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# SCANNED DEC

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

A For the 2014 calendar year, or tax year beginning OCT 1, 2014and ending DEC 31, Check if C Name of organization D Employer identification number Address change GREATER ROUND ROCK COMMUNITY FOUNDATION Name change 43-2043188 Doing business as ]Initial |return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 206 EAST MAIN 512-514-0046 termin-ated 661,474. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ROUND ROCK, TX 78664 H(a) Is this a group return Applica F Name and address of principal officer NYLE MAXWELL Yes X No for subordinates? pending 206 EAST MAIN STREET, ROUND ROCK, 78664 TXH(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.RRCOMMUNITYFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Year of formation: 2004 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities. TO IMPROVE THE QUALITY OF LIFE Governance IN THE GREATER ROUND ROCK AREA. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 17 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) 4 Activities & 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 6,543,103. 525,002. Contributions and grants (Part VIII, line 1h) 112,328 35,742. Program service revenue (Part VIII, line 2g) 351,659 99,480. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,312 1,250. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 661,474. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,016,402Grants and similar amounts paid (Part IX, column (A) lines 1-3) 626,582. 406,215. Benefits paid to or formembers (Part IX, column (A) line 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 0 14 50,396. 27,824. 16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) 0 0. 783. 247,416 72,300. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 924,394 506,339. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,092,008. 155,135. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 15,148,821. 14,710,550 20 Total assets (Part X, line 16) 58,078. Total liabilities (Part X, line 26) 60,510 14,650,040. 090,743. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer to the officer is based on all information of which preparer has any knowledge Signature of officer Sign NYLE MAXWELL, BOARD CHAIR Here Type or print name and title PTIN Print/Type preparer's name Paid SEAN HOLCOMB 11/6/15 P01249221 setf-employed Firm's name MAXWELL LOCKE & 74-2900215 Preparer Firm's EIN ▶ Firm's address 303 E. MAIN STREET Use Only Phone no. 512 - 370 - 3200ROUND ROCK, TX 78664

n

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	m 990 (2014) GREATER ROUND ROCK COMMUNITY FOUNDATION 43-2043188	Page 2
Pai	rt III Statement of Program Service Accomplishments	,,-
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	TO SERVE AS A CATALYST TO NURTURE AND INSPIRE PHILANTHROPIC GIVING,	ጥር
	BUILD "COMMUNITY CAPITAL" THROUGH A PERMANENT ENDOWMENT FUND, TO	
	PROVIDE A FLEXIBLE VEHICLE FOR DONORS WITH VARIED PHILANTHROPIC	
	INTERESTS, TO TAKE INITIATIVE IN ADDRESSING NEEDS AND SHAPING	
_		
2	Did the organization undertake any significant program services during the year which were not listed on	T.
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	
4a		742.)
	GRANTMAKING - THE FOUNDATION MAKES GRANTS TO COMMUNITY NONPROFIT	,
	ORGANIZATIONS THROUGH THE VARIOUS ENDOWMENTS AND FUNDS THAT IT HOLDS	=
	THE FOUNDATION MADE 11 GRANTS DURING THE YEAR.	
	THE POUNDATION MADE IT GRANTS DURING THE TEAR.	
4b	(Code) (Expenses \$ 254 • including grants of \$ 0 • ) (Revenue \$ 1 , 8	300.)
┰		
	CIVING CIDCLES - THE FOUNDATION HAS ESTABLISHED CIVING CIDCLES TO	,
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	rt IV   Checklist of Required Schedules	100	Ρ:	age 3
Га	Checklist of hequired schedules		V	NI-
ť	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		х	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<del>-</del>		- 21
O	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<del></del>
•	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	****		A
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	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		Х
ч	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	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 <u>1f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

Par	t 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			
	domestic government on Part IX, column (A), line 19 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			1
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	\	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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		Х
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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		_	_
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		'	
	Schedule N, Part II	32		X
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l .		٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<b>i</b>		.,
	Part V, line 1	34		X
	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	<u> </u>	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<b>.</b>
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	i	ı

Note. All Form 990 filers are required to complete Schedule O

		188		age 5				
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance							
•.	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country. ►		1					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
	, , , , , , , , , , , , , , , , , , , ,	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			7.5				
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	_		· •				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
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	<b>.</b>		х				
a	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с						
d		7.		<b>X</b>				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	-	X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		71				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-					
•	sponsoring organization have excess business holdings at any time during the year?	8		X				
9	Sponsoring organizations maintaining donor advised funds.	٣						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- 1	X				
		9b		X				
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12							
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		j					
11	Section 501(c)(12) organizations. Enter.							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

