

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation MUSTANG FOUNDATION		A Employer identification number 75-2815383	
Number and street (or P O box number if mail is not delivered to street address) P O BOX 78		B Telephone number (see instructions) (817) 556-3255	
City or town, state or province, country, and ZIP or foreign postal code CLEBURNE, TX 76033		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>809,525</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	24,100			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	238	238		
	4 Dividends and interest from securities	16,294	16,294		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	101			
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			60	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	822	822			
12 Total. Add lines 1 through 11	41,555	17,414			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	5,600	0		0
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	373	373		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,670	0		0
	24 Total operating and administrative expenses. Add lines 13 through 23	10,643	373		0
	25 Contributions, gifts, grants paid	65,755			65,755
26 Total expenses and disbursements. Add lines 24 and 25	76,398	373		65,755	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-34,843				
b Net investment income (if negative, enter -0-)		17,041			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	132,453	96,243	96,243
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,174	2,236	2,236
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	241,254	241,254	365,990
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	59,277	60,937	59,054
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	149,729	149,374	286,002	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	584,887	550,044	809,525	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
29 Retained earnings, accumulated income, endowment, or other funds	584,887	550,044		
30 Total net assets or fund balances (see instructions)	584,887	550,044		
31 Total liabilities and net assets/fund balances (see instructions) .	584,887	550,044		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	584,887
2 Enter amount from Part I, line 27a	2	-34,843
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	550,044
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	550,044

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a PLAINS ALL AMERI PIPELINE LP L-T GAIN			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			60
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			60
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	60
{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	68,865	606,596	0.113527
2016	68,865	611,410	0.112633
2015	59,939	654,689	0.091553
2014	58,711	694,245	0.084568
2013	69,011	682,562	0.101106

2 Total of line 1, column (d)	2	0.503387
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.100677
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	591,370
5 Multiply line 4 by line 3	5	59,537
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	170
7 Add lines 5 and 6	7	59,707
8 Enter qualifying distributions from Part XII, line 4	8	65,755

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due is 10.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at MUSTANG BUILDING 1500 W HENDERSON CLEBURNE TX ZIP+4 76033

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DISPLAY OF ART OBJECTS IN PUBLIC PLACES	0
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	488,696
b	Average of monthly cash balances.	1b	111,680
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	600,376
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	600,376
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	9,006
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	591,370
6	Minimum investment return. Enter 5% of line 5.	6	29,569

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

1	Minimum investment return from Part X, line 6.	1	29,569
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	170
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	170
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	29,399
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	29,399
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	29,399

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	65,755
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	65,755
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	170
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	65,585

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				29,399
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.	35,162			
b From 2014.	24,765			
c From 2015.	27,573			
d From 2016.	38,646			
e From 2017.	38,851			
f Total of lines 3a through e.	164,997			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>65,755</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				29,399
e Remaining amount distributed out of corpus	36,356			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))		0		0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	201,353			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).		0		
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	35,162			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	166,191			
10 Analysis of line 9				
a Excess from 2014.	24,765			
b Excess from 2015.	27,573			
c Excess from 2016.	38,646			
d Excess from 2017.	38,851			
e Excess from 2018.	36,356			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
 LOWELL SMITH JR

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 LOWELL SMITH JR P O BOX 78 CLEBURNE
 1500 W HENDERSON
 CLEBURNE, TX 76033
 (817) 556-3255
 LOWELLS@1887RANCH.COM

b The form in which applications should be submitted and information and materials they should include
 A FORM CAN BE OBTAINED BY CONTACTING THE ORGANIZATION AT THE ABOVE ADDRESS

c Any submission deadlines
 NONE - APPLICATIONS ARE ACCEPTED AT ANY TIME

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 NONE, ALTHOUGH IT IS CONTEMPLATED THAT SUBSTANTIALLY ALL OF THE FOUNDATION'S GRANT MAKING WILL BE IN TEXAS

