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DLN: 93493350015506

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Department of the

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 <u>www IRS gov/foim990</u>

Open to Public Inspection

| Intern | al Revenue Serv | rice | | | | | | | Inspection |
|-----------------------------|-----------------------------------|--|------------------------|--|------------|--------------|-----------------------------|------------|--|
| A F | or the 2015 c | alendar year, or tax ye | | 02-01-2015 , and ending | 01-31-2 | 016 | | | |
| B Ch | eck ıf applıcable | C Name of organization CHILDREN'S HOME FO | NUNDATION INC | | | | D Emple | yer id | entification number |
| | ddress change | | | | | | 75-2 | 62265 | ō7 |
| <u> </u> | ame change nitial return | Doing business as | | | | | | | |
| FI | ınal | Niversham and about the | - D.O. hf | | -\ D / | | E Teleph | one nui | mber |
| _ | terminated | 1001 MAIN STREET NO | | ıl ıs not delivered to street address | s) Koom/ | suite | (806 |)744- | -1500 |
| <u> </u> | nended return plication pendin | City or town, state or | province, count | ry, and ZIP or foreign postal code | | | | | |
| | | LUBBOCK, TX 79401 | | | | | G Gross | receipts | s \$ 4,732,648 |
| | | F Name and addres | ss of principa | l officer | | H(a) j | s this a group | retur | n for |
| | | VIC HINES 1001 MAIN STREE | ET NO 609 | | | | subordinates? | | ☐ Yes 🗸 |
| | | LUBBOCK,TX 794 | 101 | | | ⊢ н(ь) / | No Are all subord | ınates | Yes No |
| I Ta | x-exempt statu | ⁵ | 501(c)() ◀ (ır | sert no) 4947(a)(1) or | 527 | ` ' | ncluded? | | l les l Mo |
| J W | ebsite: ► W | WW CHFINC ORG | | | | | · · | | t (see instructions) |
| | m of organization | n 🗸 Corporation 🗆 Tru | ust | on Cothor N | | | Group exemp | | umber > M State of legal domicile TX |
| K FOII | in or organizatio | ii Corporation Tru | ISC ASSOCIAC | on Other P | | | | | |
| Pa | rt I Sur | nmary | | | | • | | | |
| | 1 | _ | | or most significant activities S' HOME OF LUBBOCK | 5 | | | | |
| e) | FROVID | <u>L 30FFORTTOR THE</u> | CHILDREN | 3 HOME OF LOBBOOK | | | | | |
| anc | | | | | | | | | |
| Governance | 2 Chack t | this hov b 🗀 if the ora | ianization die | continued its operations or | dienoee | d of more t | han 25% of it | e net: | |
| λO. | - Check | ms box P if the org | amzation dis | continued its operations of | шэрозе | a or more ti | 11a11 23 70 01 10 | 3 1100 6 | 155015 |
| ×5 | 3 Number | of voting members of | the governin | g body (Part VI, line 1a) . | | | | 3 | 14 |
| Activities & | 4 Number | of independent voting | j members of | the governing body (Part V | I, line 11 | b) | | 4 | 13 |
| Ĭ | 5 Total nu | ımber of ındıvıduals er | mployed in ca | llendar year 2015 (Part V , I | ine 2a) | | | 5 | 2 |
| Ac | | • | | cessary) | | | | 6 | 14 |
| | | | | t VIII, column (C), line 12 | | | | 7a | 0 |
| | b Net unre | Tated business taxable | e income nor | n Form 990-T, line 34 . | | · · · · | | 7 b | Current Year |
| | 8 Cont | 8 Contributions and grants (Part VIII, line 1h) | | | | | Prior Year 407,68 | | 239,337 |
| 알 | | Program service revenue (Part VIII, line 2g) | | | | | | ,000 | 15,836 |
| Ravenue | _ | | | | | 1,494,312 | | 1,191,892 | |
| æ | 11 Othe | r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | | | 358,976 | | 202,087 |
| | | revenue—add lines 8 | through 11 (| must equal Part VIII, colun | nn (A), l | ıne | 2,275 | ,968 | 1,649,152 |
| | 12) | to and similar amount | c nord (Dort I | X, column (A), lines 1-3) | | | 622 | ,000 | 655,996 |
| | | | | (, column (A), line 4) | | | 033 | 0 000 | 033,990 |
| | | • | • | e benefits (Part IX, column (| | | 101 | | 120.253 |
| Ses | 5-10 | | , , , | , , | . ,, | | 184 | ,842 | 138,357 |
| Expenses | 16a Profe | essional fundraising fe | es (Part IX, | column (A), line 11e) | | • | | 0 | 0 |
| ፭ | | fundraising expenses (Part | | · - | | | | \dashv | |
| | | • | | nes 11a-11d, 11f-24e) . | | | 128 | | 143,667 |
| | | • | - | t equal Part IX, column (A), 8 from line 12 | • | | 946 1,329 | | 938,020 |
| × % | 15 Keve | 1633 CAPCIISES 31 | astract IIIIC 1 | 5 | <u> </u> | | | | |
| Net Assets or Fund Balances | | | | | | Beginn | ing of Current | fear | End of Year |
| Ass. Bal | 20 Tota | l assets (Part X, line 1 | 6) | | | · | 21,332 | | 20,197,200 |
| E P | | • | • | | | • | 142 | - | 185,704 |
| | | nature Block | s Subtract I | ne 21 from line 20 | • • | - | 21,190 | ,558 | 20,011,496 |
| Unde my k | r penalties o | f perjury, I declare tha I belief, it is true, corre | | nined this return, including a plete Declaration of prepare | | | | | |
| | 1. | | | | | | | | |
| | - Cur | *** * nature of officer | | | | | 2016-12-15 Date | | |
| Sign Here | 1 / 1 | | | | | | Date | | |
| | VIC | HINES PRESIDENT DE or print name and title | | | | | | | |
| | 17 | Print/Type preparer's name | e | Preparer's signature | | Date | Check ✓ If | PTIN | |
| Paid | d . | MATT R WILLIS | | MATT R WILLIS | | 2016-12-15 | self-employed | | 19741 |
| Pre | parer | | | ERT AND MOSS LLP | | | Firm's EIN ► 7 | | |
| Use | Only | Firm's address ► 8215 NAS | | | | | Phone no (80 | o) /47-1 | 3006 |
| | | LUBBOCK | (, TX 79423 | | | | 1 | | |

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

| Part IV | Checklist of Required Schedules | (continued) |
|---------|---------------------------------|-------------|
| | | |

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

instructions for applicable filing thresholds, conditions, and exceptions)

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

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🔧 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

member of any of these persons? If "Yes," complete Schedule L, Part III

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

- domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part
- Yes 21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

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33

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35a

35b

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Yes

Yes

Form 990 (2015)

