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Extended to November 15, 2016

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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.**2015**Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning

and ending

B Check if applicable☒ Address change☐ Name change☐ Initial return☐ Final return/terminated☐ Amended return☐ Application pending**C** Name of organization

Wichita Falls Area Community Foundation

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2405 Kell Boulevard

Room/suite

100

City or town, state or province, country, and ZIP or foreign postal code

Wichita Falls, TX 76308

F Name and address of principal officer Teresa Pontius Caves

Same as C above.

D Employer identification number

75-2817894

E Telephone number

940-766-0829

G Gross receipts \$ 65,239,509.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ www.wfacf.org**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1999 **M** State of legal domicile: TX**Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities <u>To function as a community foundation and provide grants for charitable, religious, scientific,</u>						
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	7,471,214.	4,740,429.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11b)	1,397,916.	<122,135.>				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,595.	49,691.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,969,725.	4,667,985.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	4,161,586.	4,343,343.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	268,440.	286,708.				
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 216,421.	0.	12,000.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	209,712.	205,199.				
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,639,738.	4,847,250.				
19	Revenue less expenses Subtract line 18 from line 12	4,329,987.	<179,265.>				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	49,678,386.	47,652,929.				
22	Net assets or fund balances Subtract line 21 from line 20	0.	0.				
		49,678,386.	47,652,929.				

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 (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer Teresa Pontius Caves Date 11/14/16

▶ Teresa Pontius Caves, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Mac Cannedy Preparer's signature Mac Cannedy Date 11/14/16 Check if self-employed ☐ PTIN P00123468

Firm's name ▶ Freemon, Shapard & Story Firm's EIN ▶ 75-0706311

Firm's address ▶ 807 8th Street, 2nd Floor
Wichita Falls, TX 76301-3381 Phone no. (940) 322-4436

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

☒ Yes ☐ No

532001 12-16-15

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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See Schedule O for Organization Mission Statement Continuation

SCANNED DEC 07 2016

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

To provide charitable opportunities for area residents; to leave a
legacy for the future; to facilitate donors' varied interests; and to
promote philanthropy.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ 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, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,487,509. including grants of \$ 4,343,343.) (Revenue \$ 4,667,985.)

Wichita Falls Area Community Foundation seeks to provide grants to
various qualified organizations as approved by the Board of Directors
through the cultivation, investment, and establishment of contributed
funds in order to provide long-term income and fund growth for the
provision of grants and support of community organizations, now and in
the future. Grants made in the current year benefitted more than 600
organizations and individuals.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,487,509.

**Wichita Falls Area Community
Foundation**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Foundation**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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Part 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	4	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	21	
b Enter the number of voting members included in line 1a, above, who are independent	20	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 ☒	
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	☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	☒
6 Did the organization have members or stockholders?	6	☒
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	☒
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	☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a ☒	
b Each committee with authority to act on behalf of the governing body?	8b ☒	
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	☒

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a ☒	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	☒
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a ☒	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a ☒	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b ☒	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c ☒	
13 Did the organization have a written whistleblower policy?	13 ☒	
14 Did the organization have a written document retention and destruction policy?	14 ☒	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a ☒	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b ☒	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	☒
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records **Teresa Pontius Caves - (940) 766-0829**
2405 Kell Blvd., Ste. 100, Wichita Falls, TX, Wichita Falls, TX 76308

**Wichita Falls Area Community
Foundation**

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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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Warren Ayres Chairman	1.00	X		X				0.	0.	0.
(2) Teresa Pontius Caves President	40.00	X		X				122,044.	0.	11,676.
(3) Dick Bundy Vice-Chairman	1.00	X		X				0.	0.	0.
(4) Barry Donnell Sec./Treas.	1.00	X		X				0.	0.	0.
(5) Doug Armstrong Director	1.00	X						0.	0.	0.
(6) Carla Bolin Director	1.00	X						0.	0.	0.
(7) Mac Cannedy Director	1.00	X						0.	0.	0.
(8) Drew Carnes Director	1.00	X						0.	0.	0.
(9) Darrell Coleman Director	1.00	X						0.	0.	0.
(10) Tim Cornelius Director	1.00	X						0.	0.	0.
(11) Elizabeth Henry Director	1.00	X						0.	0.	0.
(12) Sarah Johnson Director	1.00	X						0.	0.	0.
(13) Matt LeVasseur Director	1.00	X						0.	0.	0.
(14) Nancy Marks Director	1.00	X						0.	0.	0.
(15) Katherine McGregor Director	1.00	X						0.	0.	0.
(16) Denise Moffat Director	1.00	X						0.	0.	0.
(17) Charlie Prothro Director	1.00	X						0.	0.	0.