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

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

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

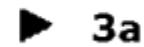
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LOWELL SMITH JR P O BOX 249 RIO VISTA, TX 76093	TRUSTEE & PRESIDENT 5 00	0	0	0
SUE ANN SMITH 4273 N FM 113 WEATHERFORD, TX 76088	TRUSTEE 0 50	0	0	0
SUE DENTON 4401 BRIARHAVEN ROAD FORT WORTH, TX 76109	TRUSTEE 0 50	0	0	0
WADE WALLACE 1214 WESTLAKE ROAD CLEBURNE, TX 76033	TRUSTEE 0 50	0	0	0
MIKE LEHRMANN 810 HYDE PARK BLVD CLEBURNE, TX 76033	TRUSTEE 0 50	0	0	0
PAM WATSON 406 MEADOW VIEW CLEBURNE, TX 76033	CO-SECRETARY/TREASURER 0 50	0	0	0
MARILYN S KING 1608 STONEGATE CLEBURNE, TX 76033	TRUSTEE 0 50	0	0	0
PAMELA L SMITH PM BOX 137 10 N CADDO CLEBURNE, TX 76031	TRUSTEE 0 50	0	0	0
ROSE NUNN 1204 SURRY PL CLEBURNE, TX 76033	CO-SECRETARY/TREASURER 0 50	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ATHENA SOCIETY OF BURLESON INC P O BOX 3123 BURLESON, TX 76097	N/A	PUBLIC CHARITY	SUPPORT FOR CANCER PATIENTS	100
BRAZOS CHAMBER ORCHESTRA P O BOX 287 KEENE, TX 76059	N/A	PUBLIC CHARITY	OPERATING FUNDS FOR COMMUNITY GROUP	500
CASA OF JOHNSON COUNTY ONE S WALNUT SUITE 65 CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	TRAIN VOLUNTEERS TO REPRESENT ABUSED CHILDREN IN COURT PROCEEDINGS	1,200
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
CHILDREN'S ADVOCACY CENTER OF JOHNSON CNTY 910 N GRANBURY ST CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	SERVICES TO CHILD VICTIMS OF ABUSE AND NEGLECT	7,000
CLEBURNE ISD505 N RIDGEWAY CLEBURNE, TX 76033	N/A	SCHOOL DISTRICT	JESSE FANTROY SCHOLARSHIPS ***SEE STMT 14	1,000
CLEBURNE PREGNANCY CENTER 100 S MAIN CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	FREE PREGNANCY SERVICES TO THE PUBLIC	1,000
Total				65,755



3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CLEBURNE ROTARY CLUB 1501 WEST HENDERSON CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	SPONSOR FOR LOCAL FUND RAISER	1,000
CLEBURNE ROTARY CLUB P O BOX 1261 CLEBURNE, TX 76033	N/A	N/A - INDIVIDUAL	L SMITH CAREER & TECH SCHOLARSHIPS ***SEE STMT 14	3,000
COMMUNITY PARTNERS OF JOHNSON COUNTY P O BOX 3361 CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	TABLE SPONSORSHIP FOR FUND RAISER TO PROVIDE EMERGENCY RESOURCES TO ABUSED AND NEGLECTED CHILDREN IN JOHNSON COUNTY, TX	250
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CRAZY 8 MINISTIRES 1100 W FM 917 JOSHUA, TX 76058	NA	PUBLIC CHARITY	BIBLICAL COUNSELING	1,000
EAST CLBURNE COMMUNITY CENTER P O BOX 356 CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	CHILDREN'S COMMUNITY CENTER OPERATING FUNDS	4,000
HOPE INCP O BOX 969 KEENE, TX 76059	N/A	PUBLIC CHARITY	HEALING OUTREACH PROFESSIONAL ENDEAVOR-FREE MEDICAL	1,000
Total				65,755