Yes

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Nο

- Page 4

| Part V Statements Regarding Other IRS Filings and Tax Complian |
|--|
|--|

| Pai | | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this I | | | | |
|----------|-----------------|--|--------------------------------------|------------|-----|----|
| | | eneck if Schedule & contains a response of note to any line in this i | idic V i i i i i i | · · | Yes | No |
| 1a | Entert | the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 9 | | | |
| | | he number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b 0 | | | |
| | | L e organization comply with backup withholding rules for reportable payments to | vendors and reportable | | | |
| ٠ | | g (gambling) winnings to prize winners? | • | 1 c | | |
| 2a | Entert | he number of employees reported on Form W-3, Transmittal of Wage and | | | | |
| | | atements, filed for the calendar year ending with or within the year covered | 2a 2 | | | |
| L | • | return | | 2b | Yes | |
| U | | ast one is reported on fine 2a, and the organization me an required lederal emp f the sum of lines 1a and 2a is greater than 250, you may be required to e-file | | | 103 | |
| 3a | Did the | e organization have unrelated business gross income of \$1,000 or more during | the year? | 3a | | No |
| b | If "Yes | "has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation, | on ın Schedule O | 3b | | |
| 4a | Atany | time during the calendar year, did the organization have an interest in, or a sig | gnature or other authority | | | |
| | | financial account in a foreign country (such as a bank account, securities acc | count, or other financial | 4a | | |
| | accour | nt) ⁷ | | 70 | | No |
| Ь | | ," enter the name of the foreign country | | | | |
| | (FBAR) | structions for filing requirements for FinCEN Form 114, Report of Foreign Bank) | and Financial Accounts | | | |
| 5a | | ' le organization a party to a prohibited tax shelter transaction at any time durin | a the tax year? | 5a | | No |
| | | y taxable party notify the organization that it was or is a party to a prohibited t | | 5b | | No |
| | | ," to line 5a or 5b, did the organization file Form 8886-T? | | 30 | | |
| ٠ | 11 165 | , to fine 3a of 3b, did the organization me Form 8886-17 | | 5c | | |
| 6a | | he organization have annual gross receipts that are normally greater than \$10 | | 6a | | No |
| _ | - | zation solicit any contributions that were not tax deductible as charitable conti | | | | |
| D | | ,," did the organization include with every solicitation an express statement th ot tax deductible? | at such contributions or giπs | 6b | | |
| 7 | Organia | zations that may receive deductible contributions under section 170(c). | | | | |
| а | | e organization receive a payment in excess of \$75 made partly as a contribution | | 7a | | No |
| | | es provided to the payor? | | 71. | | |
| | | ;," did the organization notify the donor of the value of the goods or services pr | | 7b | | |
| C | | e organization sell, exchange, or otherwise dispose of tangible personal propertm 8282? | | 7 c | | No |
| d | If"Yes | ," indicate the number of Forms 8282 filed during the year | 7d | | | |
| | Did the | e organization receive any funds, directly or indirectly, to pay premiums on a p | ersonal benefit contract? | | | |
| C | Dia tile | e organization receive any lands, directly of maneetly, to pay premiums on a pr | ersonal benefit contract. | 7e | | No |
| f | Did the | e organization, during the year, pay premiums, directly or indirectly, on a perso | onal benefit contract? | 7 f | | No |
| g | | organization received a contribution of qualified intellectual property, did the or | rganızatıon file Form 8899 as | 7 g | | |
| h | require | organization received a contribution of cars, boats, airplanes, or other vehicles | · · · | /g | | |
| " | | 098-C? | · · · · · · · · · | 7 h | | |
| 8 | - | oring organizations maintaining donor advised funds. | | | | |
| | | lonor advised fund maintained by the sponsoring organization have excess bus the year? | siness holdings at any time | | | |
| ٥- | | , | | 8 | | |
| | | e sponsoring organization make any taxable distributions under section 49667 | | 9a | | |
| | | e sponsoring organization make a distribution to a donor, donor advisor, or rela n 501(c)(7) organizations. Enter | itea person/ | 9b | | |
| 10 | | | 10a | | | |
| | | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | 10b | | | |
| , | facilitie | | | ı l | | |
| 11 | Section | n 501(c)(12) organizations. Enter | | | | |
| | | F- | 11a | | | |
| b | | Income from other sources (Do not net amounts due or paid to other sources t amounts due or received from them) | 11b | | | |
| | _ | | <u>'</u> | . | | |
| | | n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 | in lieu of Form 1041? | 12a | | |
| D | If "Yes year | ;," enter the amount of tax-exempt interest received or accrued during the | 12b | | | |
| 13 | • | n 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | | |
| а | Is the | organization licensed to issue qualified health plans in more than one state? N o | ote. See the instructions for | | | |
| | | nal information the organization must report on Schedule O | 1 | 13a | | |
| b | | he amount of reserves the organization is required to maintain by the states | 13b | | | |
| c | | h the organization is licensed to issue qualified health plans | 13c | | | |
| | | e organization receive any payments for indoor tanning services during the tax | | 14a | | No |
| | | ," has it filed a Form 720 to report these payments? If "No," provide an explanat | • | 14b | | |
| - | | , | | | | |

| orm | 990 (2015) | | | | | Page |
|-----|--|--------|------------------------|-------|---------|------|
| Par | For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S. | | | or 10 | Ob belo | w, |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | [|
| Se | ction A. Governing Body and Management | | | | | |
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | , | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the o | rganız | ation's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | | | 6 | | No |
| 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? | | | | | |
| b | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | |
| 8 | $\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written active year by the following | ons u | ndertaken during the | | | |
| а | The governing body? | | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Yes | |
| 9 | 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 | | | | | |
| Se | ction B. Policies (This Section B requests information about policies not | requ | ired by the Internal R | even | ue Coa | e.) |
| | | | | | Yes | No |
| | | | | | | |

10a Did the organization have local chapters, branches, or affiliates? **10**a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Nο **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 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Nο Did the organization have a written document retention and destruction policy? . . . 14 Νo 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 Yes 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **16**a Νo **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 List the States with which a copy of this Form 990 is required to be filed▶

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website Another's website Upon request Other (explain in Schedule O)
- 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
- State the name, address, and telephone number of the person who possesses the organization's books and records ►VIC HINES 1001 MAIN STREET 609 LUBBOCK, TX 79401 (806) 744-1500

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (B) (C) (D) (E) Name and Title Position (do not check Reportable Average Reportable Estimated hours per more than one box, unless compensation compensation amount of person is both an officer week (list from the from related other any hours and a director/trustee) organizations organization compensation (W-2/1099-(W-2/1099for related from the Highest compensated Individual trustee organizations Institutional MISC) MISC) organization 空域 below and related employee dotted line) organizations ਠੁੱ Trustee (1) NORTON BAKER Х Х 0 CHAIRMAN 0.80 1 00 (2) JIM HENSON Х VICE CHAIRMAN 1 00 0 50 (3) ADA RUMMEL Х 0 Х SECRETARY 0 50 1.00 (4) LARRY BRADLEY DIRECTOR 0.50 (5) TONY ELLISON DIRECTOR 0 50 0 30 (6) LES EUBANK 0 DIRECTOR 0 30 0.30 (7) CHRISTOPHER ROBINSON 0 DIRECTOR 0.30 (8) LYNN HARMS Х 0 129,714 16,149 DIRECTOR 51 00 0 50 (9) GERTRUDE MILLER DIRECTOR 0.50 1 00 (10) KRISTI PAYNE 0 Х 1 00 1 00 (11) PAUL STELL DIRECTOR 1 00 0.30 (12) CORY NEWSOM DIRECTOR 0 30 1 00 (13) HELEN LAUDERDALE 0 DIRECTOR 1 00 1 00 (14) JOHN SIGLE 0 DIRECTOR 0.50

| art VII | Section A. Officers | , Directors, Trustees | , Kev Employees, | and Highest Comp | ensated Employees (cont | inued) |
|---------|---------------------|-----------------------|------------------|------------------|-------------------------|--------|
| | | | | | | , |

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below | unles | ore t ss pe offi lirect | han erso cer tor/t | not one n is and rus | tee) | an | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensate from relate organizatio (W- 2/109 MISC) | ion ed ins | (F) Estimated amount of other compensation from the organization and related |
|-------------------------------|---|-----------------------------------|--|-----------------------------|----------------------------------|------|------------------------------|---|---|------------------|--|
| | | individual trustee or director | Former Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee | | | | and related organizations | | | | |
| (15) VICTOR HINES | 40 00 | | | × | | | | 90,93 | 5 | 0 | 9,456 |
| PRESIDENT | 8 00 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | L, | | | | | | | |
| 1b Sub-Total | | | • | • | | | | | | | |
| d Total (add lines 1b and 1c) | | · | | ▶ | | | į | 90,935 | 129,714 | | 25,605 |
| | | | | | | | | | | | |

- Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 0

(A)

- - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee

 - on line 1a? If "Yes," complete Schedule J for such individual
 - 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? If "Yes," complete Schedule I for such ındıvıdual .
 - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for
- services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Section B. Independent Contractors

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

| Name and business address | Description of services | Compensation |
|---------------------------|-------------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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

(C)

Yes

3

4

(B)