	990 (2014) GREATER ROUND ROCK COMMUNITY FOUNDATION 43-2043			age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	"No" r	espon	se
• •	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			ــعمــا
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17		1.00	-110
	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 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Yes	
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		
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a	X	
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a	X	
b 11a b 12a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b 11a	X	
b 11a b 12a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10b 11a 12a 12b	X X X	
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	X X X	
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	X X X	
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b	X X X	
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	X X X	
b 11a b 12a b c	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	X X X	
11a b 12a b c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	X X X X	
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b 11a b 12a c 13 14 15	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	X X X X	<b>X</b>
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b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14	X X X X	xx
b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	X X X X	xx
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b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X	xx
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b 11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  **tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filed **NONE**  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only);	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	xx
b  11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or frustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indica	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	xx
b  11a b 12a c 13 14 15 a b 16a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a 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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  **tion C. Disclosure**  List the states with which a copy of this Form 990 is required to be filed **NONE**  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only);	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	xx

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

AMY MERIDA - 512-514-0046

206 EAST MAIN, ROUND ROCK, TX 78664

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### GREATER ROUND ROCK COMMUNITY FOUNDATION

43-2043188

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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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)  Name and Title	(B) Average hours per	(do	not c		C) ition more	than	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer	irecto		itee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) NYLE MAXWELL	1.00	x		x				0.	0.	
CHAIRMAN CAN POLES	1.00	₽	-	Λ		L	-	0.	U •	0.
(2) JIM BOLES	1.00	X	l	х				0.	0.	٥
VICE CHAIR (3) JOHN NELSON	1.00	₽	$\vdash$	^		-	<u> </u>	U .	U •	0.
	1.00	x		x	l		1	0.	0.	0.
TREASURER (4) HOLLY COE	1.00	^	<del> </del>	^	_	⊢	⊢	0.	0.	<u> </u>
	1.00	x		x				0.	0.	0.
(5) JOHN AVERY	1.00	1	-	^	├	_	⊢		<u> </u>	0.
DIRECTOR	1.00	х	Ì					0.	0.	0.
(6) BRUCE BESSNER	1.00	^			$\vdash$			0.	0.	· ·
DIRECTOR	1.00	X						0.	0.	0.
(7) ASHLEY BLAKE	1.00	<del>  ^</del>		-						-
DIRECTOR	1.00	x						0.	0.	0.
(8) MARK FRITZ	1.00	1		$\vdash$	_		-			
DIRECTOR		x						0.	0.	0.
(9) CHUCK GLACE	1.00	╁	$\vdash$		$\vdash$	$\vdash$	┢			
DIRECTOR		X						0.	0.	0.
(10) KEITH HICKMAN	1.00	T		┢			Г			
DIRECTOR		x	ĺ					0.	0.	0.
(11) JAY LATHAM	1.00					T				<del></del>
DIRECTOR		X	1		1		1	0.	0.	0.
(12) FRANK LEFFINGWELL	1.00					Г	Г			
DIRECTOR		X						0.	0.	0.
(13) DEANNA MILLER	1.00									
DIRECTOR		X						0.	0.	0.
(14) NANCY RABB	1.00									
DIRECTOR		<b>]</b> x	l.	l		l		0.	0.	0.
(15) SHARI RAMMING	1.00						Г			
DIRECTOR		] X	L					0.	0.	0.
(16) JON SLOAN	1.00									
DIRECTOR		X				ot	L	0.	0.	0.
(17) TIM TIMMERMAN	1.00	]	1							
DIRECTOR		] X_						0.	0.	0.

Form 990 (2014) GREATER I	ROUND RO	CI	Χ (	COL	M	JN:	IT	Y FOUNDATION	43-20	43	188	Pa	ige 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Ьòох	not c , unle cer an	Pos heck ss pe	more	than	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related		Est am	(F) imate ount o	-
	(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-MIS		fro orga and	pensation the anizati relate nizatio	e on ed
(18) SHEVAWN WALZEL	1.00	Į,,											^
DIRECTOR (19) GEORGE WHITE	1.00	X	$\vdash$				L	0.		0.			0 .
DIRECTOR	1.00	x				İ		0.		0.			0 .
(20) CHARLES AVERY DIRECTOR	1.00	x						0.		0.			0 .
(21) AMY MERIDA	40.00	<del>  ^</del>	╁			t	-	· ·		<del>- '</del>			
EXECUTIVE DIRECTOR		_		Х	_	_	_	35,050.		0.			0
			_	L	_								
		<u> </u>											
		-											
1b Sub-total		<b></b>	-		1	_	<b>&gt;</b>	35,050.		0.			0
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	35,050.		0.			0
2 Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	е			(
Compensation with the engangement												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		x
5 Did any person listed on line 1a receive or a	accrue compe	nsat	tion	from	any	y un			idual for services				х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J	or s	ucn	pen	son					5		
Complete this table for your five highest co	•	-								pens	ation fi	rom	
the organization. Report compensation for (A)	the calendar y	/ear	end	ing v	vith	or w	/ithii	n the organization's tax (B)	year T		(C	٠	
Name and business	address	N	ON	E				Description of	services	C	omper		n
					•					_			
							-						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

