DLN: 93493007020820 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 D Employer identification number B Check if applicable WACO FOUNDATION ☐ Address change 74-6054628 \square Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1227 N VALLEY MILLS DR STE 235 ☐ Amended return ☐ Application pending (254) 754-3404 City or town, state or province, country, and ZIP or foreign postal code WACO, TX $\,$ 76710 $\,$ **G** Gross receipts \$ 30,958,039 Name and address of principal officer H(a) Is this a group return for ASHLEY ALLISON DULSKI ☐Yes **☑**No subordinates? 1227 N VALLEY MILLS DR STE 235 H(b) Are all subordinates WACO, TX 76710 ☐ Yes ☐No included? I Tax-exempt status 4947(a)(1) or 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WACOFOUNDATION ORG **K** Form of organization \square Corporation abla Trust \square Association \square Other ablaL Year of formation 1958 M State of legal domicile TX Summary 1 Briefly describe the organization's mission or most significant activities AS THE COMMUNITY FOUNDATION SERVING MCLENNAN COUNTY, TEXAS, WACO FOUNDATION IS AN INDEPENDENT PUBLIC CHARITY THAT STEWARDS PHILANTHROPIC RESOURCES FROM INSTITUTIONAL AND INDIVIDUAL DONORS AND DIRECTS THEIR USE FOR THE BENEFIT OF COMMUNITY-BASED CHARITIES THE GOAL OF WACO FOUNDATION IS TO INCREASE QUALITY OF LIFE IN THE GEOGRAPHIC AREA IT SERVES, MCLENNAN COUNTY WACO FOUNDATION DEVOTES THE RESOURCES IN ITS CARE TO EFFORTS THAT IDENTIFY AND Activities & Governance ADDRESS THE COMMUNITY'S GREATEST NEEDS $\,$ ACTIVITIES ARE GOVERNED BY A VOLUNTARY, ROTATING BOARD OF TRUSTEES COMPRISED OF PEOPLE FROM THE COMMUNITY, WHICH USES ITS VARIANCE POWER TO ENSURE THAT THE INTERESTS OF THE ENTIRE COMMUNITY ARE THE FOCUS OF THE WORK AND THAT THE WORK REMAINS RELEVANT OVER TIME Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net asset Number of voting members of the governing body (Part VI, line 1a) 3 10 4 10 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 32 Total number of volunteers (estimate if necessary) . . . 6 10 7a 24,149 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 21,690 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 3,807,805 13,457,512 9 Program service revenue (Part VIII, line 2g) . 576 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4,783,692 2,104,215 42,880 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,340 8,593,413 15,604,607 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 2,980,702 3,411,116 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 902,852 929,373 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶72,289 989,335 1,262,489 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,872,889 5,602,978 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 3,720,524 10,001,629 19 Revenue less expenses Subtract line 18 from line 12 . Assets or d Balances End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) . 86,773,265 97,060,627 21 Total liabilities (Part X, line 26) . 547,920 521,500 Net assets or fund balances Subtract line 21 from line 20 . 86,225,345 96,539,127 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-01-02 Signature of officer Sign Here ASHLEY DULSKI EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | If Paid self-employed Firm's name Firm's EIN Preparer Use Only Firm's address Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

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Pa	t III Statement	t of Program Serv	ice Accomplis	hments		
	Check if Sch	edule O contains a res	sponse or note to a	any line in this Part III		🗸
1	Briefly describe the	organization's missior	า			
					LLENGES, STRENGTHEN LOCAL NO COUNTY	NONPROFITS, ENGAGE
2	3	, ,		vices during the year wh	nich were not listed on	
	'	or 990-EZ?				🗌 Yes 🗹 No
	•	ese new services on S				
3	Did the organization	cease conducting, or	make significant	changes in how it condu	cts, any program	
	services?					☑ Yes ☐ No
	If "Yes," describe th	ese changes on Sched	dule O			
4	Section 501(c)(3) a		ations are required	to report the amount of	largest program services, as mea f grants and allocations to others	
4a	(Code) (Expenses \$	200,987	including grants of \$	131,800) (Revenue \$	21,871)
	See Additional Data					
4b	(Code) (Expenses \$	493,155	ıncludıng grants of \$	354,248) (Revenue \$	0)
	See Additional Data					
4c	(Code) (Expenses \$	853,034	ıncludıng grants of \$	0) (Revenue \$	0)
	See Additional Data					
	(Code) (Expenses \$	3,027,241	including grants of \$	2,925,068) (Revenue \$	0)
	DISCRETIONARY FUND		ATION'S DISCRETION		GNATED, DONOR ADVISED, SCHOLAR: FINTEREST FUNDS GAVE GRANTS TO	
		ices (Describe in Sche	edule O)			
4d	Other program serv	ices (Describe in Sche				
4d	Other program serv (Expenses \$,	ncluding grants of	\$ 2,925,06	68) (Revenue \$	0)

Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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? 4 Nο 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? 5 Nο 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? Yes 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? No R 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 Nο 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Nο 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 14b Yes Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

Yes

Yes

21

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Pai	tiv Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

Yes

Yes

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No

38

24

0

1a

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

No

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a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O				
	Check if Schedule O contains a response or note to any line in this Part VI				✓
Se	ection A. Governing Body and Management			14	
1.	a Enter the number of voting members of the governing body at the end of the tax year			Yes	No
14	1a la	10			
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relationship or a business relation officer, director, trustee, or key employee?	ionship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by or uno of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Fo	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? .	5		No
6	Did the organization have members or stockholders?		6		No
	Did the organization have members, stockholders, or other persons who had the power to elect members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) membersons other than the governing body?	ers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertained the following	aken during the year by			
а	The governing body?		8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?		8 b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> .		9		No
Se	ection B. Policies (This Section B requests information about policies not required by	y the Internal Revenue	Code		
	Did the consensation have level shoutens have the consensation of efficience.	1		Yes	No
10-			10-		NI.
	Did the organization have local chapters, branches, or affiliates?		10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes	57	10a 10b		No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form?	57 g body before filing the		Yes	No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing	57 g body before filing the	10b		No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to lid the organization have a written conflict of interest policy? If "No," go to line 13	5? g body before filing the	10b	Yes Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts?	g body before filing the	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 by Id the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests	g body before filing the	10b 11a 12a	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy?	g body before filing the	10b 11a 12a 12b	Yes	No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	g body before filing the body before filing the body before filing the characters to the could give rise to the co	10b 11a 12a 12b 12c	Yes Yes Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy?	g body before filing the growth before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and applications.	g body before filing the growth before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 plus the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision of the organization's CEO, Executive Director, or top management official	g body before filing the growth before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	g body before filing the	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 plus the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision of the organization's CEO, Executive Director, or top management official	g body before filing the	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a b c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 bid the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar at taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to ein joint venture arrangements under applicable federal tax law, and take steps to safeguard the	g body before filing the	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of suand branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 pid the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar at taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to ein joint venture arrangements under applicable federal tax law, and take steps to safeguard the status with respect to such arrangements?	g body before filing the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b T6a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule 0 the process, if any, used by the organization to review this Form 990 plut the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision. The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar at taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to ein joint venture arrangements under applicable federal tax law, and take steps to safeguard the status with respect to such arrangements?	g body before filing the	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 plut the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appipersons, comparability data, and contemporaneous substantiation of the deliberation and decision. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar at taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to ein joint venture arrangements under applicable federal tax law, and take steps to safeguard the status with respect to such arrangements? Ection 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-A if applicable), 990, and	g body before filing the that could give rise to If "Yes," describe in proval by independent fon? rrangement with a evaluate its participation organization's exempt d 990-T (501(c)(3)s	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of su and branches to ensure their operations are consistent with the organization's exempt purposes. Has the organization provided a complete copy of this Form 990 to all members of its governing form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 plus Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and appersons, comparability data, and contemporaneous substantiation of the deliberation and decision. Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar at taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to en in joint venture arrangements under applicable federal tax law, and take steps to safeguard the status with respect to such arrangements?	g body before filing the that could give rise to If "Yes," describe in proval by independent ion? rrangement with a evaluate its participation e organization's exempt	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	

policy, and financial statements available to the public during the tax year

20

State the name, address, and telephone number of the person who possesses the organization's books and records ►LESLIE MITCHELL CPA 1227 N VALLEY MILLS DR STE 235 WACO, TX 76710 (254) 754-3404

Part VII

(F)

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
- 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 (C) (A) (B) (D) (E)

Name and Title	Average hours per week (list any hours	erage Position (do not check more than one box, unless person sk (list is both an officer and a director/trustee) (W. 201000				Position (do not che than one box, unless is both an officer director/truste				Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) SAM ALLISON TRUSTEE	2 5	×						0	0	0	
(2) SHERMAN AYRES TRUSTEE	2 5	х						0	0	0	
(3) BETTY BAUER TRUSTEE	2 5	Х						0	0	0	
(4) STEVE CATES TRUSTEE	2 5	х						0	0	0	
(5) KYLE DEAVER TRUSTEE	2 5	х						0	0	0	
(6) MONTE HULSE TRUSTEE	25	х						0	0	0	
(7) CHRIS MCSWAIN TRUSTEE	2 5	Х						0	0	0	0
(8) MALCOLM DUNCAN JR SECRETARY/TREASURER	25	Х		х				0	0	0	
(9) KRIS KAISER OLSON VICE CHAIR	2 5	х		x				0	0	0	
(10) CARA CHASE CHAIR	4 5 0 0 1	х		х				0	0	0	
(11) ASHLEY DULSKI EXECUTIVE DIRECTOR	39 9			х	х	×		174,725	0	24,158	
(12) LESLIE MITCHELL DIRECTOR OF FINANCE	29 75 0 25			x				69,910	0	13,617	
						l		I		Form 990 (2018)	