No

Νo

Νo

Νo

| Part V | | Statement o | | | | | | Page 9 |
|---|--------------|---|--|-----------------------|-------------------|--|--------------------------------|--|
| | | Check if Schedi | ıle O contains a respon | se or note to any lir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| र इ | 1a | Federated camp | paigns 1a | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | ь | Membership du | es 1b | | | | | |
| Gr Fmg | С | Fundraising eve | ents 1 c | | | | | |
| ifts. ar A | d | Related organiz | ations 1d | | | | | |
| æ, G | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, Gifts, and Other Similar A | f | | ons, gifts, grants, and 1f | 239,337 | | | | |
| but the | | similar amounts no | ot included above | | | | | |
| a de la ci | g | 1a-1f \$ | ons medaded in imes | | | | | |
| Co | h | Total. Add lines | s 1a-1f | · · · • | 239,337 | | | |
| ÷ | | | | Business Code | | | | |
| Program Service Revenue | 2a | CONSULTING | | 900099 | 15,836 | 15,836 | | |
| å <u>.</u> | b | | | | | | | |
| ₩C | c d | | | | | | | |
| ₹ | e | - | | | | | | |
| jran, | f | All other progra | ım service revenue | | | | | |
| J | | Total Add lines | [2a-2f | | 15,836 | | | |
| | 3 3 | | ome (including dividence | | | | | |
| | | and other simila | aramounts) | ▶ [| 1,055,236 | | | 1,055,236 |
| | 4 5 | | tment of tax-exempt bond p | roceeds > | 202,932 | | | 202,932 |
| | | Royalties | (ı) Real | (II) Personal | , | | | , |
| | 6a | Gross rents | 815 | | | | | |
| | ь | Less rental | 1,660 | | | | | |
| | _c | expenses Rental income | -845 | | | | | |
| | d | or (loss) Net rental incor | me or (loss) | • | -845 | | | -845 |
| | | Tree remaining | (i) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 3,218,492 | | | | | |
| | ь | Less cost or other basis and sales expenses | 3,081,836 | | | | | |
| | c | Gain or (loss) | 136,656 | | | | | |
| | d | Net gain or (los | s) | | 136,656 | | | 136,656 |
| Other Revenue | 8a | Gross Income fi events (not Incl \$ | luding reported on line 1c) | | | | | |
| her | ١. | | a | | | | | |
| õ | b c | | penses b [loss)from fundraising e | vents | | | | |
| | | | rom gaming activities | vens i i p | | | | |
| | Ь | Less directexi | penses b | | | | | |
| | С | | loss) from gaming activ | rities | | | | |
| | 10a | Gross sales of | inventory, less | - | | | | |
| | | returns and allo | | | | | | |
| | b c | - | oods sold b loss) from sales of inve | ntory ▶ | | | | |
| | | Miscellaneous | Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | b | | | | | | | |
| | c d | All other revenu | <u>. </u> | | | | | |
| | e | Total. Add lines | L | 🕨 | | | | |
| | 12 | | See Instructions | | | | | |
| | I | | | | 1,649,152 | 15,836 | 0 | 1,393,979 |

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 $\dots \dots \dots$

| | t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. | | (A) (B) (C) Program service expenses expenses general expenses | | Total expenses Program service Mai | | (D) Fundraısıng expenses |
|--------|---|---------|--|---------|--|--|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 655,996 | 655,996 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | | | |
| 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 | 100,391 | | 100,391 | | | |
| 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 | 28,806 | | 28,806 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | | | |
| 9 | Other employee benefits | | | | | | |
| 10 | Payroll taxes | | | | | | |
| | | 9,160 | | 9,160 | | | |
| 11 | Fees for services (non-employees) | | | | | | |
| a | Management | | | | | | |
| b | Legal | 6 020 | | 6 020 | | | |
| C | Accounting | 6,830 | | 6,830 | | | |
| d | Professional fundraising services See Part IV, line 17 | | | | | | |
| e f | Professional fundraising services See Part IV, line 17 | 42,345 | | 42,345 | | | |
| g | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 42,343 | | 42,343 | | | |
| 12 | Advertising and promotion | 1,602 | | 1,602 | | | |
| 13 | Office expenses | 7,520 | | 7,520 | | | |
| 14 | Information technology | | | | | | |
| 15 | Royalties | | | | | | |
| 16 | Occupancy | 10,487 | | 10,487 | | | |
| 17 | Travel | 6,716 | | 6,716 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | |
| 19 | Conferences, conventions, and meetings | 935 | | 935 | | | |
| 20 | Interest | | | | | | |
| 21 | Payments to affiliates | | | | | | |
| 22 | Depreciation, depletion, and amortization | 1,776 | | 1,776 | | | |
| 23 | Insurance | 971 | | 971 | | | |
| 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 | PUBLICATIONS | 29,160 | | 29,160 | | | |
| b | PROPERTY TAXES RELATED | 12,464 | | 12,464 | | | |
| ď | ANNUITIES | 12,369 | | 12,369 | | | |
| c | DUES | 1,126 | | 1,126 | | | |
| e | All other expenses | 9,366 | | 9,366 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 938,020 | 655,996 | 282,024 | 0 | | |
| 26 | Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | | | |

| 011111 | 330 (. | - 1 - 21 - | | | | | rage == |
|------------------|--------|--|-------------------|---------------------|-------------------|-------------|-------------|
| Par | t X | Balance Sheet Check if Schedule O contains a response or note to any line | e in thi | s Part Y | | | _ |
| | | effect if Seffeddie o contains a response of flote to any in- | | J Tule X | (A) | | (B) |
| | ı | | | | Beginning of year | | End of year |
| | 1 | Cash-non-interest-bearing | | | 316,616 | 1 | 199,986 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 51,924 | 4 | 61,953 |
| | 5 | Loans and other receivables from current and former offic key employees, and highest compensated employees. Co Schedule L | mplete | | | _ | |
| ets | 6 | Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see instruction of schedule L | c)(3)(B ection |), and 501(c)(9) | | 5 | |
| Assets | l _ | | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 157,718 | 4 | | |
| | b | Less accumulated depreciation | 10b | 2,443 | 151,251 | 10 c | 155,275 |
| | 11 | Investments—publicly traded securities | | | 16,409,129 | 11 | 15,711,754 |
| | 12 | Investments—other securities See Part IV, line 11 . | | | 2,615,966 | 12 | 2,573,472 |
| | 13 | Investments—program-related See Part IV, line 11 \cdot | | | | 13 | |
| | 14 | Intangible assets | | | 1,788,008 | 14 | 1,494,760 |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | | | 21,332,894 | 16 | 20,197,200 |
| | 17 | Accounts payable and accrued expenses | | | 2,896 | 17 | 2,851 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV or | f Sched | lule D | | 21 | |
| bilities | 22 | Loans and other payables to current and former officers, on key employees, highest compensated employees, and dis | | | | | |
| | | persons Complete Part II of Schedule L | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated third | parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third par | ties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D | o relate | ed third parties, | | | |
| | | | | | 139,440 | 25 | 182,853 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 142,336 | 26 | 185,704 |
| ses | | Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34. | re ▶ 「 | and complete | | | |
| lan | 27 | Unrestricted net assets | | | 8,940,965 | 27 | 7,548,769 |
| Ba | 28 | Temporarily restricted net assets | | | | 28 | |
| חק | 29 | Permanently restricted net assets | | | 12,249,593 | 29 | 12,462,727 |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), ch complete lines 30 through 34. | eck he | re ▶ □ and | | | |
| Ş | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building or equipment f | und . | | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated income, or o | ther fu | nds | | 32 | |
| Sei | 33 | Total net assets or fund balances | | | 21,190,558 | 33 | 20,011,496 |
| | 34 | Total liabilities and net assets/fund balances | | | 21,332,894 | 34 | 20,197,200 |
| | - | | | | • | | |

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

2a

2b

2c

3a

3b

Yes

Νo

Νo

Nο

Form 990 (2015)

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

LUBBOCK & **FAMILY SERVICES** AGENCY INC

Total1

Name of the organization

www.irs.gov/form990.