▶ **3a**

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HERITAGE ASSEMBLY INCP O BPX 3232 CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	LOCAL PROGRAMS	2,500
HILL COLLEGE2112 MAYFIELD PKWY CLEBURNE, TX 76033	N/A	COLLEGE	BOOTS N SCOOTs BALL FUND RAISER	3,000
HILL COLLEGE2112 MAYFIELD PKWY CLEBURNE, TX 76033	N/A	COLLEGE	NURSING PROGRAM SCHOLARSHIPS ***SEE STATEMENT 14	5,000
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HILL COLLEGE 2112 MAYFIELD PKWY CLEBURNE, TX 76033	NA	COLLEGE	JCDC JUMPSTAR FUND SUSTAINER LEVEL SPONSOR	2,500
HILL COLLEGE 2112 MAYFIELD PKWY CLEBURNE, TX 76033	N/A	COLLEGE	DANNY ROSADO SCHLORSHIP	1,000
INTERNATIONAL ORDER OF KINGS DAUGHTERS & SONS P O BOX 1411 CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	HELP WITH EMERGENCY ASSISTANCE TO FAMILIES YEAR AROUND	1,000
Total				65,755

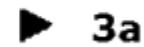
▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JOHNSON CO HERITAGE FOUNDATION P O BOX 771 CLEBURNE, TX 76033	N/A	PUBLIC CHARITY	PRESERVATION OF LOCAL HISTORICAL SITES	1,000
JOHNSON COUNTY FAMILY CRISIS CENTER 1915 N WILHITE ST CLEBURNE, TX 76031	N/A	PUBLIC CHARITY	ASSISTANCE FOR VICTIMS OF DOMESTIC VIOLENCE	250
LAURIE SMITH203 CEDAR ST MANSFIELD, TX 76063	NA	N/A - INDIVIDUAL	UNIVERSITY OF TEXAS, ARLINGTON FALL & SPRING SEMESTER SCHOLARSHIP	3,500
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAYLAND MUSEUM 201 N CADDO ST CLEBURNE, TX 76033	NA	PUBLIC CHARITY	GOLF SPONSOR FUND RAISER	1,000
MEALS ON WHEELS OF JOHNSON COUNTY 106 E KILPATRICK CLEBURNE, TX 76031	N/A	PUBLIC CHARITY	MEALS FOR AGED	2,750
NOLNDS RIVER LODGE #453 105 DEPOT ST RIO VISTA, TX 76093	N/A	PUBLIC CHARITY	GOLF TOURNAMENT FUND RAISER FOR MASONIC LODGE	300
Total				65,755



3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OPERATION BLESSING105 GEORGE ST CLEBURNE, TX 76031	N/A	PUBLIC CHARITY	DISTRIBUTES HOUSEHOLD ITEMS TO THE THOSE IN STRESSFUL SITUATIONS	1,500
PLAINS ALL AMERICAN PIPELINE LP - PASS THRU CHARITABLE CONTRIBUTIONS 333 CLAY ST STE 1600 HOUSTON, TX 77002	N/A	N/A - INDIVIDUAL	UNSPECIFIED CHARITABLE CONTRIBUTION INCLUDED IN PASS THRU INVESTMENT FORM K-1	1
RIO VISTA ISDP O BOX 369 RIO VISTA, TX 76093	NA	SCHOOL DISTRICT	CHAD BLAKE STEPHENS***SEE STATEMENT 14	1,500
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RIO VISTA ISDP O BOX 369 RIO VISTA, TX 76093	N/A	SCHOOL DISTRICT	JONATHAN W STEPHENS	1,500
RIO VISTA ISDP O BOX 369 RIO VISTA, TX 76093	N/A	SCHOOL DISTRICT	SCHOOL SUPPLIES FOR NEEDY	2,000
RIO VISTA ISDP O BOX 369 RIO VISTA, TX 76093	N/A	SCHOOL DISTRICT	SYDNEY ANN SCHMIDT***SEE STATEMENT 14	1,500
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALVATION ARMY 6500 HARRY HINES BLVD DALLAS, TX 75235	N/A	PUBLIC CHARITY	FOOD, CLOTHING, RENT & UTILITY ASSISTANCE	500
SMITH MIDDLE SCHOOL 1710 COUNTRY CLUB RD CLEBURNE, TX 76033	NA	SCHOOL DISTRICT	AWARDS DAY-AWARDS AND T SHIRTS	4,154
SOUTHWESTERN ADVENTIST UNIVERSITY 100 W HILLCREST ST KEENE, TX 76059	N/A	COLLEGE	BETTY CANIZARES SCHLORSHIP	1,000
Total ▶ 3a				65,755