**Wichita Falls Area Community
Foundation**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Craig Reynolds Director	1.00	X						0.	0.	0.
(19) Brian Stahler Director	1.00	X						0.	0.	0.
(20) Carol Wagner Director	1.00	X						0.	0.	0.
(21) Julia Whitmire Director	1.00	X						0.	0.	0.
1b Sub-total								122,044.	0.	11,676.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								122,044.	0.	11,676.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Wichita Falls Area Community
Foundation**

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,740,429.				
	g Noncash contributions included in lines 1a-1f \$	376,707.				
	h Total. Add lines 1a-1f		4,740,429.			
		Business Code				
Program Service Revenue	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		463,994.			463,994.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		49,691.			49,691.
		(i) Real (ii) Personal				
	6 a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 59985395				
	b Less cost or other basis and sales expenses	60571524				
	c Gain or (loss)	<586129.>				
	d Net gain or (loss)		<586,129.>			<586,129.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		4,667,985.	0.	0.	<72,444.>	

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Foundation**

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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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,954,809.	3,954,809.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	388,534.	388,534.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,721.	17,384.	16,046.	100,291.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	125,711.	62,856.	37,713.	25,142.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,698.	1,349.	809.	540.
9 Other employee benefits	5,844.	2,922.	1,753.	1,169.
10 Payroll taxes	18,734.	5,994.	3,979.	8,761.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	45,795.		45,795.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,000.			12,000.
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	55,577.	4,520.	2,712.	48,345.
13 Office expenses	29,192.	14,596.	8,757.	5,839.
14 Information technology	8,684.	4,342.	2,605.	1,737.
15 Royalties				
16 Occupancy				
17 Travel	20,847.	10,424.	6,254.	4,169.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,723.		3,723.	
23 Insurance	3,157.		3,157.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Severance tax</u>	11,824.	11,824.		
b <u>Fees, licenses, permits</u>	11,688.	5,844.	3,506.	2,338.
c <u>Dues & subscriptions</u>	10,489.		5,244.	5,245.
d <u>Postage</u>	4,223.	2,111.	1,267.	845.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,847,250.	4,487,509.	143,320.	216,421.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Wichita Falls Area Community
Foundation**

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,345,450.	2	3,379,304.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	75,355.	4	78,027.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 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 employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,337.	9	2,361.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	81,799.		
	10b Less accumulated depreciation	74,072.		
	10c	7,589.	10c	7,727.
	11 Investments - publicly traded securities	46,059,672.	11	44,030,769.
	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	187,983.	15	154,741.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,678,386.	16	47,652,929.	
Liabilities	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 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 Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		33,364,344.	27	32,088,655.
28 Temporarily restricted net assets		10,764,119.	28	10,487,736.
29 Permanently restricted net assets		5,549,923.	29	5,076,538.
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		49,678,386.	33	47,652,929.
34 Total liabilities and net assets/fund balances		49,678,386.	34	47,652,929.

Form 990 (2015)

**Wichita Falls Area Community
Foundation**

Form 990 (2015)

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Part 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	4,667,985.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,847,250.
3	Revenue less expenses Subtract line 2 from line 1	3	<179,265.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,678,386.
5	Net unrealized gains (losses) on investments	5	<1,846,192.>
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	47,652,929.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☒

1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2015)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number
75-2817894

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Schedule A (Form 990 or 990-EZ) 2015

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2015 **Foundation**

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3732790.	2279343.	5562810.	7471214.	4740429.	23786586.
2 Tax revenues levied for the organization'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	3732790.	2279343.	5562810.	7471214.	4740429.	23786586.
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)						10525648.
6 Public support. Subtract line 5 from line 4						13260938.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3732790.	2279343.	5562810.	7471214.	4740429.	23786586.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	725,472.	910,371.	850,516.	955,437.	719,645.	4161441.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	291,282.	312,763.	335,937.	421,723.	418,341.	1780046.
11 Total support. Add lines 7 through 10						29728073.