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other is both an officer and a week (list from the from related compensation director/trustee) organization (Wany hours organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual trustee or director Highest compensated employee organizations related Institutional Trustee below dotted organizations line)

1b Sub-Total					*				
d Total (add lines 1b and 1c)	 				•		244,635	0	37,775
2 Total number of individuals (including		e liste	ed al	bove	e) who	rece	eived more than \$1	00,000	

	Sub-Total			
	Total from continuation sheets to Part VII, Section A	0		37,77
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

		Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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 J for such individual		.,	
	4	Yes	
	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 J for such	Inne 1a? If "Yes," complete Schedule J for such individual	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

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

	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	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	No	
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		npensa	ation	
	(A) Name and business address	(B) Description of services		(C) Compensation	

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

COLONIAL CONSULTING LLC INVESTMENT CONSULTING 107,419

750 THIRD AVE 20TH FLOOR NEW YORK, NY 10017

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 ▶ 1 Form **990** (2018)

	90 (2018)							Page 9
Part								
	Check if Schedi	ule O contains a i	respo	inse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campai	gns	1a	0	L	revenue		312 311
unts	b Membership dues		1 b	0				
9 10 10 10 10 10 10 10 10 10 10 10 10 10	c Fundraising event	:s	1c	0				
ffs, ïA	d Related organizati	ions	1d	0				
<u>⊒</u> .	e Government grants ((contributions)	1e	0				
utions er Sir	f All other contribution and similar amounts above	not included	1 f	13,457,512				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribut in lines 1a - 1f \$ _			<u> 87,646</u>				
<u>ۃ ت</u>	h Total. Add lines 1	a-1f	•	•	13,457,512			
F.	2-			Business	Code			
Program Service Revenue	2a							
ı oğ	b ————							
<u>ا</u> ۲	c		-					
% - %	u							
gran	f All other program s	service revenue						
ě	9Total. Add lines 2a-	-2f		>	0			
	3 Investment income	(ıncludıng dıvıder	nds, II	nterest, and other	1 070 071		24.140	1 052 022
	similar amounts) . 4 Income from investr	nent of tax-exem		and proceeds	1,078,071		· ·	
					24.000	_		
	•	(ı) Real		(II) Personal				
	6a Gross rents							
	b Less rental expenses	5			-			
	5							
	c Rental income or (loss)		0	(0			
	d Net rental income	or (loss)	•]			
	7a Gross amount	(ı) Securitie	s	(II) Other	-			
	from sales of assets other	16,379	9,576	(0			
	than inventory							
	b Less cost or other basis and	15,353	3 432					
	sales expenses	1,026						
	C Gain or (loss)d Net gain or (loss)	, ,		<u> </u>	1,026,144	l o	0	1,026,144
	8a Gross income from			<u>_</u>	1			
an	(not including \$ contributions report	0 of						
₽	See Part IV, line 18		a					
Re	b Less direct expens		ь					
Other Revenue	c Net income or (loss 9a Gross income from			ents 🕨	1			
ŏ	See Part IV, line 19		,]					
			a .		_			
	b Less direct expensc Net income or (loss		b [ctiviti					
	10aGross sales of invei			es >	1			
	returns and allowar	nces						
	b Less cost of goods	s sold	a b		-			
	c Net income or (loss		L	ory >	_			
ŀ	Miscellaneou			Business Code				
	11aINCOME FROM FEE	ES CHARGED TO		900099	9 21,871	21,871	0	0
	b	<u> </u>						
]					
	C							
	A All III		ļ		_	-	_	-
	d All other revenue e Total. Add lines 11				0	0	0	0
	12 Total revenue. Se		•	•	21,871			
	rotal revenue. Se	e monuchons .	•	· · · •	15,604,607	21,871	24,149	2,101,075 Form 990 (2018)
								Form 990 (2018)