				ROCK CO	MMUNITY FO	UNDATION	43-2043	3188 Page 9
Pa	rt VI							
<u></u>		Check if Schedule O con	tains a response	or note to any lin	ne in this Part VIII	78X	(C)	(5)
					Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a			- 1		312-314
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S, G	С	Fundraising events	1c					
Gift	d	Related organizations	1d					
ns, imi	е	Government grants (contribute	tions) <b>1e</b>					
rtio er S	f	All other contributions, gifts, gran	nts, and					
를 타		similar amounts not included abo	ove 1f	525,002.				
non	g		s 1a-1f \$		E2E 002			
90	h	Total. Add lines 1a-1f		<b>P</b>	525,002.		<del></del>	
	2 a	ADMINISTRATIVE	FEES	Business Code 561000	33,492.	33,492.		
چ چ	Z a b	CTIVING CIRCLES		561000	1,800.	1,800.	<del></del>	
Ser	c	NPO INCUBATOR		561000	450.	450.		
Program Service Revenue	d			-			<del>-</del>	
P.C.	е							
ا ت	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b></b>	35,742.		-	
	3	Investment income (including	dividends, inter	est, and	64 200			
		other similar amounts)		<b>&gt;</b>	61,380.	-		61,380.
	4	Income from investment of ta	x-exempt bond p	oroceeds				
	5	Royalties	(A Pool	(a) Demand				
	6 2	Gross rents	(i) Real 1,250.	(ii) Personal				
		Less: rental expenses	0.					
		Rental income or (loss)	1,250.					
		Net rental income or (loss)		<b></b>	1,250.	1,250.		
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	38,100.					
	b	Less: cost or other basis						
- 1		and sales expenses	0.					
		Gain or (loss)	38,100.	<u> </u>	38,100.			20 100
<u>e</u>		Net gain or (loss) Gross income from fundraisin	g events (not	<b>P</b>	30,100.			38,100.
Other Revenue		including \$	of					
æ		contributions reported on line	e 1c). See					
ě		Part IV, line 18	a		}			
ŏ		Less. direct expenses  Net income or (loss) from fund	b drawa avente					
		Gross income from gaming a	_			····		
	• •	Part IV, line 19	a a					
	b	Less: direct expenses	- b					
	С	Net income or (loss) from gan	ning activities	<b></b>				
	10 a	Gross sales of inventory, less	returns				-	
		and allowances	а					1
		Less. cost of goods sold	b					
ŀ	С	Net income or (loss) from sale		<b>•</b>				<u> </u>
}	44 -	Miscellaneous Revenu	ie	Business Code				1
	11 a		·	<del>                                     </del>				<del> </del>
	b c	<del></del>	<del></del>					<del>                                     </del>
	d	All other revenue				<del></del>		<del> </del>
	e	Total. Add lines 11a-11d		<u> </u>				<b>-</b>
	12	Total revenue. See instructions.	·		661,474.	36,992.	0.	99,480.
43200 11-07-	14						-	Form <b>990</b> (2014)

Form 990 (2014)

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 406,215 and domestic governments. See Part IV, line 21 406,215 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 17,308 17,308. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,693. 4,693. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,140. 4,140 Other employee benefits 1,683. 1,683 10 Payroll taxes Fees for services (non-employees). a Management b Legal 656. 656. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 15,162. 15,162 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 33,348 column (A) amount, list line 11g expenses on Sch O.) 33,369. 21 12 Advertising and promotion 1,270. 1,270 13 Office expenses 290. 290. Information technology 14 Royalties 15 4,638. 4,638. 16 Occupancy 1,360. 1,360 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 845. 845. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 12,986. OTHER PROGRAM EXPENSES 12,986. PROGRAM SUPPORT 811. 811 FUNDRAISING/DEVELOPMENT 783. 783. d PRINTING 130. 130. e All other expenses 506,339. 453,360. 52,196. 783. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pai	τ λ	Balance Sneet			
<u>·</u>		Check if Schedule O contains a response or note to any line in this Part X	<del></del>		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,888.	1	1,819.
	2	Savings and temporary cash investments	297,639.	2	253,638.
	3	Pledges and grants receivable, net	<del></del> =,,	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			1 1 1 1
		trustees, key employees, and highest compensated employees Complete			wa
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary	auron auron in n		
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	757,836.	7	753,677.
∢ :	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 1,442,644.			
	ь	Less: accumulated depreciation 10b	1,442,644.	10c	1,442,644.
	11	Investments - publicly traded securities	12,201,643.	11	12,690,143.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11	6,900.	15	6,900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,710,550.	16	15,148,821.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.	m mm	~ ~ ~	was we so
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	60 510		E0 0E0
		Schedule D	60,510.	25	58,078.
	26	Total liabilities. Add lines 17 through 25	60,510.	26	58,078.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			and the same and t
Ses	i	complete lines 27 through 29, and lines 33 and 34.	F 077 2F0		F 202 0F1
au	27	Unrestricted net assets	5,076,350.	27	5,202,851.
Bal	28	Temporarily restricted net assets	387,572.	28	582,199.
Net Assets or Fund Balances	29	Permanently restricted net assets	9,186,118.	29	9,305,693.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
s of	١.	and complete lines 30 through 34.		_	
set	30	Capital stock or trust principal, or current funds		30	
Asi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	14 (50 040	32	15 000 742
~	33	Total net assets or fund balances	14,650,040.	33	15,090,743.
	34	Total liabilities and net assets/fund balances	14,710,550.	34	15,148,821.