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEXAS A & M UNIVERSITY P O BOX 30016 COLLEGE STATION, TX 778423016	N/A	COLLEGE	JEREMY WELTY FALL 2018 SCHLORSHIP	1,000
TEXAS HEALTH RESOURCES FOUNDATION 612 E LAMAR SUITE 300 ARLINGTON, TX 76011	N/A	PUBLIC CHARITY	BLACK & WHITE GALA FUND RAISER-DISTRIBUTES TO LOCAL CHARITIES	5,000
TEXAS TECH UNIVERSITY WEST HALL 2500 BROADWAY ST 301 LUBBOCK, TX 79409	N/A	COLLEGE	CASSIDY MARTYRUISK SCHLORHSIP	1,250
Total				65,755

▶ **3a**

TY 2018 Accounting Fees Schedule**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ESTES ARMSTRONG EARLEY LLC	5,600	0		0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: MUSTANG FOUNDATION

EIN: 75-2815383

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ENTERPRISE PROD PTRS LP 1231 GAIN		PURCHASED						0	1	
PLAINS ALL AMER PIPELINE LP 1231 GAIN		PURCHASED						0	40	

TY 2018 General Explanation Attachment**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		PART XV, LINE 3 - GRANTS & CONTRIBUTIONS PAID DURING THE YEAR	SCHLORSHIPS AWARDED *** SCHLORSHIPS ARE AWARDED TO INDIVIDUALS PURSUANT TO A PROGRAM APPROVED BY THE INTERNAL REVENUE SERVICE UNDER SECTION 4945(G)

TY 2018 Investments Corporate Stock Schedule**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
A T & T	16,344	17,124
AMERICAN ELECTRIC	9,433	22,422
B B & T	6,838	8,664
CHEMOURS	227	564
CONAGRA FOODS	3,415	4,272
CONOCOPHILLIPS	12,991	24,940
CONSOLIDATED EDISON	29,471	45,876
DOWDUPONT	4,229	6,845
EXXONMOBIL	25,082	34,095
GENERAL ELECTRIC	15,300	7,570
GENERAL MILLS	11,030	11,682
LAMB WESTIN HOLDINGS	996	4,855
NORFOLK SOUTHERN	16,675	44,862
PFIZER	4,635	13,095
PHILLIPS 66	3,861	17,230
PUBLIC SERVICE	9,084	15,615
ROYAL DUTCH SHELL	33,572	34,962
SOUTHERN COMPANY	9,945	13,176
WELLS FARGO & CO NEW	16,955	27,648
WEYERHAUSER	11,171	10,493

TY 2018 Investments - Other Schedule**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
VANGUARD GNMA FD	AT COST	60,937	59,054

TY 2018 Other Assets Schedule

Name: MUSTANG FOUNDATION

EIN: 75-2815383

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
ARTWORK & COLLECTIBLES	145,601	145,601	262,650
ROYALTY INTEREST	5,500	5,500	5,500
DEFICIT BALANCE IN ENTERPRISE PROD PTRS LP CAPITAL ACCOUNT	-1,448	-1,639	9,836
DEFICIT BALANCE IN ALL AMERICAN PIPELINE LP CAPITAL ACCOUNT	76	-88	8,016

TY 2018 Other Expenses Schedule**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE-D & O	3,261	0		0
STORAGE BUILDING RENTAL	1,140	0		0
PASS THRU K-1 - NON DEDUCTIBLE EXPENSES	4	0		0
OFFICE SUPPLIES & POSTAGE	265	0		0

TY 2018 Other Income Schedule**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
TEP BARNETT-ROYALTIES	73	73	73
ENTERPRISE PROD K-1 ORD BUS INCOME	493	493	493
ENTERPRISE PROD K-1 DEBT CANCEL	1	1	1
PLAINS ALL AMERICAN PIPELINE LP-ORD BUS INCOME	255	255	255