12 Gross receipts from related activities, etc. (see instructions)

12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	44.61	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	44.59	%

16a **33 1/3% support test - 2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33 1/3% support test - 2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10% -facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

b **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

Schedule A (Form 990 or 990-EZ) 2015

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2015 **Foundation**

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organization'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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 or 990-EZ).		
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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)		

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2015 **Foundation**

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Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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 **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a 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.

	Yes	No
1		
2		
3		

Section 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):
- ☐ **a** 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.
 - ☐ **c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** 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.

- 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2015 **Foundation**

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
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		

Section 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-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 or 990-EZ) 2015

Wichita Falls Area Community

Schedule A (Form 990 or 990-EZ) 2015 **Foundation**

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
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 organization is responsive (provide details in Part VI) See instructions		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 **Foundation**

Part VI

Schedule A, Part II, Line 10, Explanation for Other Income:

Fee income, offset by fee expense

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015Open to Public
InspectionName of the organization **Wichita Falls Area Community
Foundation**Employer identification number
75-2817894**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	114	142
2 Aggregate value of contributions to (during year)	3,574,173.	1,166,256.
3 Aggregate value of grants from (during year)	2,910,802.	1,432,542.
4 Aggregate value at end of year	31,369,365.	16,283,564.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|--|---|
| ☐ Preservation of land for public use (e.g., recreation or education) | ☐ Preservation of a historically 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 qualified 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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure 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, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- | | |
|---|------------|
| (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- | | |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

**Wichita Falls Area Community
Foundation**

Schedule D (Form 990) 2015

75-2817894 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	16,031,185.	13,710,932.	11,282,536.	10,264,094.	11,149,265.
b Contributions	418,782.	2,560,098.	1,041,593.	318,524.	133,614.
c Net investment earnings, gains, and losses	<693,591.>	254,031.	1,836,946.	1,363,024.	<508,885.>
d Grants or scholarships	834,059.	339,752.	342,338.	556,489.	365,209.
e Other expenditures for facilities and programs	5,912.	8,963.	9,964.	10,656.	13,604.
f Administrative expenses	145,551.	145,161.	97,841.	95,961.	131,087.
g End of year balance	14,770,854.	16,031,185.	13,710,932.	11,282,536.	10,264,094.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 3.81 %
b Permanent endowment ▶ 46.06 %
c Temporarily restricted endowment ▶ 50.13 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		☒
3a(ii)		☒
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		81,799.	74,072.	7,727.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,727.

Schedule D (Form 990) 2015

**Wichita Falls Area Community
Foundation**

Schedule D (Form 990) 2015

75-2817894 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2015

**Wichita Falls Area Community
Foundation**

Schedule D (Form 990) 2015

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	3,279,706.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	<3,682,264.>	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	2,371,768.	
e	Add lines 2a through 2d	2e		<1,310,496.>
3	Subtract line 2e from line 1	3		4,590,202.
4	Amounts included on Form 990, Part VIII, line 12, 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	77,783.	
c	Add lines 4a and 4b	4c		77,783.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		4,667,985.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,458,217.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	886,348.	
e	Add lines 2a through 2d	2e		886,348.
3	Subtract line 2e from line 1	3		4,571,869.
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	275,381.	
c	Add lines 4a and 4b	4c		275,381.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,847,250.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 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 additional information.

Part V, line 4:

The goal of the Foundation's investment program for funds held as endowments is to generate long term total return that is sufficient to increase the capability of the Foundation to make grants and to provide current income for grants and operating expenses.

Part XI, Line 2d - Other Adjustments:

Fee income collected from funds	418,341.
Current year pledge accrual	3,149.
Reclassification of unrealized losses per audit	1,950,278.
Total to Schedule D, Part XI, Line 2d	2,371,768.

Wichita Falls Area Community
Foundation

Schedule D (Form 990) 2015

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Part XIII Supplemental Information (continued)

Part XI, Line 4b - Other Adjustments:

Agency income reported as liabilities	75,740.
Contributions pledged in 2014 received in 2015	2,043.
Total to Schedule D, Part XI, Line 4b	77,783.

Part XII, Line 2d - Other Adjustments:

Fee expense charged to funds	418,341.
Grants accrued in 2014 to be paid in 2015	468,007.
Total to Schedule D, Part XII, Line 2d	886,348.

