVERNOR	1.00	x					İ	0.	0.	0.
(7) PATTI OHLENDORF	1.00	-			┢		\vdash			
GOVERNOR		x						0.	0.	0.
(8) ELIZABETH CHRISTIAN	1.00					H				-
GOVERNOR		х						0.	0.	0.
(9) GREG CURTIS	1.00									
GOVERNOR		Х	•					0.	0.	0.
(10) TRACY DAHLBY	1.00							,,,,,, <u></u> ,,		
GOVERNOR		Х	_		-			0.	0.	
(11) DAVID DUNHAM	1.00									
GOVERNOR		X						0.	0.	0.
(12) HOWARD FALKENBERG	1.00							_		
GOVERNOR		Х						0.	0.	0.
(13) HARVEY KRONBERG	1.00								_	
GOVERNOR		Х				<u> </u>	<u> </u>	0.	0.	0.
(14) ROSS RAMSEY	1.00								_	
GOVERNOR		Х	\vdash		ļ	<u> </u>		0.	0.	0.
(15) RANDA SAFADY	1.00	١.,							_	_
GOVERNOR	1 00	Х			_	<u> </u>	<u> </u>	0.	0.	0.
(16) WAYNE SLATER	1.00	Ψ,					l	_	,	_
GOVERNOR (17) STEVEN WEINBERG	1.00	Х				-	 -	0.	0.	0.
GOVERNOR	1.00	х						0.	0.	_
NOVERTICAL			L		L	L			<u> </u>	0.

Form 990 (2013) HEADLINE	RS FOUN	DA'	ric	NC	01	F!	re:	XAS	74-23	<u> 281</u>	076	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an			than		(D) Reportable compensation	(E) Reportable compensatio			(F) timate		
•	week (list any hours for related organizations below line)	tee or director		d a d	lirecto	Highest compensated	stee)	from the	from related organization (W-2/1099-MIS	i s	com fi org	other pensa om th anizat d relat	ation ne tion ted
(18) FRED ZIPP GOVERNOR	1.00	x						0.		0.			0.
(19) GARY PICKLE	1.00												
GOVERNOR EMERITUS (20) ALLAN SHIVERS, JR.	1.00	Х						0.		0.			0.
GOVERNOR EMERITUS (21) NEAL SPELCE	1.00	Х				-	-	0.		0.			0.
GOVERNOR EMERITUS		х						0.		0.			0.
(22) BERGAN CASEY EXEC. DIRECTOR (AUG 13)	20.00	<u> </u>		x		<u> </u>		35,438.		0.			0.
(23) JANICE CARTWRIGHT EXEC. DIRECTOR (SEPT 13 - JULY 14)	20.00			х				17,344.		0.			0.
					-								
		-											
1b Sub-total	<u> </u>	<u> </u>				<u> </u>	▶	52,782.	<u>.</u> .	0.			0.
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	II, Section A						>	0. 52,782.		0.			0.
Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	· · · · · · · · · · · · · · · · · · ·),000 of reportab				
compensation from the organization												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3		X.
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		•						the organization		4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni			idual for services	i		-	
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedu	le J f	or s	uch	pers	son					5		X
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of con	npens	ation	rom	
_the organization Report compensation for (A)	the calendar y	ear (end	ng v	vith	or w	/ithii	n the organization's tax (B)	year		- (0	<u></u>	
Name and business	address	N	INC	E				Description of s	services		ompe		on
Total number of independent contractors (not li	mıte	d to		_	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation 🚩					<u>0 </u>							