Form 9	90 (2018)				Page 10
Part I Section	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	rants and other assistance to domestic organizations and omestic governments See Part IV, line 21	2,869,459	2,869,459		
	rants and other assistance to domestic individuals. See art IV, line 22	541,657	541,657		
go	rants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 15 nd 16	0	0		
4 Be	enefits paid to or for members	0			
	empensation of current officers, directors, trustees, and ey employees	160,087	17,700	124,687	17,700
de	ompensation not included above, to disqualified persons (as efined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B)	0	0	0	0
7 Ot	ther salaries and wages	624,769	428,076	164,603	32,090
	ension plan accruals and contributions (include section 401) and 403(b) employer contributions)	50,966	22,376	24,209	4,381
9 Ot	ther employee benefits	37,265	11,860	22,394	3,011
10 Pa	ayroll taxes	56,286	32,311	20,331	3,644
11 Fe	ees for services (non-employees)				
a Ma	anagement	0	0	0	0
b Le	gal	7,085	1,831	5,254	0
c Ac	ccounting	19,587	1,530	17,688	369
d Lo	obbying	0	0	0	0
e Pr	ofessional fundraising services See Part IV, line 17	0			0
f In	vestment management fees	358,929	720	358,209	0
	ther (If line 11g amount exceeds 10% of line 25, column a) amount, list line 11g expenses on Schedule O)	54,707	37,080	15,180	2,447
12 Ac	dvertising and promotion	3,511	3,511	0	0
13 Of	ffice expenses	50,881	24,499	19,031	7,351
14 In	formation technology	121,767	64,985	56,782	0
15 Ro	pyalties	0	0	0	0
16 Oc	ccupancy	91,608	37,395	53,253	960
17 Tr	avel	27,291	18,714	8,577	0
	eyments of travel or entertainment expenses for any deral, state, or local public officials	0	0	0	0
19 Co	onferences, conventions, and meetings	38,225	22,915	15,310	0
20 In	terest	0	0	0	0
21 Pa	yments to affiliates	0	0	0	0
22 De	epreciation, depletion, and amortization	8,264	0	8,264	0
23 In:	surance	6,681	2,672	4,009	0
	ther expenses Itemize expenses not covered above (List iscellaneous expenses in line 24e If line 24e amount				

353,295

15,587

5,649

99,422

5,602,978

352,959

3,848

1,558

76,761

4,574,417

336

0

0

0

72,289

Form **990** (2018)

0

11,739

4,091

22,661

956,272

exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

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)

expenses on Schedule O)

b RECEPTIONS AND EVENTS

c DUES AND SUBSCRIPTIONS

a WORKSHOP EXPENSE

d OTHER EXPENSES

e All other expenses

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31

32

33

34

Net

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	200	1	200
	2	Savings and temporary cash investments	7,091,852	2	8,393,681
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	-309	4	3,221,295
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ets	7	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
88	8	Inventories for sale or use		8	
⋖	٥	Dramaid evanges and deferred charges		_	

Assets	7	voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net				7	
SSI	8	Inventories for sale or use				8	
۱۹	9	Prepaid expenses and deferred charges		[9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	162,334			
	b	Less accumulated depreciation	10 b	156,384	14,214	10 c	5,950
	11	Investments—publicly traded securities .			46,087,115	11	48,670,871
	12	· · · · · · · · · · · · · · · · · · ·	33,438,966	12	36,639,304		
12 Investme	Investments—program-related See Part IV, line	: 11 .			13		
	14	Intangible assets		[14	

9	Prepaid expenses and deferred charges				9		
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	162,334				
b	Less accumulated depreciation	10b	156,384	14,214	10c	5,950	
11	Investments—publicly traded securities .	46,087,115	11	48,670,871			
12	Investments—other securities See Part IV, line	11 .		33,438,966	12	36,639,304	
13	Investments—program-related See Part IV, line	e 11 .			13		
14	Intangible assets	ntangible assets					
15	Other assets See Part IV, line 11			141,227	15	129,326	
16	Total assets.Add lines 1 through 15 (must equ	86,773,265	16	97,060,627			
17	Accounts payable and accrued expenses			42,216	17	60,105	
18	Grants payable			505,704	18	461,395	
	- ·						

0	Less accumulated depreciation	100	100,007	17,217	100	0,500
11	Investments—publicly traded securities .	46,087,115	11	48,670,871		
12	Investments—other securities See Part IV, line	11 .		33,438,966	12	36,639,304
13	Investments—program-related See Part IV, line	11 .			13	
14	Intangible assets		[14	
15	Other assets See Part IV, line 11		[141,227	15	129,326
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	86,773,265	16	97,060,627
17	Accounts payable and accrued expenses			42,216	17	60,105
18	Grants payable			505,704	18	461,395
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
رب 21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Se 21	Loans and other payables to current and former key employees, highest compensated employee					