Part XII, Line 4b - Other Adjustments:

Agency expenses reported as liabilities	176,000.
Grants paid 2015; expensed in 2014	99,381.
Total to Schedule D, Part XII, Line 4b	275,381.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2015

Open to Public
Inspection

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

Name of the organization **Wichita Falls Area Community Foundation**

Employer identification number
75-2817894

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(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
Kemp Center for the Arts 1300 Lamar St. Wichita Falls, TX 76301	75-2577651	501 (c)(3)	18,100.	0.			Arts/Culture
Child Advocates 808 Austin St. Wichita Falls, TX 76301	48-0984043	501 (c)(3)	13,700.	0.			Human Service/Child Advocacy
Hands to Hands Community Fund 3707 Maplewood, Suite 100 Wichita Falls, TX 76308	27-0907188	501 (c)(3)	16,138.	0.			Human Service
First United Methodist Church P.O. Box 2125 Wichita Falls, TX 76307	20-0593419	501 (c)(3)	10,700.	0.			Religion
Boys & Girls Clubs of Wichita Falls - 1318 6th St. - Wichita Falls, TX 76301	75-0883102	501 (c)(3)	20,585.	0.			Youth Development
First Christian Church 3701 Taft Blvd. Wichita Falls, TX 76308	75-0818158	501 (c)(3)	38,000.	0.			Religion

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

▶ **103.**

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

▶ **103.**

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

Schedule I (Form 990) (2015)

Wichita Falls Area Community

Schedule I (Form 990) **75-2817894** Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(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
Midwestern State University President's Excellence Circle - 3400 Taft Blvd. - Wichita Falls, TX 76308	75-6001738	501 (c)(3)	36,500.	0.			Education
Interfaith Ministries 1101 11th St. Wichita Falls, TX 76301	75-1780886	501 (c)(3)	24,550.	0.			Health/Shelter
Northwestern Mutual P.O. Box 3009 Milwaukee, WI 53201	39-0509570	501 (c)(3)	6,500.	0.			General Philanthropy
Wichita Falls Symphony Orchestra 1300 Lamar St. Wichita Falls, TX 76301	75-6003129	501 (c)(3)	118,124.	0.			Arts/Culture
North Texas Area United Way P.O. Box 660 Wichita Falls, TX 76307	75-0950126	501 (c)(3)	10,100.	0.			Human Service
Christ's Home Place Ministries 1420 Twin Oaks St. Wichita Falls, TX 76302	75-2447470	501 (c)(3)	48,750.	0.			Mental Health
Christ Academy 5105 Stone Lake Drive Wichita Falls, TX 76310	75-0868389	501 (c)(3)	15,000.	0.			Education
River Bend Nature Works P.O. Box 3674 Wichita Falls, TX 76310	75-2596907	501 (c)(3)	272,047.	0.			Environmental/Education
Archer Service Center P.O. Box 578 Archer City, TX 76351	75-1408240	501 (c)(3)	5,898.	0.			Human Service

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(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
Wichita Falls Area Food Bank P.O. Box 623 Wichita Falls, TX 76307	75-1812865	501 (c)(3)	38,700.	0.			Food/Nutrition/Human Service
Grace Church 5214 Stone Lake Dr. Wichita Falls, TX 76308	75-1414060	501 (c)(3)	46,900.	0.			Religion
Friberg-Cooper Volunteer Fire Department - 291 Bailey Rd. - Wichita Falls, TX 76305	71-0999474	501 (c)(3)	24,600.	0.			Environmental
Burkburnett Volunteer Fire Department - 100 Tommy Thornton Way - Burkburnett, TX 76354	75-6000474	501 (c)(3)	8,500.	0.			Environmental
Chattanooga Orthopaedic Education 975 E. Third St. Hospital Box 260 Chattanooga, TN 37403	23-7091528	501 (c)(3)	10,000.	0.			Medical Research
Camp Fire USA North Texas Council 2414 Ninth St. Wichita Falls, TX 76301	75-0957328	501 (c)(3)	63,660.	0.			Youth Development
The ARC 3115 Buchanan Wichita Falls, TX 76308	75-1368674	501 (c)(3)	9,592.	0.			Human Service
Christmas in Action P.O. Box 8464 Wichita Falls, TX 76307	75-2378718	501 (c)(3)	9,600.	0.			Housing, Shelter
Child Care Inc. 1000 Lamar St. Ste 432 Wichita Falls, TX 76301	75-6000760	501 (c)(3)	5,750.	0.			Human Service/Youth Development