Form 990 (2013) HEADLIN
Part VIII | Statement of Revenue

i	•	Check if Schedule O cont	and a response	and to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 5 12 - 514
ats I	1 a	Federated campaigns	1a		•			
흔희	b	Membership dues	1b					
S,C	С	Fundraising events	1c	2,200.				
ᄩᆲ	d	Related organizations	1d					*
ž.Ē	е	Government grants (contribut	ions) 1e					
ايق	f	All other contributions, gifts, gran	ts, and					
ᅙᇎ		similar amounts not included above	ve 1f	103,997.				,
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>ठ</u> ह	h	Total. Add lines 1a-1f		•	106,197.			
1				Business Code			** **	
<u>8</u>	2 a							
e S	b							
Program Service Revenue	С				· · · · · · · · · · · · · · · · · · ·			
Pa	d							
ğ	e							
-	t	All other program service reve	enue	L		 		<u> </u>
\dashv		Total. Add lines 2a-2f						
	3	Investment income (including	aividenas, inter	est, and	74,932.	l		74,932.
		other similar amounts)	v avammt band s	avaaaada .	14,552.			74,552.
	4	Income from investment of tax	x-exempt bond i	broceeds	<u> </u>			
	5	Royalties	(ı) Real	(v) Domonol				,`
	6 a	Gross rents	(I) neai	(II) Personal		, ,	\$ *** ***	•
		Less: rental expenses		-				
ŀ		Rental income or (loss)					,	
i	c C	Net rental income or (loss)				-		
	d 7 a	Gross amount from sales of	(i) Securities	(II) Other			٠, ١	
1	, a	assets other than inventory	45,688				4.1	i a
	h	Less: cost or other basis	13,000					*
	D	and sales expenses	0.	.]		· ·		, ,
	c	Gain or (loss)	45,688				3	
		Net gain or (loss)		•	45,688.			45,688.
		Gross income from fundraisin	a events (not					,
an l	-		200 • of					20.3 1
8		contributions reported on line						
Other Reve		Part IV, line 18	a	10,949.			*	,
흫	b	Less, direct expenses	b	20 042				
٥		Net income or (loss) from fund	draising events	•	<9,994.	>	*	<9,994.
	9 a	Gross income from gaming ad	ctivities See		·· ··· ·			
		Part IV, line 19	а					
	b	Less direct expenses	b]		
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	·				
	b	Less: cost of goods sold	b	· L				
	С	Net income or (loss) from sale	s of inventory	•				
		Miscellaneous Revenu	ie	Business Code				ļ
	11 a							<u> </u>
	b				· · · · · · · · · · · · · · · · · · ·			ļ
	C							ļ
	d	All other revenue			· · · · · · · · · · · · · · · · · · ·	ļ		
		Total. Add lines 11a-11d		▶	216 222	 		110 606
33200 10-29	12	Total revenue. See instructions.		<u> </u>	216,823.	0.	0.	110,626. Form 990 (2013)

Form 990 (2013) HEADLINERS FO
Part IX Statement of Functional Expenses

Secti	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							
	<u> </u>	(A)	(B)	(C)	(D)			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and		ехрензез	general expenses	схропосо			
•	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	43,250.	43,250.		:			
3	Grants and other assistance to governments,		, ,					
_	organizations, and individuals outside the				<u> </u>			
	United States See Part IV, lines 15 and 16							
4	Benefits paid to or for members				*			
5	Compensation of current officers, directors,				<u>-</u>			
	trustees, and key employees	52,032.		52,032.				
6	Compensation not included above, to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include			1				
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)							
а	Management							
b	Legal	12 270		12,370.				
	Accounting	12,370.		12,370.				
d	, , , , , , , , , , , , , , , , , , ,							
e	Professional fundraising services. See Part IV, line 17	150.		150.	<u> </u>			
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	150.		150.				
g	column (A) amount, list line 11g expenses on Sch 0.)	1,065.		1,065.				
12	Advertising and promotion				·-·			
13	Office expenses	5,824.	546.	5,278.				
14	Information technology	6,809.		6,809.				
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·			
19	Conferences, conventions, and meetings	15,705.	13,897.	1,808.				
20	Interest							
21 ,	Payments to affiliates							
22	Depreciation, depletion, and amortization	1 050		1 050				
23	Insurance	1,050.		1,050.				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line							
	24e amount exceeds 10% of line 25, column (A)							
	amount, list line 24e expenses on Schedule O.) MEDIA AWARDS	33,633.	33,633.					
a	MISCELLANEOUS	33,033.	33,033.	39.				
D	HIDCEDIMAROOD	37.		37.				
c d								
	All other expenses			_				
25	Total functional expenses. Add lines 1 through 24e	171,927.	91,326.	80,601.	0.			
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·			 .			
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here rf following SOP 98-2 (ASC 958-720)							