	1990 (2014) GREATER ROUND ROCK COMMUNITY FOUNDATION	43-20	43188	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			74.
2	Total expenses (must equal Part IX, column (A), line 25)	2			39.
3	Revenue less expenses. Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,65		
5	Net unrealized gains (losses) on investments	5	28	5,5	68.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15,09	0,7	43.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Cash Counting Method used to prepare the Form 990 Cash Cash Cash Cash Cash Cash Cash Cash	<u> </u>	_	ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			Į.
	separate basis, consolidated basis, or both				,
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	~		'
	consolidated basis, or both:				•
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			,,
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		ŀ		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			'
	Act and OMB Circular A-133?		3a	ļ	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audıt			ļ
	or guidte, evalua why in Cohodule O and describe any stone taken to undergo guide audite		l al		1

Form **990** (2014)

# **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CDEAMED BOIND BOCK COMMINITARY POINDAMEON

Employer identification number 43-2043188

				KOCK COMMONI				3-2043100
Pa	rt T	Reason for Public (	Charity Status (A	All organizations must co	omplete th	ıs part ) Se	e instructions	
The	organ	zation is not a private found	ation because it is: (	For lines 1 through 11, o	heck only	one box)	<u> </u>	
1		A church, convention of ch		_			)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative		·	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organization						the hospital's name,
•		city, and state.		,				,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a or	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C		logo or armorology office	a 0, 0p0,a		oronnina and account	
_		A federal, state, or local gov	•	contal unit described in	coetion 17	70/61/41/41	(A)	
7	X		•				• •	nublic described in
7	<u> </u>	An organization that normal	-	ntial part of its support i	rom a gov	emmentai	unit or norm the general	public described in
_	$\overline{}$	section 170(b)(1)(A)(vi). (Co	•					
8	님	A community trust describe						
9	Ш	An organization that norma		•	-			
		activities related to its exen	•	· ·				_
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor	•					
10		An organization organized a	and operated exclusi	vely to test for public sa	ifety. See	section 50	9(a)(4).	
11	LJ	An organization organized a	and operated exclusi	vely for the benefit of, to	o perform	the functio	ns of, or to carry out the	e purposes of one or
		more publicly supported or	ganızatıons describe	d ın <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
	_	lines 11a through 11d that	describes the type o	f supporting organizatio	n and com	iplete lines	11e, 11f, and 11g	
а			ınızatıon operated, s	upervised, or controlled	by its sup	ported org	anızatıon(s), typıcally by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or trustees of the s	supporting
		organization. You must o	omplete Part IV, Se	ctions A and B.				
b	L	Type II. A supporting org	anızatıon supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an attent	riveness
		requirement (see instruct	•		-			
е		Check this box if the orga	•	-				
		functionally integrated, or						
f	Ente	er the number of supported of	• •	, , , , , , , , , , , , , , , , , , , ,	5 0			
a		ride the following information	-	d organization(s)				
		i) Name of supported	(ii) EIN			rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your document?	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
	-			(SEE				<u> </u>
					Ì			
				<u> </u>	<del>                                     </del>			
					<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>
				·	<del> </del>			
T-4	~.I				I			