	11	Investments—publicly traded securities .	46,087,115	11	48,670,871
	12	Investments—other securities See Part IV, line 11	33,438,966	12	36,639,304
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	141,227	15	129,326
	16	Total assets.Add lines 1 through 15 (must equal line 34)	86,773,265	16	97,060,627
	17	Accounts payable and accrued expenses	42,216	17	60,105
	18	Grants payable	505,704	18	461,395
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ڼ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge.		persons Complete Part II of Schedule L		22	
Ī	23	Secured mortgages and notes payable to unrelated third parties		23	

24 Unsecured notes and loans payable to unrelated third parties . 24

Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 547.920 521.500 26 **Total liabilities.**Add lines 17 through 25 . 26

Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 39,737,991 49.928.736 27 27 25,311,452 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 21,175,902 29

24,329,766 22,280,625 Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30

> 31 32

33

34

96,539,127

97,060,627

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86,225,345

86,773,265

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a

3b

No

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007995

Software Version: v1.00

GRANT PROGRAM. THE FOUNDATION PROVIDES SUPPORT TO SEVERAL COMMUNITY-WIDE EFFORTS DESIGNED TO END SYSTEMIC POVERTY AND PROMOTE EDUCATION. AND HEALTH. THE GRANTS MADE FROM OUR DISCRETIONARY PROGRAM BENEFITED OVER FIVE INSTITUTIONS AND ORGANIZATIONS, INCLUDING SMALL NONPROFITS.

EIN: 74-6054628 Name: WACO FOUNDATION

Form 990, Part III, Line 4a: WACO FOUNDATION OPERATING FUND. THIS FUND IS THE ORGANIZATION'S PRIMARY COMPETITIVE GRANTMAKING FUND. PROVIDING GRANTS TO NONPROFITS THAT SERVE MCLENNAN COUNTY RESIDENTS, ALONG WITH OTHER FUNDS (DISCRETIONARY AND SELECTED FIELD OF INTEREST FUNDS) THAT SUPPORT OUR COMPETITIVE

WHICH ADDRESS BASIC HUMAN NEEDS, TO LARGE INSTITUTIONS WORKING TO INTERVENE WITH SYSTEMIC ISSUES THAT LEAD TO POVERTY

Form 990 (2018)

MAC COLLEGE MONEY PROGRAM THIS FUND WAS ESTABLISHED TO PROVIDE 1ST AND 2ND YEAR GRANTS TO STUDENTS ATTENDING MCLENNAN COMMUNITY COLLEGE AND TEXAS STATE TECHNICAL COLLEGE IN MCLENNAN COUNTY IN ADDITION, 3RD AND 4TH YEAR SCHOLARSHIPS ARE ALSO PROVIDED TO PREVIOUS GRANT RECIPIENTS WHO WANT TO CONTINUE THEIR EDUCATION AT ANY 4-YEAR COLLEGE IN OR OUTSIDE THE MCLENNAN COUNTY AREA DURING THE 2018 TAX YEAR, 605 MCLENNAN COUNTY SENIORS ENROLED IN THE MAC COLLEGE MONEY PROGRAM. THE SENIOR MAC AND SCHOLARSHIPS COORDINATOR AND THE MAC AND

SCHOLARSHIPS COORDINATOR OF THE PROGRAM ASSIST STUDENTS IN COMPLETING THEIR ANNUAL FAESA IN ORDER TO ACCESS FEDERAL STUDENT AID GRANTS.

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: ORGANIZATIONAL MISSION PROGRAM THIS FUND IS USED TO PROVIDE GRANTS AND SERVICES THAT PROMOTE NONPROFIT EFFECTIVENESS AND EFFICIENCY. EXCELLENCE IN MANAGEMENT AND GOVERNANCE AND FINANCIAL SUSTAINABILITY PROGRAM ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO THE AWARD OF SMALL

ASSISTANCE GRANTS THAT CAN BE USED TO ACCESS THE SERVICES AND EXPERTISE OF A PROFESSIONAL NONPROFIT CONSULTANT, ACCESS TO FIELD/SECTOR SPECIFIC EDUCATIONAL RESOURCES (FROM LOCAL, REGIONAL AND/OR NATIONAL SOURCES), THE DELIVERY OF A CIVIC/COMMUNITY DEVELOPMENT-ORIENTED

LEADERSHIP SKILLS DEVELOPMENT PROGRAM, THE DELIVERY OF NONPROFIT MANAGEMENT TRAININGS WHICH FOCUS ON TOPICS SUCH AS FUNDRAISING, MEETING FACILITATION, PROPOSAL WRITING, AND RACIAL EQUITY THE PROGRAM ALSO SUPPORTS THE IDENTIFICATION, COORDINATION AND USE OF COMMUNITY RESOURCES