Form 990 (2013)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			<u></u>
		·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		31,189.	1	20,947.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net	į	10,931.	4	12,467.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete	member makkan kan		NAMES AND ASSESSED TO A PARTIE OF THE PARTIES.
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	,		,	
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary	and the second second second second second		, , , , , , , , , , , , , , , , , , ,
ets		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
∢	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	,
	10a	Land, buildings, and equipment cost or other				;
		basis Complete Part VI of Schedule D	10a	* ************************************		
	1	Less: accumulated depreciation	10b	2 010 076	10c	2 070 060
	11	Investments - publicly traded securities	2,819,976.	11	3,078,262.	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	800.	14	800.	
	15	Other assets. See Part IV, line 11		2,862,896.	15	3,112,476.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	717.	16	3,112,476.
	17	Accounts payable and accrued expenses		17	0.	
	18	Grants payable	•		18	
	19 20	Deferred revenue			19 20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I	Port IV of Schodulo D		21	
"	22	Loans and other payables to current and former			21	
Liabilities		key employees, highest compensated employee				3
ig		Complete Part II of Schedule L	os, and disquamed persons.	mh man man an an an	22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	· ·		24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	•			
		Schedule D	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		25	
	26	Total liabilities. Add lines 17 through 25		717.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and)
ග _		complete lines 27 through 29, and lines 33 and	nd 34.			
ğ	27	Unrestricted net assets		2,643,350.	27	2,874,585.
sala	28	Temporarily restricted net assets		57,854.	28	75,766.
ğ	29	Permanently restricted net assets		160,975.	29	162,125.
풀		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			
5		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30		
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et,	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		2,862,179.	33	3,112,476.
	34	Total liabilities and net assets/fund balances	_	2,862,896.	34	3,112,476.

	1990 (2013) HEADLINERS FOUNDATION OF TEXAS	74-22	81076	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	17: 4: 2,86:	1,9 4,8 2,1	23. 27. 96. 79. 01.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) .	10	3,11	2, 4	<u>76.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
1 2a	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?	0	2a	Yes	No
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both		2b		x
	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	edule O.	2 c	X	.,
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit	3a		X

Form **990** (2013)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Trèasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

HEADLINERS FOUNDATION OF TEXAS

Employer identification number

			EKS FUUNDATI							4-2201	.070	
Part I	Reason	or Public Char	ity Status (All organiza	ations mus	t complet	e this part	.) See inst	ructions.				
he organ	ization is not a	private foundation l	because it is. (For lines 1	through 1	1, check	only one b	ox.)					
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches descr	ıbed ın se	ction 170	(b)(1)(A)(i)					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
з 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical res	earch organization of	operated in conjunction v	with a hos	ortal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter 1	the hospita	l's nam	ne,
	city, and state	е										
5	An organizati	on operated for the	benefit of a college or un	iversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170((b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governme	ent or governmental unit	described	l ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	ribed i	ın
	section 170(l	b)(1)(A)(vi). (Comple	te Part II)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	/3% of its	support fi	om contri	butions, m	nembershij	p fees, a	nd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and u	inrelated business ta	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization	after June	30, 197	75
	See section	509(a)(2). (Complete	Part III.)									
10 🔲	An organizati	on organized and or	perated exclusively to tes	st for publi	c safety S	See sectio	n 509(a)(4	l).				
11 🔲	An organizati	on organized and or	perated exclusively for th	e benefit d	of, to perfo	rm the fur	nctions of,	or to carry	y out the	purposes	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2). See sec	tion 509(a	a)(3). Ch	eck the box	(that	
	describes the	type of supporting	organization and comple	ete lines 1°	e through	11h.						
	a Type I	ь □ ту	/pe II с 🔲 Ту	/pe III - Fur	nctionally i	ntegrated	d	і 🗀 Тур	e III - No	n-functiona	lly integ	grated
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons ot	her tha	เท
	foundation m	anagers and other t	han one or more publicly	supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 50	Э(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									Ш
g	Since August	t 17, 2006, has the c	organization accepted an	y gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A persor	n who directly or ind	irectly controls, either ale	one or tog	ether with	persons d	lescribed i	ın (ıı) and (ııı) below	',	Yes	No
	the gove	erning body of the si	upported organization?							11g(i)	1	
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)	1	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	97					11g(iii		
h	Provide the fo	ollowing information	about the supported org	ganızatıon((s)							
				_								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the	(vii) Amoun	t of mo	netary
org	anization		(described on lines 1-9 above or IRC section	in col. (i) ks governing (_	support?	(i) organız U.S	ed in the	sup	pport	
			(see instructions))			., ,						
				Yes	No	Yes	No	Yes	No			
			<u> </u>					<u> </u>				
			1									
Total				1								