# Schedule A (Form 990 or 990-EZ) 2014 GREATER ROUND ROCK COMMUNITY FOUNDATION 43-2043188 Page 2 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) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")	1,731,659.	820,054.	1,699,389.	1,550,972.	525,002.	6,327,076.
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	1,731,659.	820,054.	1,699,389.	1,550,972.	525,002.	6,327,076.
5	The portion of total contributions						
	by each person (other than a					·	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,499,542.
6	Public support. Subtract line 5 from line 4						2,827,534.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,731,659.	820,054.	1,699,389.	1,550,972.	525,002.	6,327,076.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	52,411.	127,620.	72,315.	162,472.	62,628.	477,446.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part VI.)		37,162.				37,162.
11	<b>Total support.</b> Add lines 7 through 10						6,841,684.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	259,321.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u>
	ction C. Computation of Publ			<u> </u>			11 33
14	Public support percentage for 2014 (	,		olumn (f))		14	41.33 %
15	,, ,					15	42.63 %
16a	33 1/3% support test - 2014. If the c	•			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies as a publicly supported organization						
Б	33 1/3% support test - 2013. If the	-			I line 15 is 33 1/3%	or more, cneck to	lis box
4-	and stop here. The organization qual				10 164 105	and line 4.4 - 400/	<b>P</b>
1/a	10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac			•	•	π vi now the organ	ization
,	meets the "facts-and-circumstances"	•	•		J	17a and line 45 :-	. ▶∟
D	10% -facts-and-circumstances tes	_				•	
	more, and if the organization meets the				•		·
40	organization meets the "facts-and-circ		•	•			. · <b>[</b>
<u>18</u>	Private foundation. If the organization	on did not check a	pox on line 13, 16	a, 160, 1/a, or 17	o, check this box a	ina see instruction	<u>s</u> ▶∟∟

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	ow, please com	piete Fait II.)		-		
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		\2/		1-7-2-3-3	1-7	(7)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons			!			
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtractline 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶ _	(a) 2010	(b) 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources Unrelated business taxable income						
E.	(less section 511 taxes) from businesses		İ				
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for t	he organization'	s first, second, the	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ration
	check this box and stop here		, 0000ma, mm	_, , , , , , , , , , , , , , , , , , ,	, oa. ao a ooon	30 ((5)(6) organiz	<b>▶</b>
Se	ction C. Computation of Public	Support Pe	rcentage				
	Public support percentage for 2014 (lir		<del></del>	column (f))		15	%
16	Public support percentage from 2013 S	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Invest	ment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 20	)13 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2014. If the c	rganization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and	d stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
t	33 1/3% support tests - 2013. If the o	-			-	•	and
	line 18 is not more than 33 1/3%, chec					-	▶ٰٰ
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	

# Schedule A (Form 990 or 990-EZ) 2014 GREATER ROUND ROCK COMMUNITY FOUNDATION 43-2043188 Page 4

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part y how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in part vi what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Sche	edule A (Form 990 or 990 EZ) 2014 GREATER ROUND ROCK COMMUNITY FOUNDATION 43-20	14318	8 P	age 5
Pa	rt IV   Supporting Organizations (continued)		1	T
·. 11	Has the accompation accounted a diff or contribution from any of the following paragray?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		-
h	A family member of a person described in (a) above?	11b	<del> </del> -	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<del>                                     </del>	-
	tion B. Type I Supporting Organizations	1 110	<u> </u>	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part vi how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			Ī
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			- m-
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		~ · · · · ·	~
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	<del> </del>	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	<u>).                                    </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	<u>2b</u>	$\vdash$	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
<b>L</b> .	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- AL		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u>L</u> _ ∣	l

Sche	dule A (Form 990 or 990-EZ) 2014 GREATER ROUND ROCK COMM	IUNTT	Y FOUNDATION 4	3-2043188 Page 6
L	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1.	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov 20, 1970. <b>See instr</b> u	ctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	-	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		, <u>, , , , , , , , , , , , , , , , , , </u>
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):		, ⊢ Hone an	F 514 Map
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ited Type III supporting orga	anization (see

instructions)

Sche Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations ( )	3-2043188 Page 7
	on D - Distributions	(a)(o) Supporting Orge	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt nurnoses		Ourrent rear
2	Amounts paid to perform activity that directly furthers exemp	<del></del>		
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets	oo of dapporton organization	<del> </del>	
5	Qualified set-aside amounts (prior IRS approval required)		<del></del>	<del></del>
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	<del> </del>	
	(provide details in Part VI). See instructions	<b>3</b>		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iiı)
		Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а	3			
b				
С				
d	** - A~ -	-	T	
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·
i	Carryover from 2009 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,		* * *	
	line 7. \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7			
<u>a</u>				
b				
C				
	Excess from 2013			
е	Excess from 2014			l

Part VI	,		mation. Provider any additional in		,	, line 10	cookDATION 43-2043188 Page 8 ); Part II, line 17a or 17b, and Part III, line 12.
SCHED	ULE A,	LIST OF	UNUSUAL	GRANTS R	ECEIVED:		
DESCR	IPTION:	PORTIO	N OF UNUS	SUAL GRAN	T RECEIVED	IN	2012
DATE:	09/30/	13	AMOUNT:	3025440	•		
DESCR	IPTION:	PORTIO	N OF UNUS	SUAL GRAN	T RECEIVED	IN	2013
DATE:	09/30/	14	AMOUNT:	4992131	•		
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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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GREATER ROUND ROCK COMMUNITY FOUNDATION

Employer identification number 43-2043188

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	15	14
2	Aggregate value of contributions to (during year)	477,452.	47,551.
3	Aggregate value of grants from (during year)	405,715.	500.
4	Aggregate value at end of year	3,682,447.	10,027,079.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		X Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e g , recreation or	education) Preservation of a historica	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year ►	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	
7	Amount of expenses incurred in monitoring, inspecting, and	·	
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat include, if applicable, the text of the footnote to the organization.		
	conservation easements.	mons infancial statements that describes the	organization's accounting for
Pai	rt III   Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		or public dervice, provide, in that Am,
b	if the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	, , , , , , , , , , , , , , , , , , ,	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>S S S S S S S S S S</b>
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial dai	
	the following amounts required to be reported under SFAS 1		•
а	Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X	•	<b>▶</b> \$ 5,900.