BY AREA ORGANIZATIONS AND NONPROFITS. THE CREATION, MAINTENANCE AND DISTRIBUTION OF RESOURCES AND INFORMATION (VIA WEBSITES AND NEWSLETTERS) THAT PROVIDE AREA RESIDENTS AND NONPROFITS WITH INFORMATION ON VOLUNTEERISM, LEADERSHIP DEVELOPMENT, BEST PRACTICES IN NONPROFIT MANAGEMENT,

RACIAL EQUITY AND SYSTEMS LEVEL CHANGE

SCHEDULE A (Form 990 or co 990EZ)				Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of t			► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
Name of the VACO FOUND	e organiza	tion					Employer identifi	cation number
Do at T	D	ia Darbiia 4	Shariba Chab	(All augustus)		La Lla	74-6054628	
Part I				us (All organization e it is (For lines 1 thro			see instructions.	
1 🗆		•		ssociation of churches			(A)(i).	
2 🗆	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))	,	
3 □	A hospital o	r a cooperati	ve hospital ser	vice organization desci	ribed in section	170(b)(1)(A)(iii).	
4 🗆	·	esearch orga	•	red in conjunction with			•	Enter the hospital's
5 🗌		tion operated iv). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in section 170
6	A federal, s	tate, or local	government o	r governmental unit de	scribed in sectio	on 170(b)(1)(<i>A</i>	\)(v).	
7	section 17	0(b)(1)(A)(vi). (Complete			-	ınıt or from the genei	ral public described in
8	A communi	ry trust descr	ıbed ın sectio ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9 🗌				escribed in 170(b)(1) See instructions Enter				lege or university or a
ro 🗆	from activit investment	ies related to income and i	ıts exempt fur ınrelated busır	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
.1 🗆	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
.2	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a 🗌	Type I. A so	upporting org	janization opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
ь 🗆	manageme	nt of the supp	_	pervised or controlled in ation vested in the sar and C.				_
c 🗌				supporting organizatio				ated with, its
	Type III n functionally	on-function integrated	ally integrate he organizatio	clons) You must comed. A supporting organion generally must satis or generally must satis ort IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
	Check this l	oox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
f Enter			on-functionally organizations	ıntegrated supporting	organization			
g Provid	e the follow	ing informati	on about the s	upported organization(s)		•	1
			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No		
otal								
	ork Reduc	tion Act Not	ice, see the T	 nstructions for	L Cat No 1128!	<u>I</u> 5F !	 Schedule A (Form 9	990 or 990-EZ) 2018

(b)(1)(A)(ix)

organization

Schedule A (Form 990 or 990-EZ) 2018

Page 2

	(Complete only if you ch						y under Part
	III. If the organization fa	uls to qualify un	der the tests list	ed below, please	e complete Part	III.)	
S	ection A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in)		` '				
L	Gifts, grants, contributions, and membership fees received (Do not	4,331,149	2,337,380	5,516,301	3,807,805	4,945,225	20,937,860
	include any "unusual grant ")	4,331,149	2,337,380	3,310,301	3,007,003	4,943,223	20,937,600
,	Tax revenues levied for the						
	organization's benefit and either paid	0	0	o	0	0	0
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	0	0	0	0	0	0
	the organization without charge						
4	Total. Add lines 1 through 3	4,331,149	2,337,380	5,516,301	3,807,805	4,945,225	20,937,860
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						4,836,845
	supported organization) included on line 1 that exceeds 2% of the						4,630,643
	amount shown on line 11, column (f)						
	amount shown on line 11, column (1)						
5	Public support. Subtract line 5						16 101 015
	from line 4						16,101,015
S	ection B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	. ,	, ,		` '	` '	
7	Amounts from line 4	4,331,149	2,337,380	5,516,301	3,807,805	4,945,225	20,937,860
8	Gross income from interest,						
	dividends, payments received on	694,236	674,462	693,733	944,695	1,074,931	4,082,057
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the	0	12,101	3,635	0	24,149	39,885
	business is regularly carried on		,	5,555	1		,
10	Other income Do not include gain						
	or loss from the sale of capital	0	0	0	0	0	0
	assets (Explain in Part VI)						
11							25,059,802
						T T	
	Gross receipts from related activities,					12	37,510
13	First five years. If the Form 990 is fo	r the organization	s first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nızatıon,
	check this box and stop here					▶ □	
S	ection C. Computation of Public						
14				olumn (f))		14	64 250 %
	Public support percentage for 2017 Sci			(177		15	
					14 - 22 4 (20)		66 273 %
16a	33 1/3% support test—2018. If the				14 IS 33 1/3% or	more, check this b	
	and stop here. The organization quali						▶ ☑
b	33 1/3% support test—2017. If th	e organization did	not check a box or	line 13 or 16a, a	nd line 15 is 33 1/3	3% or more, check	
	box and stop here. The organization	qualifies as a pub	licly supported orga	anızatıon			▶ □
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization						
	in Part VI how the organization meets	the "facts-and-circ	umstances" test T	he organization q	ualifies as a public	ly supported	_

b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50/5		412.554.7		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
5	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						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 20/ 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
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		
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		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	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			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data



Name: WACO FOUNDATION

Part VI
Supplemental Information. 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

SCHEDULE D

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

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.