CHILDREN'S HOME FOUNDATION INC 75-2622657 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii)EIN (i) (iii) (iv) (v) Amount of other Name of Type of organization Is the organization Amount of monetary support (see supported (described on lines 1listed in your governing support (see (vi) instructions) 9 above (see document? organization instructions) instructions)) Yes No (A) 751037480 Yes 655,996 CHILDREN'S HOME OF

655,996

| | edule A (Form 990 of 990-EZ) 2013 | | | | | | Page Z |
|-----|---|-------------------|-------------------|--------------------|---------------------|-------------------|------------------|
| Pā | Support Schedule fo | | | | | | |
| | (Complete only if you of Part III. If the organization | | | | | | |
| S | ection A. Public Support | acion falls to qu | iamy under the | tests listed bei | ow, piedse con | ipiete Fait III. |) |
| | Calendar year | | | | | | 1 |
| (or | fiscal year beginning in) | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | (f) Total |
| • | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do | | | | | | |
| | not include any unusual grants) | | | | | | |
| 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 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | |
| | from line 4 | | | | | | |
| 5 | ection B. Total Support | | Τ | Т | ı | T | |
| /or | Calendar year fiscal year beginning in) ▶ | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e) 2015 | (f) ⊤otal |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| • | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 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) | | | | | | |
| L1 | Total support. Add lines 7 | | | | | | |
| 12 | through 10 [Gross receipts from related activiti | es etc (see inst | ructions) | | | 12 | |
| 13 | First five years.If the Form 990 is | | • | thurd fourth or t | fifth tay year ac a | | 3) organization |
| | check this box and stop here | 3 | • | | • | `` | 5) organización, |
| S | ection C. Computation of Pul | olic Support F | Percentage | | | | |
| 14 | Public support percentage for 2015 | | | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2014 | 1 Schedule A , Pa | rt II, line 14 | | | 15 | |
| L6a | 33 1/3% support test—2015. If the | organization did | not check the box | on line 13, and l | line 14 is 33 1/3% | | this box |
| | and stop here. The organization qua | - | | • | • | • | ▶□ |
| b | 33 1/3% support test—2014. If the | | | | , and line 15 is 3 | 3 1/3% or more, o | heck this |
| | box and stop here. The organizatio | | | | | | ▶┌ |
| L7a | 10%-facts-and-circumstances test | _ | | | | • | |
| | is 10% or more, and if the organiza | | | | | | |
| | in Part VI how the organization mee | eis the "facts-an | u-circumstances | test The organi | ızatıon qualifies a | s a publicly supp | - - |
| h | organization 10%-facts-and-circumstances test | | anization did nat | shock a how on lin | 0 12 16 3 16 4 | or 17a and line | ▶ |
| U | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part VI how the organiza | | | | , | • | clv |
| | supported organization | | | | | | ▶ [|
| 18 | Private foundation. If the organizat | ion did not check | a box on line 13 | , 16a, 16b, 17a, c | or 17b, check thi | s box and see | |
| | instructions | | | | • | | ▶┌ |
| | | | | | | | ' |

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.)

| Se | ction A. Public Support | | | | | | |
|-------|---|-------------------------|--------------------------|-----------------------|----------------------|-----------------|-------------------------|
| | Calendar year | (a)2011 | (b) 2012 | (c)2013 | (d)2014 | (e)2015 | (f) ⊤otal |
| • | iscal year beginning in) | (4)2011 | (5)2012 | (6)2010 | (4)2011 | (0)2010 | (1)10ta1 |
| 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 | | | | | | |
| _ | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| Se | ction B. Total Support | | | | 1 | | I |
| | Calendar year | | | 1 | I | I | |
| (or f | iscal year beginning in) | (a) 2011 | (b) 2012 | (c)2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | A mounts 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 Add lines 10a and 10b | | | | | | |
| C | Net income from unrelated | | | | | | |
| 11 | 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, | | | | | | |
| 14 | 11, and 12) First five years.If the Form 990 is f | or the organization | n's first second | thurd fourth or | fifth tay year ac a | section 501/c | V3) organization |
| 14 | • | or the organization | on s mist, second | , tillia, louitii, oi | ilitii tax yeal as a | 1 5600001 501(0 |)(3) organization, ▶ □ |
| | check this box and stop here | lia Cunnant D | | | | | |
| | ction C. Computation of Pub | | | | | | |
| 15 | Public support percentage for 2015 | (line 8, column | (f) divided by line | : 13, column (f)) | | 15 | |
| 16 | Public support percentage from 201 | l 4 Schedule A, P | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inv | estment Inco | me Percenta | ae | | | |
| 17 | Investment income percentage for | | | | nn (f)) | 14-1 | |
| | · · · · · · | • | | • | ···· (1 <i>))</i> | 17 | |
| 18 | Investment income percentage from | n 2014 Schedule | A, Part III, line | 1 / | | 18 | |
| 19a | 33 1/3% support tests—2015. If the | organization did | not check the bo | ox on line 14, and | l line 15 is more t | than 33 1/3%, a | ind line 17 is not |
| | more than 33 1/3%, check this box | and stop here. T | he organization q | ualıfıes as a publ | icly supported or | ganızatıon | ▶┌ |
| b | 33 1/3% support tests—2014. If the | organization did | not check a box | on line 14 or line | 19a, and line 16 | ıs more than 3 | 3 1/3% and line |
| | 18 is not more than 33 1/3%, check | this box and st | op here. The orga | nızatıon qualıfıes | as a publicly sup | ported organiz | ation 🕨 🗍 |
| 20 | Private foundation. If the organizati | on did not check | a box on line 14 | . 19a. or 19b. ch | eck this box and | see instruction | s ▶⊤ˈ |

Part IV Supporting Organizations

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

| Se | I, complete Sections A and D, and complete Part V) ection A. All Supporting Organizations | | | |
|----|--|-------------|----------|------|
| 36 | Ection A. An 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 | 1 | Yes | |
| 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 | 2 | | No |
| 3a | 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? | | | |
| | If "Yes," answer (b) and (c) below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | 3a | | No |
| Ī | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | 3 c | | |
| | 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 | 4a | | No |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? | 4b | | |
| | 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 | 70 | <u> </u> | |
| 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 | 4c | | |
| | organization was used exclusively for section 170(c)(2)(B) purposes | | I I | |
| 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) | 5a | | No |
| ь | 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? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | No |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) | 7 | | No |
| 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 II of Schedule L (Form 990) | 8 | | No |
| 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 . | 9a | | No |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | No |
| c | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | No |
| 0a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below | 10a | | No |
| 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) | 10b | | |
| 1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | No |
| b | A family member of a person described in (a) above? | 11b | | No |
| | 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 | 11 c | | No |

а

| Part IV | Supporting | Organizations | (continued) |
|---------|------------|---------------|-------------|

| Section | В. | Type | Ι | Supporting | Organizations |
|---------|----|------|---|------------|----------------------|

| | | Yes | No |
|--|---|-----|----|
| Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 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 | 2 | | |

| 36 | ection C. Type 11 Supporting Organizations | | |
|----|---|-----|----|
| | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or | | |

trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

| Se | ection D. All Type III Supporting Organizations | | | |
|----|---|---|-----|----|
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | Yes | |
| 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) | 2 | Yes | |
| 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 | 3 | Yes | |

Section E. Type III Functionally-Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satis | fy the Integral Part Test during the year (see instructions) |
|---|--|--|
| | | |

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below
- The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see

| ٠ | | _ | ons) | icicy (s | , e e |
|---|--------------|-----|--|----------|-------|
| 2 | Activities T | est | _Answer (a) and (b) below. | | Y |
| a | | | y all of the organization's activities during the tax year directly further the exempt purposes of the | | |

| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the | <u>:</u> |
|---|--|----------|
| | supported organization(s) to which the organization was responsive? | |
| | If "Yes," then in Part VI identify those supported organizations and explain how these activities directly | |
| | furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the | |
| | organization determined that these activities constituted substantially all of its activities | 2a |
| | | |

| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of |
|---|---|
| | the organization's supported organization(s) would have been engaged in? |
| | If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have |
| | engaged in these activities but for the organization's involvement |

| | angugua m anco a dan marab but na ana a | , gameation o timone |
|---|---|---------------------------|
| 3 | Parent of Supported Organizations | Answer (a) and (b) below. |

| 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 | 3a |

| 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 | | |

3b

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 | 0 | |
| 2 | Recoveries of prior-year distributions | 2 | 0 | |
| 3 | Other gross income (see instructions) | 3 | 1,328,019 | 1,274,81 |
| 4 | Add lines 1 through 3 | 4 | 1,328,019 | 1,274,81 |
| 5 | Depreciation and depletion | 5 | 0 | |
| 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 | 72,951 | 81,45. |
| 7 | Other expenses (see instructions) | 7 | 0 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | 1,255,068 | 1,193,36 |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |

| 2 | Recoveries of prior-year distributions | 2 | 0 | 0 |
|---|---|------------|----------------|------------|
| 3 | Other gross income (see instructions) | 3 | 1,328,019 | 1,274,819 |
| 4 | Add lines 1 through 3 | 4 | 1,328,019 | 1,274,819 |
| 5 | Depreciation and depletion | 5 | 0 | 0 |
| 6 | Portion of operating expenses paid or incurred for production or collection o gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | | 72,951 | 81,452 |
| 7 | Other expenses (see instructions) | 7 | 0 | 0 |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | | 1,255,068 | 1,193,367 |
| 1 | Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see | 1 | (A) Prior Year | (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see | | | ,,,,,, |
| - | instructions for short tax year or assets held for part of year) | 1 | | |
| а | A verage monthly value of securities | 1a | 16,190,136 | 16,060,442 |
| b | A verage monthly cash balances | 1b | 218,820 | 258,301 |
| c | Fair market value of other non-exempt-use assets | 1 c | 4,423,728 | 4,236,103 |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | 20,832,684 | 20,554,846 |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI)0 | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | 0 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 20,832,684 | 20,554,846 |
| 4 | Cash deemed held for exempt use Enter $1-1/2\%$ of line 3 (for greater amount, see instructions) | 4 | 312,490 | 308,323 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 20,520,194 | 20,246,523 |
| 6 | Multiply line 5 by 035 | 6 | 718,207 | 708,628 |
| 7 | Recoveries of prior-year distributions | 7 | 0 | 0 |
| _ | | | 710 007 | 700 600 |

| 6 | gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | 72,951 | 81,452 |
|---|--|------------|----------------|--------------------------------|
| 7 | Other expenses (see instructions) | 7 | 0 | 0 |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | 1,255,068 | 1,193,367 |
| | | | | |
| | 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) | 1 | | |
| а | Average monthly value of securities | 1a | 16,190,136 | 16,060,442 |
| b | Average monthly cash balances | 1b | 218,820 | 258,301 |
| c | Fair market value of other non-exempt-use assets | 1 c | 4,423,728 | 4,236,103 |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | 20,832,684 | 20,554,846 |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI)0 | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | 0 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 20,832,684 | 20,554,846 |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 312,490 | 308,323 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 20,520,194 | 20,246,523 |
| 6 | Multiply line 5 by 035 | 6 | 718,207 | 708,628 |
| 7 | Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | 718,207 | 708,628 |
| | | | | |
| _ | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 1,255,068 |
| _ | Fator OFOV of line 4 | _ | | 1 066 909 |

| | neid for production of income (see instructions) | 0 | 72,931 | 01,432 |
|---|--|------------|----------------|--------------------------------|
| 7 | Other expenses (see instructions) | 7 | 0 | 0 |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | 1,255,068 | 1,193,367 |
| | | | | |
| | 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) | 1 | | |
| а | Average monthly value of securities | 1a | 16,190,136 | 16,060,442 |
| b | Average monthly cash balances | 1b | 218,820 | 258,301 |
| c | Fair market value of other non-exempt-use assets | 1c | 4,423,728 | 4,236,103 |
| d | Total (add lines 1a, 1b, and 1c) | 1 d | 20,832,684 | 20,554,846 |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI)0 | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | 0 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 20,832,684 | 20,554,846 |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 312,490 | 308,323 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 20,520,194 | 20,246,523 |
| 6 | Multiply line 5 by 035 | 6 | 718,207 | 708,628 |
| 7 | Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | 718,207 | 708,628 |
| | | | · | |
| | Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 1,255,068 |
| 2 | Enter 85% of line 1 | 2 | | 1,066,808 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 718,207 |

| e | Discount claimed for blockage or other factors (explain in detail in Part VI)0 | | | |
|---|---|----------------|-------------------------|-----------------------|
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | 0 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 20,832,684 | 20,554,846 |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 312,490 | 308,323 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 20,520,194 | 20,246,523 |
| 6 | Multiply line 5 by 035 | 6 | 718,207 | 708,628 |
| 7 | Recoveries of prior-year distributions | 7 | 0 | 0 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | 718,207 | 708,628 |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 1,255,068 |
| | Section C - Distributable Amount | | | Current Year |
| 2 | Enter 85% of line 1 | 2 | | 1,066,808 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | 718,207 |
| 4 | Enter greater of line 2 or line 3 | 4 | | 1,066,808 |
| 5 | Income tax imposed in prior year | 5 | | 0 |
| 6 | Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | 1,066,808 |
| 7 | Check here if the current year is the organization's first as a non-functionally instructions) $\ \ \Box$ | -integrated Ty | ype III supporting orga | nnization (see |
| | | | Schedule A (For | m 990 or 990-FZ\ 2015 |

| Section D - Distributions | | | Current Year | | | |
|---|--|--|---|--|--|--|
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | 655,996 | | | |
| 2 Amounts paid to perform activity that directly furth | A mounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | | | |
| · | Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | |
| 4 Amounts paid to acquire exempt-use assets | or parposes or supported orga | THE GET OF THE SECOND S | 0 | | | |
| 5 Qualified set-aside amounts (prior IRS approval re- | quired) | | 0 | | | |
| | | | 0 | | | |
| 6 Other distributions (describe in Part VI) See instru | ictions | | 858,228 | | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | 636,226 | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is re | esponsive (provide | 655,996 | | | |
| 9 Distributable amount for 2015 from Section C, line | 6 | | 1,066,808 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | 61 5 % | | | |
| | | | | | | |
| 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 | | | 1,066,808 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | 0 | | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | | | |
| a | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d From 20130 | | | | | | |
| e From 2014 <u>94,553</u> | | | | | | |
| f Total of lines 3a through e | 94,553 | | | | | |
| g Applied to underdistributions of prior years | | 0 | 04.553 | | | |
| h Applied to 2015 distributable amount i Carryover from 2010 not applied (see | | | 94,553 | | | |
| instructions) | | | | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D, line 7 | 0 | | | | | |
| \$ <u>858,228</u> | | | | | | |
| a Applied to underdistributions of prior years | | 0 | | | | |
| b Applied to 2015 distributable amount | | | 858,228 | | | |
| c Remainder Subtract lines 4a and 4b from 4 | 0 | | | | | |
| 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) | | 0 | | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | - | | 114,027 | | | |
| 7 Excess distributions carryover to 2016. Add lines 33 and 4c | 0 | | | | | |
| 8 Breakdown of line 7 | • 1 | | | | | |
| а | | | | | | |
| b | | | | | | |
| c Excess from 2013 | | | | | | |
| d From 2014 0 | | | | | | |
| e From 2015 0 | | | | | | |
| | | Schedule A (| Form 990 or 990-EZ) (2015 | | | |

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

Page 8

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2;

Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|----------------------------|--|
| PART IV, SECTION D, LINE 3 | THE SUPPORTING ORGANIZATION HAS JOINT MEETINGS WITH THE SUPPORTED ORGANIZATION THIS ALLOWS THE SUPPORTED ORGANIZATION TO KNOW WHAT THE SUPPORTING ORGANIZATION IS DOING THE SUPPORTED ORGANIZATION HAS ONE MEMBER OF THEIR BOARD SERVING ON THE SUPPORTING ORGANIZATIONS BOARD AND THAT MEMBER IS AUTOMATICALLY ON THE INVESTMENT COMMITTEE THE INVESTMENT COMMITTEE IS IN CHARGE OF DETERMINING HOW INVESTMENTS WILL BE INVESTED ALLOWING THE SUPPORTED ORGANIZATION TO HAVE ONE OF THEIR BOARD MEMBERS ON THE COMMITTEE ALLOWS THEM TO HAVE A VOICE IN HOW ASSETS ARE INVESTED |
| PART V, SECTION E, LINE 6 | THE SUPPORTING ORGANIZATION HAS BEEN SUPPORTING THE CHILDREN'S HOME OF LUBBOCK AND FAMILY SERVICE AGENCY SINCE IT'S CREATION IN 1995 IN 2015 THE \$655,996 TRANSFERRED TO THE CHILDREN'S HOME REPRESENTED 24 8% OF THE HOME'S TOTAL CONTRIBUTION INCOME RECEIVED DURING THE YEAR, AND 11 6% OF TOTAL REVENUE THE HOME COULD NOT CARRY OUT ITS MISSION OF CARING FOR DISADVANTAGED CHILDREN WITHOUT THESE FUNDS THE UNDERDISTRIBUTION REPORTED ON LINE 6 WAS DUE TO THE FACT THAT ADJUSTED NET INCOME INCREASED SIGNIFICANTLY BETWEEN 2014 AND 2015 THE FOUNDATION INCREASED THE DISTRIBUTION TO THE HOME IN 2015 FROM \$633,000 GIVEN IN 2014 TO \$655,996 IN 2015 THAT INCREASE PLUS THE EXCESS DISTRIBUTION CARRYOVER FROM THE 2014 RETURN OF \$94,553 WAS BELIEVED TO BE ENOUGH TO MEET THE DISTRIBUTION REQUIREMENT IT WAS |

CHILDREN'S HOME WITHIN THE NEXT 180 DAYS

NOT DETERMINED UNTIL THE RETURN WAS PREPARED THAT AN UNDERDISTRIBUTION OCCURRED THE UNDERDISTRIBUTED TO THE

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

SCHEDULE D Supplemental E

(Form 990)

Treasury

Department of the

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 $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

Open to Public Inspection

DLN: 93493350015506

Employer identification number Name of the organization CHILDREN'S HOME FOUNDATION INC 75-2622657 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 Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)

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.