	1 ( 0.111 000)	ROUND ROC					43-20			ige <b>2</b>
Par	- trigarinzationio internitrio		<del></del>		_					
3.	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that a	are a sigi	nıfıcant	use of its	collection	ı ıtems	S
	(check all that apply).									
а	Public exhibition	d		hange program	IS					
b	Scholarly research	е	U Other					• •		
С	Preservation for future generations			_	_		_			
4	Provide a description of the organization's co						ose in Par	t XIII		
5	During the year, did the organization solicit of				sımılar a	issets		٦.,	TV-	1
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered "Y	es" to Fo	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
па	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other asse	ets not in	iciuaea		Yes		No
_	on Form 990, Part X?	and assemble the fo	llaunaa tabla					_ res	لـــا	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table.					Amount		
_	Beginning balance					1c		74 HOUTH		—
	Additions during the year					1d				
	Distributions during the year					1e				
e f	Ending balance					1f				
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or c	ustodial accour	nt liability			Yes		No
	If "Yes," explain the arrangement in Part XIII				-	,				]
Par										
		(a) Current year	(b) Prior year	(c) Two years	back (d	i) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance	9,573,689.	4,039,963.	594,	782.	5	05,877.			
	Contributions	100,000.	5,296,941.	3,280,	495.		54,547.		525,	422.
С	Net investment earnings, gains, and losses	299,078.	385,318.	196,	394.		77,706.		-14,	154.
d	Grants or scholarships		53,500.							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	84,843.	95,033.	<u> </u>	708.		11,426.	ļ	5,	391.
g	End of year balance	9,887,924.	9,573,689.	4,039,	963.	5	94,782.	<u> </u>	505,	877.
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a	a)) held as <sup>.</sup>						
	Board designated or quasi-endowment		_%							
	Permanent endowment ► 94.00	<del></del> %								
С		<u>6.0</u> 0 %								
	The percentages in lines 2a, 2b, and 2c should be should	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administere	d for the	e organi	zation	г	<del></del> T	
	by.								Yes	No
	(i) unrelated organizations							3a(i)	$\longrightarrow$	X
	(ii) related organizations		0 1 1 1 50					3a(ii)		
	If "Yes" to 3a(ii), are the related organization:	•			•			3b		
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ownent tunas	<del></del>		-				
r ai	Complete if the organization answere		Dart IV line 11a S	See Form 990 F	Part Y lur	no 10				
	Description of property	(a) Cost or o		t or other		cumulate	ed T	(d) Boo	k valu	
	Description of property	basis (investr	1 , ,	(other)		eciation		(4) 500	\ value	,
12	Land	,		2,644.	H.		-	1,44	2,6	44.
	Buildings		<del>-                                    </del>				<del>-  </del>			
6	Leasehold improvements									
d	Equipment									
	Other									
	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X. column (B), line	10c.)				1,44	2.6	44.