OMB No 1545-0047

DLN: 93493007020820

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Nai	me of the organization	, , , , , , , , , , , , , , , , , , , 	Employer identification number				
V V A	COTOUNDATION		74-6054628				
Pa	Organizations Maintaining Donor Adv Complete if the organization answered "Y		or Accounts.				
	, ,	(a) Donor advised funds	(b)Funds and other accounts				
	Total number at end of year	63	150				
	Aggregate value of contributions to (during year)	1,489,617	11,967,894				
	Aggregate value of grants from (during year)	1,062,693	2,348,422				
	Aggregate value at end of year	7,648,976	89,411,651				
	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No						
•	Did the organization inform all grantees, donors, and c charitable purposes and not for the benefit of the dono private benefit?						
Pai	rt II Conservation Easements. Complete if t	he organization answered "Yes" on Fori					
	Purpose(s) of conservation easements held by the orga	anization (check all that apply)	·				
	\square Preservation of land for public use (e.g., recreation	on or education)	historically important land area				
	Protection of natural habitat		certified historic structure				
			certified instance structure				
	☐ Preservation of open space						
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in the fo	rm of a conservation Held at the End of the Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified histor	ric structure included in (a)	2c				
d	Number of conservation easements included in (c) acquistructure listed in the National Register	uired after 7/25/06, and not on a historic	2d				
	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶						
	Number of states where property subject to conservati	on easement is located ▶					
	Does the organization have a written policy regarding		of violations				
	and enforcement of the conservation easements it hold	ds?	Yes No				
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing c					
,	Amount of expenses incurred in monitoring, inspecting \$ \\$, handling of violations, and enforcing conser	vation easements during the year				
1	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?) above satisfy the requirements of section 1	.70(h)(4)(B)(ı)				
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
ar	t III Organizations Maintaining Collections Complete if the organization answered "Y	of Art, Historical Treasures, or Oth	ner Similar Assets.				
a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo	16 (ASC 958), not to report in its revenue st r public exhibition, education, or research in					
b	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		▶ \$				
	ii)Assets included in Form 990, Part X		• <u></u>				
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		·				
а	Revenue included on Form 990, Part VIII, line 1	()	▶ \$				
b	Assets included in Form 990, Part X		▶ \$				
-			· •				

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections o	of Art, Hi	istori	cal Tı	reası	ires, or	Other	Similar A	ssets (cont	inued)	
3		the organization's acq (check all that apply)	uisition, accession	, and other	records, o	check a	any of	the fo	llowing th	at are a	significant i	use of its col	lection	
а		Public exhibition				d		Loan	or exchar	nge prog	rams			
b		Scholarly research e Other												
С		Preservation for future	generations											
4	Provid Part >	de a description of the o	organization's coll	ections and	l explain h	ow the	ey furth	ner the	e organiza	ition's ex	empt purpo	ose in		
5		g the year, did the orga s to be sold to raise fur									ılar	☐ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the org			" on Forn	n 990	, Part	IV, lı	ne 9, or	reporte	d an amou			
		X, line 21.												
1a		e organization an agent ded on Form 990, Part)		n or other	ıntermedia	ary for	contril	bution	s or other	assets r	not	Yes	□ N	0
b	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowing	table		Г		Α	mount		_
c		ining balance		·		_				1c				_
d	Addıt	ions during the year								1d				_
e	Dıstrı	butions during the year	-						Γ	1e				_
f	Endın	ig balance								1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line 2	1, for	escrow	or cu	ıstodıal ac	count lia	bility?	☐ Yes	□ N	0
b	If "Ye	s," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete ıf											
4_	D = =	6		(a)Curren		(b) Pi	rior yea	_	(c)Two yea		(d)Three yea		Four year	
	-	ing of year balance .			,494,427 ,011,977		1,965	_		,497,231 ,628,606		,934,973 ,972,847		196,386 626,767
		outions	ne and losses		,575,559		7,049			,342,035		,752,989		718,216
		estment earnings, gair or scholarships	is, and losses		,413,921		1,451			,165,575		,054,473		006,747
		expenditures for facilities	•	1	,413,321		1,431	.,401		.,103,373	2,	,034,473	1,	
-		ograms	=5		0			0		0		0		0
		strative expenses .			766,396			.,574		679,201		603,127		599,649
g	End of	year balance		81	,901,646		75,494	,427	68	3,623,096	61,	,497,231	64,	934,973
2		de the estimated percei	=	-	l balance ((line 1g	g, colui	mn (a)) held as					
а		d designated or quasi-e		43 14 %										
b	Perm	anent endowment 🟲	27 2 %											
c		orarily restricted endov		56 %										
3 -		percentages on lines 2a,				+6-4	h	ماما مص	ما مطاسم اسام	fa.	- +b			
3а		here endowment funds nization by	not in the possess	sion of the o	organizatio	on that	c are no	eid an	a aaminis	terea roi	rtne		Yes	No
	(i) ur	nrelated organizations										3a(i)		No
	(ii) re	elated organizations .										3a(ii)		No
b		es" on 3a(II), are the rel	-		•			· ·				3b		
4		ribe in Part XIII the inte			n's endow	ment f	unds							
Pai	rt VI	Land, Buildings,			" on Forn	n 000	Dart	T\/ li	no 11a 1	Saa Ear	-m 000 Da	ert V Juno 1	Λ	
	Descri	Complete if the orderty	(a) Cost or oth (investme	er basıs					(c) Accur				ook valu	e
12	Land			0				0						0
	Buildin	ŀ		0				0			0			
		old improvements		0				0			0			
	Fauinn	· · · · · · · · · · · · · · · · · · ·		0			16	52.334			156.384			5.950