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

- 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
 - 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

the organization's accounting for conservation easements

- (ii) Assets included in Form 990, Part X
- 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)(I) and section 170(h)(4)(B)(II)?

☐ No

Assets included in Form 990, Part X
 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

| SCIIE | dule D | (FOIIII 990) 2015 | | | | | | Page ∠ |
|------------|-----------------|---|-------------------------|-----------------------|----------------|---------------------------|-----------------------|----------------------|
| Par | t III | Organizations Maintaining (continued) | g Collections of A | Art, Historical | Trea | sures, or | Other Similar A | ssets |
| 3 | | the organization's acquisition, acc ction items (check all that apply) | cession, and other re | cords, check any | of the f | ollowing that | are a significant us | se of its |
| а | | Public exhibition | | d ┌ Lo | an or e | exchange pro | grams | |
| b | _ | Scholarly research | | e | ther | | | |
| С | | Preservation for future generations | | | | | | |
| 4 | • | de a description of the organization | | plain how they fur | ther th | e organizatio | n's exempt purpose | e in |
| | Part > | | | | | J | | |
| 5 | | g the year, did the organization sol s to be sold to raise funds rather tl | | | | | | s No |
| Pai | rt IV | Escrow and Custodial Arra | angements. | | | | | <u>'</u> |
| | | Complete if the organization Part X, line 21. | answered "Yes" or | n Form 990, Pai | t IV, I | line 9, or re | ported an amoui | nt on Form 990, |
| 1 a | | e organization an agent, trustee, cu ded on Form 990, Part X? | istodian or other inter | rmediary for contr | ibution | s or other as | sets not | s No |
| b | If" | 'Yes," explain the arrangement in F | Part XIII and complet | te the following ta | hle | | Am | nount |
| c | | ginning balance | are XIII and complet | te the following ta | ыс | 10 | | |
| d | | ditions during the year | | | | 10 | | |
| e | | tributions during the year | | | | 16 | | |
| f | End | ding balance | | | | 11 | Ī. | |
| 2 a | Did th | ne organization include an amount o | on Form 990, Part X, | line 21, for escro | worcu | istodial acco | unt liability? Ye | s No |
| b | If"Ye | es," explain the arrangement in Par | t XIII Check here ıf | the explanation h | as bee | n provided in | Part XIII | 🗆 |
| Pa | rt V | Endowment Funds. Comple | ete if the organizat | | | | | |
| | | | (a)Current year | (b)Pnor year | b (c) ⊺ | wo years back | (d)Three years back | (e)Four years back |
| 1a | _ | Ining of year balance | 12,249,593 | 11,916,162 333,431 | | 11,826,532 89,630 | 11,454,036 372,496 | 11,403,877 50,159 |
| b | • | | 213,13 | 333,131 | | 03,030 | 3,2,130 | 30,133 |
| c | Net ir Iosse | nvestment earnings, gains, and s | | | | | | |
| d | Grant | s or scholarships | | | | | | |
| e | | r expenditures for facilities rograms | | | | | | |
| f | A dmı | nistrative expenses | | | | | | |
| g | | of year balance | 12,462,727 | 12,249,593 | | 11,916,162 | 11,826,532 | 11,454,036 |
| 2 | Provi | · · · · · · de the estimated percentage of the | current year and hal | anco (lino 1 a. col | l ump (a |)) hold as | | |
| a | | I designated or quasi-endowment | , | ance (inic 19, cor | umm (u |)) licia us | | |
| ь | | anent endowment > 100 000 % | | | | | | |
| С | | orarily restricted endowment ► | 0 % | | | | | |
| | | ercentages on lines 2a, 2b, and 2c | should equal 100% | | | | | |
| 3а | | nere endowment funds not in the polization by | ossession of the orga | nization that are h | neld an | d administere | ed for the | Yes No |
| | | 3 | | | | • | | a(i) No |
| b | | elated organizations es" on 3a(ii), are the related organi | | ured on Schedule | R? | • | | a(ii) No 3b |
| 4 | | ribe in Part XIII the intended uses | | | | | | |
| Pai | rt VI | Land, Buildings, and Equip | | | | | | |
| | | Complete if the organization Description of property | answered 'Yes' to | Form 990, Part | IV, lır | ne 11a.See Cost or oth | | |
| | | Description of property | | Cost or othe | | (b)basis (other | | (a)book value |
| | Land | | | • • | 150,071 | | | 150,071 |
| | Buildin | - | | | | | | |
| | | nold improvements | | | | 7.6 | 547 2,4 | 43 5,204 |
| • | - 9 4 P | | | | | . // | 1 | 3,207 |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

155,275

| See Form 990, Part X, Ine 12. (a) Description of Security of Ledgary (b) 300k value (c) Method of value and (d) form of Security (mid-degrates of Security) (mid-degrates of Security) (mid-degrates of Security) (mid-degrates) (d) Security of Security (mid-degrates) (d) Security of Security (mid-degrates) (d) Security (mid-degrates) | Part VII Investments— | Other Securities. Comp | lete if the organ | nization answered 'Yes | on Form 990, Part IV, line 11b. |
|--|--|---|-------------------|--------------------------------------|----------------------------------|
| (2) Coses-value developed serving the company of th | (a) Descript | ion of security or category | | (b)Book value | |
| (a) Description of Investments (b) Book value (c) Must equal form 900, Part X, June 13. (b) Description (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) Total. (Column (d) must equal form 900, Part X, col (d) Inv 13) (a) Description (b) Book value (c) Book value (c) Book value (d) Book value (e) Description of hisbitity (b) Book value | (1)Financial derivatives | | | | cost of the of year market value |
| (C) PRIVATE EQUITY GROUP INTEREST - MCALISTER OPP FUND 2012 Total. (Column (b) most equal from 900, Rat 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) Without of valuation (c) most equal from 980, Rat X, col (b) line 13.) (a) Description (b) Book value (c) Without of valuation (c) Total (c) Without of valuation answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (b) Book value (c) Book value (c) Book value (d) Book value (e) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Book value (h) Book value (o) Book value (o) Book value (o) Book value | | .s | | | |
| Total. (Column (b) must equal Form 990, Part X, col (b) line 12) Total. (Column (b) must equal Form 990, Part X, col (b) line 12) Total. (Column (b) must equal Form 990, Part X, col (b) line 12) (a) Description of investment: (b) Book value (c) Webb of valuation Cost or end-of-year market value (c) webb of valuation Cost or end-of-year market value (c) Part IX (column (b) must equal Form 990, Part X, col (b) line 12) (b) Book value (c) Webb of value (c) Webb of value (c) Webb of value (c) Webb of value (c) Webb of value (c) Webb of value (c) Part IX (column (b) must equal Form 990, Part X, col (b) line 12) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) Total. (Column (b) must equal Form 990, Part X, col (b) line 15) | (A) REAL ESTATE INV TRUST | - CHURCH LOANS AND IN | VESTMENTS | 212,128 | F |
| Total. (Column (b) must equal form 999, Part X, col (B) iner 13) Total. (Column (b) must equal form 999, Part X, col (B) iner 13) Total. (Column (b) must equal form 999, Part X, col (B) iner 13) Total. (Column (b) must equal form 999, Part X, col (B) iner 13) Total. (Column (b) must equal form 999, Part X, col (B) iner 13) Total. (Column (b) must equal form 999, Part X, col (B) iner 13) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) Total. (Column (b) must equal form 999, Part X, col (B) iner 15) | (B) LIMITED PARTNER - MAR | Y LOUISE COLEMAN LP | | 1,701,564 | F |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | TEREST - MCALISTER OPP ! | FUND 2012 | 659,780 | F |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Part XX Total. (Column (b) must equal Form 990, Part X, col (8) line 13) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Total. (Column (b) must equal Form 990, Part X, col (8) line 15) Part XX Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 11e or 11f. S | | | | | |
| 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 Cost or end-of-year market value of cost or end-of-year m | | | • | 2,573,472 | |
| (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Description Total. (Column (b) must equal form 990, Part X, col (B) line 12) 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 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 | Part VIII Investments – Complete if the | -Program Related. organization answered 'Y | es' on Form 990 |), Part IV, line 11c. _{See} | Form 990. Part X. line 13. |
| Total. (Column (b) must equal Form 990, Part X, col (8) 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 Total. (Column (b) must equal Form 990, Part X, col (8) 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 | | | | | (c) Method of valuation |
| 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 (b) Book value Federal income taxes | | | | | cost of end of year market value |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| 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 (b) Book value Federal income taxes | | | | | |
| (a) Description (b) Book value 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 Federal Income taxes | Total. (Column (b) must equal Form | 990, Part X, col (B) line 13) | • | | |
| 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 Federal income taxes | Part IX Other Assets. | | | Form 990, Part IV, line 1: | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| 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 Federal income taxes | | | | | |
| See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes | | | | | |
| Federal income taxes | See Form 990, F | Part X, line 25. | | | are IV, line IIe or III. |
| | 1. (a) Descrip | ocion of hability | (b) Book Value | | |
| ANNUITIES PAYABLE 182,853 | Federal income taxes | | | | |
| | ANNUITIES PAYABLE | | 182,8 | 353 | |
| | | | | | |
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| | | | <u> </u> | | |
| | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 182,853 | | | | | - |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Pa XIII. | organization's liability for uncer | | | | |