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	116,700.	102,358.	210,542.	198,133.	103,642.	731,375.
2	Tax revenues levied for the organ-		_				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	116,700.	102,358.	210,542.	198,133.	103,642.	731,375.
5	The portion of total contributions		S	*			
	by each person (other than a	**	, · · · ,	,*	*,	ŕ	
	governmental unit or publicly		*				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	ŕ	,	* }	× ′ ′	₹,₩₡	39,338.
6	Public support. Subtract line 5 from line 4					· · · · · ·	692,037.
	tion B. Total Support					<u></u>	<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	116,700.	102,358.	210,542.	(d) 2012 198,133.	103,642.	(f) Total 731,375.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	52,790.	61,174.	61,645.	69,759.	120,620.	365,988.
9	Net income from unrelated business	·		·	· ·		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						1,097,363.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	· · · · · · · · · · · · · · · · · · ·
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	ux vear as a section		
	organization, check this box and stor		,		,	· (-/(-/	ightharpoons
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	63.06 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	71.85 %
	33 1/3% support test - 2013. If the			n line 13, and line	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	•	3	ightharpoons
b	10% -facts-and-circumstances tes	_	•		~	7a, and line 15 is	10% or
	more, and if the organization meets tl						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization				=		s >
_							

(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)

Se	ction A. Public Support	//					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	 -				1	
	formed, 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 bus-	 -					
	iness under section 513	 -					
4		<u> </u>			 		
7	ization's benefit and either paid to	 -					
	or expended on its behalf	 -			1	:	
_	•						
5	The value of services or facilities				1		
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5				ļ		
78	Amounts included on lines 1, 2, and]		1		
	3 received from disqualified persons						
Ł) Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	'	1				
	amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)				*	. , ,	
Se	ction B. Total Support					<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10	a Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		İ				
	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital		-		-	-	
40	assets (Explain in Part IV.)				 		
	Total support. (Add lines 9, 10c, 11, and 12)		L	1.6.11.6511	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, tourth, or titth t	tax year as a section	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	o Cupport Do	roontogo			<u> </u>	
	ction C. Computation of Publ					11	
	Public support percentage for 2013 (= =	•	column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inves					147	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2		•		45	18	%
19:	a 33 1/3% support tests - 2013. If the						/ is not
	more than 33 1/3%, check this box a		=		- · · ·		<u>:</u> ▶□
ı	o 33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che		-			_	▶∟
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u> ▶∟

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

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HEADI.INFRG FOINDATTON OF THYAG