Schedule I (Form 990)

Wichita Falls Area Community

Schedule I (Form 990) 75-2817894 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(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
Doctors Without Borders 333 Seventh Ave., 2nd Floor New York, NY 10001	13-3433452	501 (c)(3)	6,000.	0.			Health Services
Hospice of Wichita Falls P.O. Box 4804 Wichita Falls, TX 76310	75-1959654	501 (c)(3)	22,255.	0.			Disease, Disorder
Wichita County Heritage Society 900 Bluff Wichita Falls, TX 76301	75-1575382	501 (c)(3)	42,650.	0.			Arts/Culture
Goodwill Industries of Dallas Foundation - 3020 N. Westmoreland Road - Dallas, TX 75212	75-1222611	501 (c)(3)	25,000.	0.			Human Service
Wichita Falls Chamber of Commerce P.O. Box 1860 Wichita Falls, TX 76307	75-1102461	501 (c)(3)	71,112.	0.			Human Service
Friendly Door Senior Citizens Center - 810 N 3rd St. - Iowa Park, TX 76367	75-1548987	501 (c)(3)	5,100.	0.			Human Service/Community Development
Wichita Falls Faith Mission/Refuge P.O. Box 965 Wichita Falls, TX 76307	75-1779401	501 (c)(3)	32,550.	0.			Human Service
Nature Conservancy of Texas 2122 Kidwell St., Ste 100 Dallas, TX 75214	53-0242652	501 (c)(3)	10,000.	0.			Environmental
Kemp at the Forum 2120 Speedway Wichita Falls, TX 76308	75-2577651	501 (c)(3)	18,700.	0.			Arts/Culture

Schedule I (Form 990)

Wichita Falls Area Community

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

Part II	(a) Name and address of organization or government	(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
	North Texas Rehab Center 1005 Midwestern Parkway Wichita Falls, TX 76302	75-1053631	501 (c)(3)	97,460.	0.			Health/Human Service
	Midwestern State University Burns Fantasy of Lights - 3410 Taft Blvd. - Wichita Falls, TX 76301	75-6001738	501 (c)(3)	9,750.	0.			Community Development
	Perot Museum of Nature and Science 2201 N. Field Street Dallas, TX 75201	75-6067569	501 (c)(3)	12,500.	0.			Arts, Culture
	Patsy's House 1411 Tenth Street Wichita Falls, TX 76301	75-2666677	501 (c)(3)	8,875.	0.			Human Service
	Senior Citizen Services of North Texas dba The Kitchen - P.O. Box 1655 - Wichita Falls, TX 76307	75-1242736	501 (c)(3)	10,300.	0.			Human Service
	Texas Christian University P.O. Box 298200 Fort Worth, TX 76129	75-0827465	501 (c)(3)	50,000.	0.			Education
	Midwestern State University 3410 Taft Blvd. Wichita Falls, TX 76308	75-6001738	501 (c)(3)	285,100.	0.			Education
	Our Lady Queen of Peace 4040 York St. Wichita Falls, TX 76301	75-1527050	501 (c)(3)	25,100.	0.			Religion
	Wichita Christian School 4729 Neta Lane Wichita Falls, TX 76302	75-1157112	501 (c)(3)	55,594.	0.			Education

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(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
Young Life Wichita Falls 3406 Buchanan Street Wichita Falls, TX 76308	84-0385934	501 (c)(3)	10,150.	0.			Youth Development
NW TX Council - Boy Scouts of America - 3604 Maplewood Avenue - Wichita Falls, TX 76308	75-0800620	501 (c)(3)	20,750.	0.			Youth Development
Rotary Club of Wichita Falls P.O. Box 636 Wichita Falls, TX 76307	75-2003727	501 (c)(3)	10,412.	0.			Community Development
The Oregon Community Foundation 1221 SW Yamhill St., Ste 100 Portland, OR 97205	23-7315673	501 (c)(3)	225,586.	0.			Community Development
United Regional Health Care Foundation - 1600 11th Street - Wichita Falls, TX 76301	75-2761467	501 (c)(3)	17,100.	0.			Healthcare
Wichita Falls Museum & Art Center 2 Eureka Circle Wichita Falls, TX 76302	75-6001738	501 (c)(3)	6,038.	0.			Arts/Culture
YMCA of Wichita Falls 1010 9th Street Wichita Falls, TX 76301	75-0808818	501 (c)(3)	5,800.	0.			Human Services
American Enterprise Institute 1150 17th Street NW Washington, DC 20036	53-0218495	501 (c)(3)	25,000.	0.			Public Affairs
Archer City Volunteer Fire Department - P.O. Box 771 - Archer City, TX 76351	75-6000449	501 (c)(3)	30,000.	0.			Environmental