Schedule D (Form 990) 2015

1 2

-239,382

| а | Net unrealized gains (losses) o | in investments | | 2 | a | | -1,8 | 90,194 | | | |
|------|---|---------------------------------------|--------------------|-----------|--------|--------|------|--------|------------|--------------------|-------|
| b | Donated services and use of fa | cilities | | 21 | b | | | | | | |
| c | Recoveries of prior year grants | | | . 20 | с | | | | | | |
| d | Other (Describe in Part XIII) | | | | | | | | | | |
| | | | | 20 | d | | | 1,660 | | | |
| е | Add lines 2a through 2d | | | | • | | | | 2e | -1,88 | |
| 3 | Subtract line 2e from line 1 . | | | | • | | • | | 3 | 1,64 | 9,152 |
| 4 | A mounts included on Form 990 |), Part VIII, line 12, b | ut not on line 1 | | | | | | | | |
| а | Investment expenses not inclu | ided on Form 990, Par | t VIII, line 7b . | 48 | a | | | | | | |
| b | Other (Describe in Part XIII) | | | 41 | b | | | | | | |
| c | Add lines 4a and 4b | | | | | | | | 4 c | | 0 |
| 5 | Total revenue Add lines 3 and | 4c. (This must equal F | orm 990, Part I, | lıne 12 |) . | | | . [| 5 | 1,64 | 9,152 |
| Pari | Reconciliation of Ex Complete if the organ | | | | | | | pense | s per | Return. | |
| 1 | Total expenses and losses per | audited financial state | ements | | | | | | 1 | 93 | 9,680 |
| 2 | A mounts included on line 1 but | not on Form 990, Par | t IX, line 25 | | | | | | | | |
| а | Donated services and use of fa | cilities | | 2 | 2a | | | | | | |
| b | Prior year adjustments | | | 7 | 2b | | | | | | |
| c | Other losses | | | . 🔽 | 2c | | | | | | |
| d | Other (Describe in Part XIII) | | | . 2 | 2d | | | 1,660 | | | |
| e | Add lines 2a through 2d | | | | | | | | 2e | | 1,660 |
| 3 | Subtract line 2e from line 1 . | | | | | | | | 3 | 93 | 8,020 |
| 4 | A mounts included on Form 990 |), Part IX, line 25, but | not on line 1: | | | | | | | | |
| а | Investment expenses not inclu | ded on Form 990, Par | t VIII, line 7b . | . 4 | la | | | | | | |
| b | Other (Describe in Part XIII) | | | . 4 | lb | | | | | | |
| c | Add lines 4a and 4b | | | . – | • | | | | 4c | | 0 |
| 5 | Total expenses Add lines 3 an | d 4c. (This must equal | l Form 990, Part : | I, line 1 | .8) | | | | 5 | 93 | 8,020 |
| | | · · · · · · · · · · · · · · · · · · · | · | | | | | | | .1 | |
| Par | Supplemental Info | ormation | | | | | | | | | |
| Part | vide the descriptions required for V, line 4, Part XI, mation | | | | | | | | | ide any additional | |
| | Return Reference | | Explanatio | n | | | | | | | |
| PART | V.LINE 4 | THE ORGANIZATIO | N'S ENDOWMEN | T FUNI | DS A F | RE USE | рто | SUPPOF | RT OP | ERATIONS OF TH | |

CHILDREN'S HOME OF LUBBOCK & FAMILY SERVICES AGENCY, INC , A 501(C)(3) ORGANIZATION WHICH PROVIDES FOR THE PHYSICAL AND EMOTIONAL NEEDS OF

22

1 000 104

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

DISADVANTAGED CHILDREN

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

| ADJUSTMENTS PART XII, LINE 2D - OTHER RENTAL EXPENSES RECLASSED AGAINST RENTAL INCOME 1,660 | Page 5 | Schedule D (Form 990) 2015 |
|--|---------------|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS PART XII, LINE 2D - OTHER RENTAL EXPENSES RECLASSED AGAINST RENTAL INCOME 1,660 RENTAL EXPENSES RECLASSED AGAINST RENTAL INCOME 1,660 | | Part XIII Supplemental Ir |
| ADJUSTMENTS PART XII, LINE 2D - OTHER RENTAL EXPENSES RECLASSED AGAINST RENTAL INCOME 1,660 | | Return Reference |
| · · · · · · · · · · · · · · · · · · · | COME 1,660 | PART XI, LINE 2D - OTHER ADJUSTMENTS |
| | COME 1,660 | PART XII, LINE 2D - OTHER ADJUSTMENTS |
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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493350015506 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number CHILDREN'S HOME FOUNDATION INC 75-2622657 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 (a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of valuation (q) Description of (h) Purpose of grant non-cash assistance organization if applicable grant cash (book, FMV, appraisal, or assistance or government assistance other) CHILDREN'S HOME OF SUPPORTED 75-1037480 501(C)(3) 655,996 LUBBOCK & FAMILY ORGANIZATION (1) SERVICES AGENCY INC PO BOX 2824 LUBBOCK, TX 79408 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

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Transactions with Interested Persons ▶ Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

2015 Open to Public

DLN: 93493350015506 OMB No 1545-0047

Department of the

Schedule L

(Form 990 or 990-EZ)