**TY 2018 Substantial Contributors
Schedule****Name:** MUSTANG FOUNDATION**EIN:** 75-2815383

Name	Address
LOWELL SMITH	P O BOX 249 RIO VISTA, TX 76093
SMITH MUSTANG LTD	P O BOX 78 CLEBURNE, TX 76033

TY 2018 Taxes Schedule**Name:** MUSTANG FOUNDATION**EIN:** 75-2815383

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAX WITHHELD - ROYAL DUTCH SHELL	338	338		0
FOREIGN TAX WITHHELD - PLAINS ALL AMER K-1	35	35		0

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Go to www.irs.gov/Form990 for the latest information

OMB No 1545-0047
2018

Name of the organization
MUSTANG FOUNDATION

Employer identification number
75-2815383

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization MUSTANG FOUNDATION	Employer identification number 75-2815383
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Part I Contributors (See Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	<hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization MUSTANG FOUNDATION	Employer identification number 75-2815383
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Part II **Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(See instructions) Use duplicate copies of Part II if additional space is needed			
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization MUSTANG FOUNDATION	Employer identification number 75-2815383
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 75-2815383

Name: MUSTANG FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOWELL SMITH	\$ 15,250	Person <input checked="" type="checkbox"/>
	P O BOX 249		Payroll <input type="checkbox"/>
	RIO VISTA, TX 76093		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	SMITH MUSTANG LTD	\$ 5,000	Person <input checked="" type="checkbox"/>
	P O BOX 78		Payroll <input type="checkbox"/>
	CLEBURNE, TX 760330078		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	BRADLEY LAW FIRM	\$ 1,000	Person <input checked="" type="checkbox"/>
	13 E HENDERSON		Payroll <input type="checkbox"/>
	CLEBURNE, TX 76033		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	CLEBURNE ECONOMIC DEVELOPMENT FOUNDATION	\$ 200	Person <input checked="" type="checkbox"/>
	P O BOX 134		Payroll <input type="checkbox"/>
	CLEBURNE, TX 76033		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	DENNY ATWOOD	\$ 500	Person <input checked="" type="checkbox"/>
	55 TIMBER VILLA		Payroll <input type="checkbox"/>
	ELIZABETHTOWNE, PA 17022		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	DON BROWN	\$ 500	Person <input checked="" type="checkbox"/>
	7715 E FM 4		Payroll <input type="checkbox"/>
	GRABDVIEW, TX 76050		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GARRETT WEALTH ADVISORY GROUP	\$ 100	Person <input checked="" type="checkbox"/>
	1207 SANTA FE DR		Payroll <input type="checkbox"/>
	WEATHERFORD, TX 76086		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	HANK NANCE	\$ 50	Person <input checked="" type="checkbox"/>
	615 ROCKDALE RD		Payroll <input type="checkbox"/>
	CLEBURNE, TX 76033		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	JEFF ENGLAND	\$ 250	Person <input checked="" type="checkbox"/>
	1736 N MAIN ST		Payroll <input type="checkbox"/>
	CLEBURNE, TX 76033		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	JIMMY CAMPBELL	\$ 100	Person <input checked="" type="checkbox"/>
	4217 FM 1434		Payroll <input type="checkbox"/>
	CLEBURNE, TX 76033		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	JOHN BENSON	\$ 50	Person <input checked="" type="checkbox"/>
	3109 FM 731		Payroll <input type="checkbox"/>
	BURLESON, TX 76028		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	LUMMUS HALLMAN PRITCHARD & BAKER	\$ 100	Person <input checked="" type="checkbox"/>
	502 N RIDGEWAY		Payroll <input type="checkbox"/>
	CLEBURNE, TX 76033		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990 Schedule B, Part I - Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STEVE SCURLOCK	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	1700 RIO GRAND ST STE 100		
	AUSTIN, TX 78701		
14	SARA ATWOOD	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	1004 BER CREEK RD		
	ELIZABETHTOWNE, PA 17022		
15	ROSE NUNN	\$ 50	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	1204 SURRY PL		
	CLEBURNE, TX 76033		
16	MIKE LEHRMAN	\$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	810 HYDE PARKE BLVD		
	CLEBURNE, TX 76033		
17	MERCANTILE INVESTMENT ADVISORY GROUP	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	2650 MEACHAM BLVD		
	FORT WORTH, TX 76147		