GREATER ROUND ROCK COMMUNITY FOUNDATION

Schedule D (Form 990) 2014

	dule D (Form 990) 2014 GREATER ROUND ROCK COMMU		43-2043188 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per	Return.
<u>·.</u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		ļ
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		<u>2e</u>
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	<b>⊢</b>
_	Add lines 4a and 4b		4c   5
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses n	
Fai			er netam.
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 1		1
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25.		<del></del>
2	Donated services and use of facilities	<sub>2a</sub>	
a	Prior year adjustments	2b	
Ь	Other losses	2c	<b>-</b>
ď	Other (Describe in Part XIII )	2d	7
	Add lines 2a through 2d		
3	Subtract line 2e from line 1	•	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information.		
			<del></del>
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, I	Part IV, lines 1b and 2b, Part V, lii	ne 4, Part X, line 2, Part XI,
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, l 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		ne 4, Part X, line 2, Part XI,
			ne 4, Part X, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any		ne 4, Part X, line 2, Part XI,
lines			ne 4, Part X, line 2, Part XI,
PAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
PAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
PAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FO	additional information.	
PAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FO	additional information.	
PAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FO	additional information.	
PAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FO	additional information.	
PAI COI SAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FO	additional information.	
PAI  COI  SAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE. RT V, LINE 4:	additional information.  R RECOGNITION ANI	O OCCASIONAL
PAI  COI  SAI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FO	additional information.  R RECOGNITION ANI	O OCCASIONAL
PAI  PAI  THI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE. RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF	additional information.  R RECOGNITION ANI  MULTIPLE SEPARA	O OCCASIONAL TE
PAI  PAI  THI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE. RT V, LINE 4:	additional information.  R RECOGNITION ANI  MULTIPLE SEPARA	O OCCASIONAL TE
PAI  COI  SAI  PAI  THI  ENI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF DOWMENT FUNDS ESTABLISHED BY DONORS AND	Additional information.  R RECOGNITION ANI  MULTIPLE SEPARAT  WHICH ARE HELD AI	O OCCASIONAL TE
PAI  COI  SAI  PAI  THI  ENI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE. RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF	Additional information.  R RECOGNITION ANI  MULTIPLE SEPARAT  WHICH ARE HELD AI	O OCCASIONAL TE
PAI  COI  SAI  PAI  THI  ENI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF DOWMENT FUNDS ESTABLISHED BY DONORS AND	Additional information.  R RECOGNITION ANI  MULTIPLE SEPARAT  WHICH ARE HELD AI	O OCCASIONAL TE
PAI  COI  SAI  PAI  THI  ENI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF DOWMENT FUNDS ESTABLISHED BY DONORS AND	Additional information.  R RECOGNITION ANI  MULTIPLE SEPARAT  WHICH ARE HELD AI	O OCCASIONAL TE
PAI  PAI  PAI  THI  ENI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF DOWMENT FUNDS ESTABLISHED BY DONORS AND	Additional information.  R RECOGNITION ANI  MULTIPLE SEPARAT  WHICH ARE HELD AI	O OCCASIONAL TE
PAI COI SAI PAI THI ENI FUI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF COMMENT FUNDS ESTABLISHED BY DONORS AND RTHERANCE OF THE SPECIFIC OBJECTIVES OF HEDULE D, PART XI AND PART XII	MULTIPLE SEPARATE	O OCCASIONAL  TE  ND USED IN
PAI COI SAI PAI THI ENI FUI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF DOWMENT FUNDS ESTABLISHED BY DONORS AND RTHERANCE OF THE SPECIFIC OBJECTIVES OF	MULTIPLE SEPARATE	O OCCASIONAL  TE  ND USED IN
PAI COI SAI PAI THI ENI FUI SCI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF COMMENT FUNDS ESTABLISHED BY DONORS AND RTHERANCE OF THE SPECIFIC OBJECTIVES OF CHEDULE D, PART XI AND PART XII PLANATION: THE ORGANIZATION IS OBTAINING	MULTIPLE SEPARATE WHICH ARE HELD AI EACH FUND.	O OCCASIONAL  TE  ND USED IN  ENDENT AUDITED
PAI COI SAI PAI THI ENI FUI SCI	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any RT III, LINE 4: PIES OF "THE CROSSING" PRINT UTILIZED FOLE.  RT V, LINE 4: E ENDOWMENT FUND BALANCE IS COMPRISED OF COMMENT FUNDS ESTABLISHED BY DONORS AND RTHERANCE OF THE SPECIFIC OBJECTIVES OF CHEDULE D, PART XI AND PART XII PLANATION: THE ORGANIZATION IS OBTAINING WANCIAL STATEMENTS FOR THE 15 MONTH PERI	MULTIPLE SEPARATE WHICH ARE HELD AI EACH FUND.	O OCCASIONAL  TE  ND USED IN  ENDENT AUDITED

Schedule D (Form 990) 2014 GREATER ROUND ROCK COMMUNITY FOUNDATION 43-2043188 Page 5 Part XIII Supplemental Information (continued)
·.
DECEMBER 31, 2014. THE ORGANIZATION IS CHANGING ITS YEAR END FROM
SEPTEMBER 30 TO DECEMBER 31, SO THIS FORM 990 FILING IS FOR THE 3 MONTH
PERIOD OCTOBER 1, 2014 THROUGH DECEMBER 31, 2014, WHICH IS INCLUDED IN
THE 15 MONTH PERIOD COVERED BY THE FINANCIAL STATEMENT AUDIT BUT THERE ARE
NOT SEPARATE AUDITED FINANCIAL STATEMENTS FOR THE 3 MONTH PERIOD COVERED
BY THIS FORM 990.