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(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
City of Lakeside City P.O. Box 4287 Wichita Falls, TX 76308	75-2213582	501 (c)(3)	183,032.	0.			Community Development
Community Health Care Center Endowment - P.O. Box 720 - Wichita Falls, TX 76307-0720	75-2429644	501 (c)(3)	6,200.	0.			Health, General
County of Archer P.O. Box 458 Archer City, TX 76351	75-6000817	501 (c)(3)	9,003.	0.			Safety
County of Archer Emergency Mgmt 100 S. Center Archer City, TX 76351	75-6000449	501 (c)(3)	6,500.	0.			Disaster Relief
Dallas Arboretum and Botanical Garden - 8617 Garland Rd - Dallas, TX 75218	23-7375815	501 (c)(3)	20,000.	0.			Environmental
Dallas Area Interfaith 1104 Lupo Dr Dallas, TX 75207	75-2409130	501 (c)(3)	15,000.	0.			Human Service
Devol Volunteer Fire Department P.O. Box 367 Devol, OK 76305	73-1196986	501 (c)(3)	10,000.	0.			Environmental
E Foundation 1200 NW 63rd, Ste 5000 Oklahoma City, OK 73116-5719	47-4570634	501 (c)(3)	20,000.	0.			Environmental
Eagle Pointe Community Church Assembly of God - 1310 Lindsey - Denton, TX 76205	68-0494242	501 (c)(3)	20,000.	0.			Religion

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(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
Faith Ministry, Ministerio de Fe, Inc. - P.O. Box 756 - McAllen, TX 78505	74-2723088	501 (c)(3)	17,000.	0.			Housing, Shelter
First Liberty Institute 2001 Plano Parkway, Ste 1600 Plano, TX 75075	75-1403169	501 (c)(3)	21,000.	0.			Religion
First Step P.O. Box 4085 Wichita Falls, TX 76308	75-1633139	501 (c)(3)	5,493.	0.			Housing, Shelter
Fisher House Foundation 111 Rockville Pkwy., Ste. 420 Rockville, MD 20850	11-3158401	501 (c)(3)	30,000.	0.			Housing, Shelter
Habitat for Humanity 121 Habitatat Street Americus, GA 31709	91-1914868	501 (c)(3)	7,000.	0.			Housing, Shelter
Heritage Assembly of God 2216 Southwest Parkway Wichita Falls, TX 76308	75-2905673	501 (c)(3)	20,000.	0.			Religion
Hunting and Fishing for ALS Research Inc. - 7019 Hillcrest - Dallas, TX 75205	47-1006265	501 (c)(3)	50,000.	0.			Medical Research
Intrepid Fallen Heroes Fund W 46th Street & 12th Avenue New York, NY 10036	20-0366717	501 (c)(3)	10,000.	0.			Human Service
Iowa Park CISD Fund P.O. Box 898 Iowa Park, TX 76367	75-6001851	501 (c)(3)	19,310.	0.			Educational

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Wichita Falls Area Community