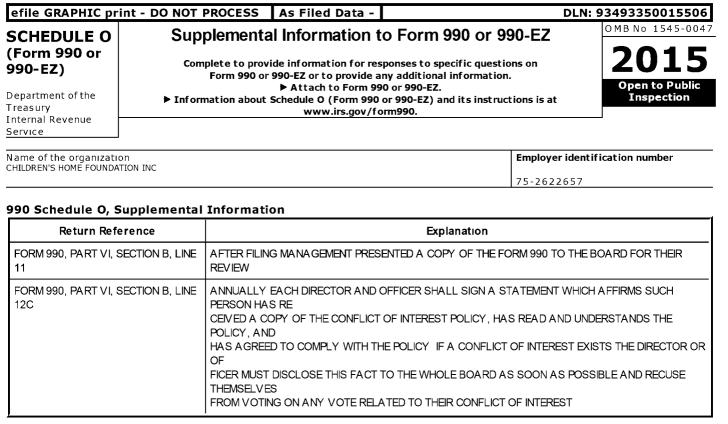
▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

| reasury | | | | | www.irs.go | <i>V / 1 0F111990</i> . | | | | | In | specti | on | | |
|---------------------------------------|--------------------------|---------|----------------------------------|--------------------------|-----------------|-------------------------|---------------------------|-------------|---------|----------------|----------|-----------------|---------|--|--|
| nternal Revenue Se Name of the ore | <u> </u> | | | | | | | En | nplove | r identii | fication | numbe | r | | |
| CHILDREN'S HOME | | NC | | | | | | | - | | | | | | |
| Part I Exce | see Ranafi | t Tra | neaction | Coction | 501/c\/2\ co | oction 501(c) | (4), and 501(c | | -262 | | only) | | | | |
| | | | | | | | 25a or 25b, or | | | | | 10b | | | |
| | e of disqualif | | | | | | fied person and | | | cription | | (d) Corrected? | | | |
| | | | | | or | ganızatıon | | | trans | action | | Yes | No | | |
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| 2 Enter the a | mount of tax | ıncılı | rred by orga | inization ma | nagers or dis | qualified ners | ons during the | veari | ınder | section | | | | | |
| 4958 . | | | | | | | | , | | ▶ \$. | | | | | |
| 3 Enter the a | mount of tax | , ıf an | y, on line 2 | , above, reir | nbursed by th | ne organizatio | n | | | > \$ | | | | | |
| - | | | | | | | | | | • | | | | | |
| | ans to and | | | | | N-EZ Part V | line 38a, or Fo | rm 99 | Λ Par | t IV Jun | e 26 n | rıfthe | | | |
| | | | | | 0, Part X, line | | 11116 304, 01 1 6 | ,,,,,, | o, i ai | C I V , IIII | c 20, 0 | i ii ciic | | | |
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| (a) Name of interested | (b) Relation with | | (c) Purpose of | (d) Loan t or from th | | (e)O riginal principal | (f) Balance due | (g) defa | | (h) Appro | | (i)Wr agreer | | | |
| person | organizati | | loan | organizatio | | amount | duc | by | | by boa | | agreer | iiciic. | | |
| | | | | | | 1 | | | | commit | ttee? | | _ | | |
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| | | | | | terested P | | | | | | | | | | |
| (a) Name of i | | | <u>Janization</u> Relationshi | | | of assistance | rt IV, line 27 | | .+ | | Durnaa | f | iatanaa | | |
| perso | | | rested pers | | (C) A mount | OI assistance | e (d) Type (| JI 4551 | Stalle | , (e) | Pulpos | e Oi ass | ıstance | | |
| | | | organıza | | | | | | | | | | | | |
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Return Reference

| (a) Name of Interested person | (b) Relationship between interested person and the organization | (c) A mount of transaction | (d) Description of transaction | (e) Sh organiz reven | f zation's |
|-------------------------------|--|----------------------------|---|----------------------------|---------------|
| | | | | Yes | No |
| (1) PAULA HINES | PAULA HINES IS RELATED TO VIC HINES, PRESIDENT OF THE FOUNDATION | 28,621 | WAGES PAID TO PAULA HINES AS AN EMPLOYEE OF THE CHILDREN'S HOME FOUNDATION | | No |
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Explanation



990 Schedule O. Supplemental Information

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Return

VI. SECTION B.

LINE 19

Reference FORM 990, PART THE EXECUTIVE COMMITTEE MEETS TO DISCUSS AND REVIEW COMPENSATION FOR ALL EMPLOYEE OFFICERS. THE

Explanation

COMMITTEE THEN PRESENTS THEIR RECOMMENDATIONS TO THE BOARD OF DIRECTORS AND THE BOARD THEN VOTES

LINE 15A ON A PPROPRIATE COMPENSATION FOR THE EMPLOYEE OFFICER. THE FOUNDATION DOES NOT HAVE ANY OTHER EMPLOYEES, BESIDES THE TOP MANAGEMENT OFFICIAL, THAT QUALIFIES AS AN OFFICER OR KEY EMPLOYEE. THEREFORE, LINE 15B HAS BEEN ANSWERED NO

FORM 990, PART THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL VI. SECTION C. STATEMENTS ARE AVAILABLE FOR VIEWING BY THE PUBLIC AT THE ORGANIZATION'S OFFICE IN LUBBOCK

 Return Reference
 Explanation

 FORM 990, PART XII,
 THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING

THE INDEPENDENT FINANCIAL STATEMENT AUDITOR

990 Schedule O, Supplemental Information

LINE 2C

| FORM 990, PART VII | THE COMPENSATION REPORTED IN COLUMN E AND F ARE RELATED TO MR HARMS POSITION AS THE EXECU |
|--------------------|--|
| | TIVE DIRECTOR OF THE CHILDREN'S HOME OF LUBBOCK PER IRS REGULATIONS THE CHILDREN'S HOME I |
| | S A RELATED ORGANIZATION AND ALL COMPENSATION FROM A RELATED ORGANIZATION MUST BE REPORTED |
| | ON THE FORM 990 MR HARMS DOES NOT RECEIVE ANY COMPENSATION FROM THE FOUNDATION, AND IS |
| | ON THE FOUNDATION'S BOARD STRICTLY AS A VOLUNTEER |

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DLN: 93493350015506OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** CHILDREN'S HOME FOUNDATION INC 75-2622657 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (d) (e) (f) (c) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity 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. (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)CHILDREN'S HOME OF LUBBOCK & FAMILY SERVICES AGENCY INC TO PROVIDE EMOTIONAL & TX 501(C)(3) LINE 7 No PO BOX 2824 PHYSICAL CARE FOR DISADVANTAGED CHILDREN N/A LUBBOCK, TX 79408 75-1037480 (2) TEXAS BOYS RANCH FOUNDATION INC PROVIDE SUPPORT TO THE ΤX 501(C)(3) LINE 11D, III-O No 1001 MAIN ST TEXAS BOYS RANCH N/A LUBBOCK, TX 79401 75-2294235

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 organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end- of-year assets | (h Disprop alloca | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana part | | (k) Percentage ownership |
|--|-------------------------|---|-----|--|---------------------------------|--|-------------------------|----|---|----------------------|----|--------------------------------|
| | | | | ŕ | | | Yes | No | | Yes | No | |
| (1) MARY LOUISE COLEMAN LP PO BOX 178 ACKERLY, TX 79713 36-4435920 | INVESTMENT | TX | N/A | EXCLUDED | 1,771 | 1,701,564 | | No | | | No | 97 000 % |
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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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end- of-year assets | (h) Percentage ownership | (I) Section 512 (b)(13) controlled entity? | |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
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| Part V | Transactions With Re | elated Organizations (| Complete if the organ | ization answered "Yes" o | on Form 990, Part IV | ', line 34, 35b, or 36. |
|--------|----------------------|------------------------|-----------------------|--------------------------|----------------------|-------------------------|

| N | lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
|------------|--|------------|-----|----|
| | ing 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 F | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | No |
| | Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| | Gift, grant, or capital contribution from related organization(s) | 1 c | Yes | |
| | | 1d | | No |
| | oans or loan guarantees by related organization(s) | 1e | | No |
| | Dividends from related organization(s) | 1f | | No |
| | Sale of assets to related organization(s) | 1g | | No |
| | Purchase of assets from related organization(s) | 1h | | No |
| | xchange of assets with related organization(s) | 1i | | No |
| j L | ease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| | | _ | | |
| | | 1k | | No |
| I P | erformance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m P | erformance of services or membership or fundraising solicitations by related organization(s) | 1m | I | No |
| | haring of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| | Sharing of paid employees with related organization(s) | 10 | | No |
| • | | | | |
| p F | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q F | Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| | | | | |
| r C | ther transfer of cash or property to related organization(s) | 1r | | No |
| s C | Other transfer of cash or property from related organization(s) | 1 s | | No |
| 2 I | f 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)CHILDREN'S HOME OF LUBBOCK & FAMILY SERVICES AGENCY INC | В | 655,996 | CASH |
| (2)TEXAS BOYS RANCH FOUNDATION INC | N | | N/A |
| (3)TEXAS BOYS RANCH FOUNDATION INC | Q | 15,836 | CASH |
| (4)CHILDREN'S HOME OF LUBBOCK & FAMILY SERVICES AGENCY INC | С | 9,300 | CASH |
| | | | |
| | | | |

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

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

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