Employer identification number 74-2281076

Par	t I Organizations Maintaining Donor Advised		Other Similar Fund	ds or A	CCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line				o o a maio complete il alc
	Organization anovotou Too to to Milosoft attit, mile		or advised funds	[(b) Funds and other accounts
1	Total number at end of year	.,,		\ 	<u> </u>
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)	_	· .	 	
4	Aggregate value at end of year			 	
5	Did the organization inform all donors and donor advisors in w	writing that the	esets held in donor ad	used fund	
•	are the organization's property, subject to the organization's	-		vised func	Yes No
6	Did the organization inform all grantees, donors, and donor ac	_		oo usad o	
Ū	for charitable purposes and not for the benefit of the donor or		- •		•
	impermissible private benefit?	donor advisor	or for any other purpos	se conten	Yes No
Par		anization answ	ered "Ves" to Form 990	Part IV I	
1	Purpose(s) of conservation easements held by the organization			, , , , , , , , , , , , , , , , , , , ,	
•	Preservation of land for public use (e.g., recreation or ed	·	— 1 · · · · ·	nistorically	/ important land area
	Protection of natural habitat	<u>аасаногі,</u> Г	Preservation of a ce		
	Preservation of open space	_	i reservation of a ce	artifica i fis	itolic structure
2	Complete lines 2a through 2d if the organization held a qualific	ind conconvictio	a contribution in the for	m of a cou	account on the last
_	day of the tax year.	ied Conseivatio	i contribution in the ion	iii oi a coi	iservation easement on the last
	day of the tax year.			Г	Held at the End of the Tax Year
2	Total number of conservation easements			ł	2a
b	Total acreage restricted by conservation easements			<u> </u>	2b
	Number of conservation easements on a certified historic stru	ucture included	ın (a)	}	2c
٦	Number of conservation easements included in (c) acquired a		` '	_{-turo}	20
u	listed in the National Register	aitei 6/17/00, ai	id flot off a filstofic struc	clure	2d
3	Number of conservation easements modified, transferred, rele	essed extingui	shad or terminated by t	bo organi	
	year	easeu, extiligui	sned, or terminated by t	ile Olgalii	zation during the tax
4	Number of states where property subject to conservation eas	coment is locate	d >		
5	Does the organization have a written policy regarding the peri			_ vf	
Ü	violations, and enforcement of the conservation easements it	•	, inspection, nanding o	,,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		onservation easements	during th	
7	Amount of expenses incurred in monitoring, inspecting, and e	_		-	
8	Does each conservation easement reported on line 2(d) above				
Ū	and section 170(h)(4)(B)(ii)?	c sansiy the re-	fair ciricinto di acottori 17	, 5(1)(4)(5)	Yes No
9	In Part XIII, describe how the organization reports conservation	on essements ii	n its revenue and evnen	ca etatam	
•	include, if applicable, the text of the footnote to the organization		•		
	conservation easements	ion 3 inanciars	tatements that describe	.s are org	anzation's accounting to
Pai	t III Organizations Maintaining Collections of	Art. Histor	cal Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" to Form 9		•		
1a	If the organization elected, as permitted under SFAS 116 (AS			ement an	d balance sheet works of art.
	historical treasures, or other similar assets held for public exh		•		
	the text of the footnote to its financial statements that describ				
ь	If the organization elected, as permitted under SFAS 116 (AS			ent and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•			·
	relating to these items		, a,	Jubilo 001	vice, previde the tellething amounts
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$
	(ii) Assets included in Form 990, Part X				\$
2	If the organization received or held works of art, historical trea	asures or other	similar assets for finance	cial dain in	provide
_	the following amounts required to be reported under SFAS 11	•		yu, þ	
а	Revenues included in Form 990, Part VIII, line 1	v 5 555) 10			▶ \$
	Assets included in Form 990, Part X		•		\$
					· ·

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	ar Asse	ts(continue	ed)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant	use of its	collection if	tems	
	(check all that apply)								
а	Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Yes" to	o Form 990), Part IV,	ine 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custode	an or other intermed	ary for contribution	s or other assets no	ot included		_		
	on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
C	Beginning balance		_		1c				
d	Additions during the year			•	1d				
е	Distributions during the year				1e				
f	Ending balance	-			1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			L	Yes	No No	
b	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	f the organization ans	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four ye	ars back	
1a	Beginning of year balance	452,113.	318,557.	224,946.					
b	Contributions	8,150.	91,935.	74,750.	<u> </u>				
С	Net investment earnings, gains, and losses	51,060.	49,871.	21,111.	·				
ď	Grants or scholarships	19,016.	8,250.	2,250.					
е	Other expenditures for facilities				1				
	and programs				<u> </u>				
f	Administrative expenses								
g	End of year balance	492,307.	452,113.	318,557.	.]				
2	Provide the estimated percentage of the curr		e (line 1g, column (a	i)) held as.					
а	Board designated or quasi-endowment	54.97	_%						
b	Permanent endowment ► 32.93	%							
С	Temporarily restricted endowment ▶ 1	2.10 %							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%							
3a	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	nd administered for	the organ	ızatıon	_		
	by						\Y(es No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" to 3a(II), are the related organizations	•					3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	1							
	Description of property	(a) Cost or ot basis (investment)	1 , ,		Accumulat epreciation	1	(d) Book v	alue	
10	Land	Dadio (ilivesti)	iong basis	(Ourion)	- COIGLIOI	· 			
_									
b	Buildings	1							
	Leasehold improvements	-				-+			
	Equipment								
	Other I. Add lines 1a through 1e. (Column (d) must e	gual Form 000 Port	Y column (P) line 1	10(c))				0.	
, viai	in rida iines Ta unough Te. Joolullin juj Must e	guari viin 330, i ail.	r, commit (b), mie i	<u> </u>					

HEADLINERS FOUNDATION OF TEXAS

74-2281076 Page 2

Schedule D (Form 990) 2013

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Page	٠.

Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or er	id-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		<u> </u>	
(3) Other			-
(A)			<u>-</u>
(B)	•		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			*
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or er	id-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		444 ^QXY , XXX Y) N ()
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			,
	Form 000 Doubly to	444 Can Farm 000 Dad V live 45	
Complete if the organization answered "Yes" to	escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
	escription		(b) Book value
(1)			
(2)			
(3)			
(4) (5)		· · · · · · · · · · · · · · · · · · ·	
			
(6)			
(6)			
(7)			
(7) (8)			
(7) (8) (9)	15)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to		e 11e or 11f. See Form 990, Part X, line 2	5
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		e 11e or 11f. See Form 990, Part X, line 2	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	

EXPLANATION: TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER

PART X, LINE 2:

EXPLANATION: MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO ACTIVITY SUBJECT TO UBIT DURING THE FISCAL YEARS ENDED JULY 31, 2014 AND 2013. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES.

Schedule D (Form 990) 2013	HEADLINERS	FOUNDATION	OF TEXAS	74-2281076 Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental In	formation (continued)	-		
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SCHEDULE (Form 990)

Department of the Treasury

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

OMB No 1545-0047

2 [] Employer identification number 74-2281076 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www us gov/form990 (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant HEADLINERS FOUNDATION OF TEXAS (c) IRC section if applicable General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Internal Revenue Service Part I Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Page 2 (f) Description of non-cash assistance 74-2281076 (e) Method of valuation (book, FMV, appraisal, other) 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. Z THE FOUNDATION CONSIDERS FIRST OF ALL THE TALENT RECOMMENDATIONS OF TEACHERS OR PROFESSIONAL JOURNALISTS. FINANCIAL NEED IS THE FOUNDATION ALSO CONSIDERS GRADES AND THE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. P D TO THIRTY YEARS. FOR AND THE COMMITMENT TO JOURNALISM AS DEMONSTRATED IN AN APPLICATION SCHOLARSHIPS TAKEN INTO CONSIDERATION ONLY WHEN ALL OTHER QUALITIES ARE CONSIDERED (d) Amount of non-cash assistance Ö EITHER BEEN AWARDING STUDENTS INTERESTED IN JOURNALISM FOR CLOSE ESSAY AND THE APPLICANT'S INVOLVEMENT WITH JOURNALISM, 43,250 (c) Amount of cash grant HEADLINERS FOUNDATION OF TEXAS HAS (b) Number of recipients HEADLINERS FOUNDATION CAMPUS! AWARDING THE SCHOLARSHIPS, (a) Type of grant or assistance NO PROFESSIONALLY OR THE Schedule I (Form 990) (2013) ~ VARIOUS SCHOLARSHIPS LINE EXPLANATION: OUTSTANDING PART Part III

Schedule I (Form 990) (2013)

332102 10-29-13

Schedule I (Form 990)	HEADLINERS	FOUNDATION	OF TEXAS	<u>74-228</u>	1076 Page 2
Schedule I (Form 990) Part IV Supplement	al Information				
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332291 05-01-13 Schedule I (Form 990)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

HEADLINERS FOUNDATION OF TEXAS

Employer identification number 74-2281076

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

EXPLANATION: THE BOARD OF DIRECTORS REVIEW THE FORM 990 WITH THE PREPARING CPA PRIOR TO FILING WITH THE IRS.

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

EXPLANATION: ALL POTENTIAL CONFLICTS OF INTEREST WITHIN THE HEADLINERS FOUNDATION SHALL BE REPORTED AND REVIEWED TO DETERMINE IF THE CONFLICT IS MATERIAL. DISCLOSURE IN THE ORGANIZATION SHALL BE REPORTED TO THE EXECUTIVE DIRECTOR (OR IF HE/SHE IS THE ONE WITH THE CONFLICT, TO THE BOARD CHAIR), WHO SHALL DETERMINE IF A CONFLICT EXISTS AND IS RELEVANT AND IF SO, BRING THE CONFLICT TO THE ATTENTION OF THE BOARD.

DISCLOSURE INVOLVING THE STAFF OR GOVERNOR SHALL BE REPORTED TO THE BOARD CHAIR, WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD. THE BOARD SHALL DETERMINE IF A CONFLICT EXISTS AND IS RELEVANT AND WHETHER THE ACTION SHALL BE AUTHORIZED AS JUST, FAIR AND REASONABLE TO THE ORGANIZATION. DECISION OF THE BOARD ON THESE MATTERS WILL BE AT THEIR SOLE DISCRETION AND THEIR CONCERN MUST BE FOR THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS MISSION.