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Foundation

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

(a) Name and address of organization or government	(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
Junior Altruistic Club P.O. Box 457 Olney, TX 76374	45-1373465	501 (c)(3)	32,082.	0.			Human Service
Kamay Volunteer Fire Department P.O. Box 78 Kamay, TX 76369	75-2512613	501 (c)(3)	11,100.	0.			Environmental
Lakeside City Volunteer Fire Department - 43 Donna St - Lakeside City, TX 76308	75-1675353	501 (c)(3)	10,000.	0.			Environmental
Mercury One P.O. Box 1404489 Irving, TX 75014	45-3929881	501 (c)(3)	11,000.	0.			Disaster Relief
MSU Mustang Athletic 3410 Taft Blvd. Wichita Falls, TX 76308	75-6001738	501 (c)(3)	10,500.	0.			Sports, Leisure
Near Frontiers P.O. Box 25955 Colorado Springs, CO 80936	94-1501634	501 (c)(3)	10,000.	0.			Religion
North Texas Rehab Foundation 1005 Midwestern Parkway Wichita Falls, TX 76302	75-6065860	501 (c)(3)	150,000.	0.			Health, General
Oklahoma Baptist University 500 W. University OBU Box 61275 Shawnee, OK 74804	73-0579264	501 (c)(3)	200,000.	0.			Educational
MSU Athletics Tennis Program 3400 Taft Blvd. Wichita Falls, TX 76308	75-6001738	501 (c)(3)	21,000.	0.			Sports, Leisure

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Wichita Falls Area Community

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

(a) Name and address of organization or government	(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
Olney-Hamilton Hospital Foundation RR3 Box 14 Olney, TX 76374	75-2728360	501 (c)(3)	6,500.	0.			Health, General
Operation Homefront 1355 Central Parkway North, Ste 100 San Antonio, TX 78232	32-0033325	501 (c)(3)	30,000.	0.			Human Services
Midwestern State University 3400 Taft Blvd. Wichita Falls, TX 76308	75-6001738	501 (c)(3)	184,750.	0.			Education
P.E.T.S. P.O. Box 4669 Wichita Falls, TX 76308	68-0648159	501 (c)(3)	12,500.	0.			Animal Related
Petrolia Volunteer Fire Department P.O. Box 39 Petrolia, TX 76377	75-2624406	501 (c)(3)	19,000.	0.			Environmental
Project Back to School P.O. Box 9700 Wichita Falls, TX 76308	46-2897760	501 (c)(3)	7,200.	0.			Youth Development
Rathgeber Hospitality House Inc. 1615 12th Street Wichita Falls, TX 76301	75-2811394	501 (c)(3)	27,300.	0.			Health, General
Rolling Meadows Foundation 3006 McNiel Wichita Falls, TX 76309	75-1875036	501 (c)(3)	10,000.	0.			Housing, Shelter
Saving Sweet Briar 3520 Piedmont Rd, Ste 300 Atlanta, GA 30305	47-3361420	501 (c)(3)	19,893.	0.			Education

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Wichita Falls Area Community

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

(a) Name and address of organization or government	(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
Southern Methodist University Athletics - P.O. Box 750315 - Dallas, TX 75275	75-0800689	501 (c)(3)	25,000.	0.			Educational
Straight Street P.O. Box 1684 Wichita Falls, TX 76307	75-2690981	501 (c)(3)	26,800.	0.			Youth Development
Sugden Volunteer Fire Department 214 McCabe St Waurika, OK 73573	73-1372365	501 (c)(3)	5,695.	0.			Disaster Relief
Sunset Volunteer Fire Department P.O. Box 243 Sunset, TX 76270	75-1935607	501 (c)(3)	7,127.	0.			Environmental
Texas Tech Foundation P.O. Box 45055 Lubbock, TX 79409	75-6043842	501 (c)(3)	6,000.	0.			Educational
The Mayo Clinic 200 First St Rochester, MN 55905	41-6011702	501 (c)(3)	10,000.	0.			Health, General
Salvation Army P.O. Box 2189 Wichita Falls, TX 76307	58-0660607	501 (c)(3)	7,850.	0.			Disaster Relief
Trilogy Community Church 1805 Prospect Lane Providence Village, TX 76227	46-3924632	501 (c)(3)	10,000.	0.			Religion
University of Maryland 3207 Kim Engineering College Park, MD 20742	52-6002033	501 (c)(3)	6,000.	0.			Educational

Schedule I (Form 990)

Wichita Falls Area Community

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Schedule I (Form 990) Foundation