SCHEDULE ! (Form 990) Department of the Treasury Internal Revenue Service

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

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

▼ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www irs any/form990

545-0047	14	:
2	0	
OMB NO	7	•

Open to Public Inspection

2 [ Employer identification number 43-2043188 (h) Purpose of grant COMMUNITY ASSISTANCE or assistance MEDICAL ASSISTANCE MEDICAL ASSISTANCE SRIEF COUNSEL FOR X Yes YOMEN'S SHELTER ARTS EDUCATION Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SSISTANCE CHILDREN 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 (f) Method of valuation (book, FMV, appraisal, 0. Ö ö Ö Ö Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. FOUNDATION (d) Amount of 10,000 000 09 10,000 13,805, 24,080 23,951 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table COMMUNITY (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table GREATER ROUND ROCK 26-3133901 74-2277114 46-5062793 13-2574963 31-1045247 20-5330986 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization FOUNDATION - ONE CHILDRENS PLAZA BLVD. SUITE 335 - ROUND ROCK, TX MINISTRY - 402A WEST PALM VALLEY 1011 GATTIS SCHOOL RD # 106 FOOTPRINTS CHILDREN'S GRIEF SETON WILLIAMSON POUNDATION CHILDREN'S MEDICAL CENTER or government ROUND ROCK ARTS COUNCIL LUTHERAN WORLD RELIEF 1345 PHILOMENA STREET ROUND ROCK, TX 78683 ROUND ROCK, TX 78664 BALTIMORE , MD 21297 Name of the organization 700 LIGHT STREET DAYTON, OH 45404 AUSTIN, TX 78723 HOPE ALLIANCE P.O. BOX 5981 Part Part 78664

432101

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) GREATER ROUND ROCK COMMUNITY FOUNDATION	43-2043188 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990),	rl!)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g organization or government (a) EIN (c) IRC section (d) Amount of (f) Method of (f) Method of (government or government (h) Method of (f) Method of (government or government or government (h) Method of (government or government or g	( <b>a</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT WILLIAM CATHOLIC CHURCH 620 ROUND ROCK WEST DR. ROUND ROCK, TX 78681	74-1363691	501(C)(3)	250,000.	0.		:	RELIGIOUS EDUCATION
							Schedule I (Form 990)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Schedule I (Form 990) (2014)

Part III

43-2043188

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other)  $\mathtt{THE}$ Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information IN GOOD STANDING SPECIFIC PURPOSE, NO OTHER FOLLOW UP IS REQUIRED. IF FUNDS ARE EARMARKED FOR A SPECIFIC PURPOSE OR WITH THE IRS BY REVIEWING THE MOST RECENTLY FILED FORM 990 AND AUDITED IF AVAILABLE. UNLESS THE DONOR ADVISOR WHO MADE THE NONPROFIT ORGANIZATIONS ARE ASKED TO PROVIDE EXPENDITURE (d) Amount of non-cash assistance NONPROFIT ORGANIZATIONS ARE VETTED BY INSURING THEY ARE DOCUMENTATION TO VERIFY FUNDS WERE PROPERLY DISBURSED (c) Amount of cash grant THE FUNDS FOR A (b) Number of recipients Part III can be duplicated if additional space is needed. EARMARKS (a) Type of grant or assistance FINANCIAL STATEMENTS, GRANT RECOMMENDATION PART I, LINE PROGRAM,

Schedule I (Form 990) (2014)

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

Name of the organization

GREATER ROUND ROCK COMMUNITY FOUNDATION

**Employer identification number** 43-2043188

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EFFECTIVE RESPONSES AND TO ENRICH THE QUALITY OF LIFE IN THE GREATER
ROUND ROCK AREA.
FORM 990, PART VI, SECTION B, LINE 11:
LINE 11A EXPLANATION - THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE
AND APPROVED BY THE BOARD OF GOVERNORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
A FORM IS COMPLETED EACH YEAR BY EACH MEMBER TO IDENTIFY ANY POTENTIAL
CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD. SALARY IS DETERMINED BY THE
EXECUTIVE COMMITTEE BASED ON COMPARISON DATA AND BUDGET CONSIDERATIONS AND
IS THEN APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S
WEBSITE AND ALSO UPON REQUEST.
FORM 990, PART XII, LINE 1:
THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING.
FORM 990 PART XII LINE 2R.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization GREATER ROUND ROCK COMMUNITY FOUNDATION	Employer identification number 43-2043188
THE ORGANIZATION IS OBTAINING SEPARATE, INDEPENDENT AUDIT	ED
FINANCIAL STATEMENTS FOR THE 15 MONTH PERIOD OCTOBER 1, 2	2013 THROUGH
DECEMBER 31, 2014. THE ORGANIZATION IS CHANGING ITS YEAR	END FROM
SEPTEMBER 30 TO DECEMBER 31, SO THIS FORM 990 FILING IS F	FOR THE 3 MONTH
PERIOD OCTOBER 1, 2014 THROUGH DECEMBER 31, 2014, WHICH I	S INCLUDED IN
THE 15 MONTH PERIOD COVERED BY THE FINANCIAL STATEMENT AU	DIT BUT THERE
ARE NOT SEPARATE AUDITED FINANCIAL STATEMENTS FOR THE 3 M	MONTH PERIOD
COVERED BY THIS FORM 990.	
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