A COPY OF THIS POLICY SHALL BE GIVEN TO ALL GOVERNORS, OFFICERS AND STAFF MEMBER UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH THE HEADLINERS FOUNDATION OR AT THE OFFICIAL ADOPTION OF THE STATED POLICY. EACH GOVERNOR, OFFICER OR STAFF MEMBER SHALL SIGN AND DATE THE POLICY AT THE BEGINNING OF HER/HIS TERM OF SERVICE. FAILURE TO SIGN DOES NOT NULLIFY THE POLICY.

Schedule Q (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HEADLINERS FOUNDATION OF TEXAS	Employer identification number 74-2281076
FORM 990, PART VI, SECTION B, LINE 15A:	
EXPLANATION: THE BUDGET & FINANCE COMMITTEE APPROVES INCR	EASES IN THE
EXECUTIVE DIRECTORS COMPENSATION, WHICH IS SUBSEQUENTLY A	PPROVED BY THE
EXECUTIVE COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	···
EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONF	LICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO TH	E PUBLIC UPON
REQUEST.	
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	1.1.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{www.irs.gov/form8868}$.

OMB No. 1545-1709

If you are file	ng for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			► LX.	
	ng for an Additional (Not Automatic) 3-Month Ext						
Do not comple	ete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed Fo	m 8868.		
	ng <i>(e-file)</i> . You can electronically file Form 8868 if y						
required to file	Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	368 to reque	st an extension	
of time to file a	iny of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	ransfers A	Associated V	/ith Certain	
	fit Contracts, which must be sent to the IRS in paper		(see instructions). For more details o	on the elec	tronic filing (of this form,	
visit www.irs g	ov/efile and click on e-file for Charities & Nonprofits.						
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).			
A corporation:	required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete			
Part I only							
	prations (including 1120-C filers), partnerships, REMI	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
					r's identifyi	ng number	
Type or Na	Name of exempt organization or other filer, see instructions. Employer ider			identificatio	n number (EIN) or		
print							
	HEADLINERS FOUNDATION OF TEXAS				74-2281076		
File by the due date for NL	Number, street, and room or suite no If a P.O. box, see instructions Social security n				curity number	er (SSN)	
filing your 2 return See 2	221 W. 6TH STREET, NO. 2100						
	ty, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
A	USTIN, TX 78701						
Enter the Retu	irn code for the return that this application is for (file	a separa	te application for each return)			0 1	
Application		Return	Application			Return	
ls For		Code	ls For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (ındıvıdual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	JANICE CARTWRIG	HT					
The books	are in the care of ▶ 221 W. 6TH STRE	EET, 1	NO. 2100 - AUSTIN,	TX 7	8701		
Telephone	No. ► 512-479-8080		Fax No 🕨				
•	nization does not have an office or place of business	s in the Ur	nited States, check this box				
 If this is for 	a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN)	f this is fo	the whole o	roup, check this	
box ▶ □	If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the exter	nsion is for.	
1 I reques	t an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
			tion return for the organization name	-	- The extension	on	
is for the	e organization's return for.	_	_				
ightharpoons	calendar year or						
$\triangleright X$	tax year beginning AUG 1, 2013	, an	dending JUL 31, 2014				
			-		_		
O 17.46	x year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
2 If the tax	hange in accounting period						
		~= 6060	enter the tentative tax loss any				
Cı	oplication is for Forms 990-BL, 990-PF, 990-T, 4720,	or bubb.	cittei tile telitative tax, less aliv				
3a If this ap	•	, or bubb,	enter the teritative tax, less any	3a	\$	0.	
3a If this ap	ndable credits. See instructions.			3a	\$	0.	
3a If this ap nonreful	ndable credits. See instructions. oplication is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and		\$		
CI 3a If this ap nonreful b If this ap estimate	ndable credits. See instructions. oplication is for Forms 990-PF, 990-T, 4720, or 6069 ed tax payments made. Include any prior year overp	, enter an	y refundable credits and llowed as a credit.	3a 3b		0.	
D CI 3a If this ap nonreful b If this ap estimate c Balance	ndable credits. See instructions. oplication is for Forms 990-PF, 990-T, 4720, or 6069	, enter an payment a syment wit	y refundable credits and llowed as a credit. th this form, if required,				