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

(a) Name and address of organization or government	(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
University of Texas Medical Branch 301 University Blvd Galveston, TX 77555-0148	74-6000949	501 (c)(3)	200,300.	0.			Educational
University United Methodist Church 3405 Taft Wichita Falls, TX 76308	75-1058863	501 (c)(3)	22,500.	0.			Religion
Virginia's House P.O. Box 155 Graham, TX 76450	75-2433987	501 (c)(3)	6,000.	0.			Youth Development
Wichita East Volunteer Fire Department - P.O. Box 4374 - Wichita Falls, TX 76308	75-1953292	501 (c)(3)	12,400.	0.			Environmental
Woodson Volunteer Fire Department P.O. Box 126 Woodson, TX 76491	75-1867150	501 (c)(3)	5,400.	0.			Environmental
YMCA of the Rockies 2515 Tunnel Rd Estes Park, CO 80511	84-0404913	501 (c)(3)	175,000.	0.			Human Service

Schedule I (Form 990)

**Wichita Falls Area Community
Foundation**

75-2817894

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Schedule I (Form 990) (2015)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Educational Assistance	152	334,211.	0.		
Human Services	244	54,232.	0.		

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

Part I, Line 2:

Grant recommendations are received from fund holders and through grant applications. The Wichita Falls Community Foundation conducts due diligence by utilizing Guidestar and Guidestar Charity Check. The Foundation reviews potential grantees' IRS determination letters, 990's, and reviews for supporting organization classification. Unlisted grantees are contacted personally concerning proper documentation. Eligible grantee organizations' applications are forwarded to the Grant Committee for approval/disapproval. If the full board approves, then a letter of the

Part IV Supplemental Information

approved purpose of the grant accompanies the grant check.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open To Public
Inspection

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

▶ Attach to Form 990.

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

Name of the organization **Wichita Falls Area Community
Foundation**

Employer identification number
75-2817894

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	14	376,707	Avg stock price at d
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which is not required to be used for
exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

Wichita Falls Area Community

Schedule M (Form 990) (2015) Foundation

75-2817894

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Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

All gifts of securities are deposited directly to American National Bank/Morgan Stanley upon donation. They are sold immediately and the proceeds are reinvested in accordance with the Foundation's investment policy. The Foundation recognizes contribution revenue and records basis in the amount of the average stock price on the date of donation; the Foundation recognizes gain or loss on the sale of the securities.

SCHEDULE O
(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

2015

Open to Public
Inspection

Name of the organization

Wichita Falls Area Community
Foundation

Employer identification number

75-2817894

Form 990, Part I, Line 1, Description of Organization Mission:

public safety, literary or educational purposes to organizations that
qualify as exempt 501(c)(3) organizations.

Form 990, Part VI, Section A, line 2:

Charlie Prothro and Katherine McGregor have a business relationship. Julia
Whitmire and Sarah Johnson have a family relationship.

Form 990, Part VI, Section B, line 10b:

The Foundation has complete control of WFACF LLC, a disregarded entity.
This entity was created in order to limit the Foundation's liability
associated with the receipt of contributed real estate and other property
contributions. Contributed property is held in the LLC until sale. The
existence of this entity is strictly as an asset protection vehicle and is
regarded as an investment of the Foundation.

Form 990, Part VI, Section B, line 11:

Form 990 is provided to all board members prior to reviewing. The Board
reviews and discusses both the audit and 990 prior to filing. All Board
members retain a personal copy.

Form 990, Part VI, Section B, Line 12c:

All board and non-board committee members complete an annual conflict of
interest policy statement and questionnaire. Any conflict of interest is
documented. Compliance program includes monitoring of the conflict of
interest statements and activity. Potential or substantiated conflicts of

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interest would be brought before the Board for deliberation and upon confirmation, the affected board member is excluded from governing decisions related to the conflicting transaction(s).

Form 990, Part VI, Section B, Line 15:

On an annual basis, the entire Board of Directors reviews the President's performance and salary. The Executive Committee meets to deliberate on comments from the board and uses comparative data from other foundations of similar asset size. From collected data, the Executive Committee sets contract requirements and salary. Had the Foundation had any compensated officers or key employees, the above policies would have applied.

Form 990, Part VI, Section C, Line 19:

Governing documents, financial statements, and conflict of interest policies are made available to the public upon request, are included in the annual meeting documents, and through webpage notices.

Form 990, Part XII, Line 2c:

Like last year, the Foundation has a committee that assumes responsibility for oversight of the audit of its financial statements and the selection of an independent auditor.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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**Wichita Falls Area Community
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Employer identification number
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

[illegible]

Part II
Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

[illegible]

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related

part IV
Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

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Schedule R (Form 990) 2015 Foundation

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

[illegible]

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R (see instructions)