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

5,950

	Investments—Other Securities. Complete if t See Form 990, Part X, line 12.		
_	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia (2) Closely- (3)Other		36,639,304	F
(A)		-	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	▶ 36,639,304	
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on (a) Description of investment	•	1c. See Form 990, Part X, line 13. (c) Method of valuation
(1)	(-,		Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(1)		
Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answere		
(1)	(a) Descriptio	n	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(~)			
	mn (b) must equal Form 990, Part X, col (B) line 15)		
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization a		
Total. (Colu	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability	answered 'Yes' on Form 9	990, Part IV, line 11e or 11f.
Total. (Colu	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal I	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal I	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal (2) (3)	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.
Total. (Colu. Part X 1. (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25. (a) Description of liability		990, Part IV, line 11e or 11f.

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Revenue per F zation answered 'Yes' on Form 990, Part IV, line 12a.	leturn	
1		upport per audited financial statements	1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i			
ь	Donated services and use of facili	ties	1	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII) .	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		3	
4	Amounts included on Form 990, F	art VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b	7	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5	
Par		penses per Audited Financial Statements With Expenses per zation answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per au	dited financial statements	1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25		
а	Donated services and use of facili	ties		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII) .	2d		
е	Add lines 2a through 2d	 	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990, F	art IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		4c	
5		c. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	rmation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa 2d and 4b Also complete this part to provide any additional information	rt V, line 4, P	art X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			
	<u> </u>			

Page 4

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007995 Software Version: v1.00

Name: WACO FOUNDATION

EIN: 74-6054628

Supplemental Information

Return Reference

ORG

ION'S BOARD OF TRUSTEES

Schedule D, Part V, Line 4

Explanation

THE ENDOWMENTS OF WACO FOUNDATION ARE INTENDED TO PROVIDE INCOME TO VARIOUS CHARITABLE ANIZATIONS AND ACTIVITIES IN MCLENNAN COUNTY, TEXAS AS WELL AS MAINTAIN THEIR REAL VALUE O VER TIME SOME ENDOWED FUNDS ARE ESTABLISHED TO PROVIDE SUPPORT FOR SPECIFIC, DESIGNATED C HARITIES OTHER FUNDS, ESTABLISHED FOR GENERAL CHARITABLE COMMUNITY BETTERMENT OR A SPECIF IC CHARITABLE FIELD OF INTEREST, WILL PROVIDE GRANTS OF INCOME TO DIFFERENT CHARITIES EVER Y YEAR ACCORDING TO COMMUNITY NEEDS AND THE FINDINGS OF THE DELIBERATIONS OF THE ORGANIZAT

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2	THE FOUNDATION AND ITS SUPPORTING ORGANIZATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") IN ACCORDANCE WITH IRC REGULATIONS, THE FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE FOUNDATION THE FOUNDATION ON ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE FOUNDATION BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES THE FOUNDATION HAS EVALUATED ALL ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF MARCH 31, 2019

Cupplemental Information

cine dital file prin	t - DO NOT P	ROCESS	As Filed Data	-	DLN	: 93493007020820
SCHEDULE F (Form 990)		ment of	Activities (Outside the Uni	ted States	OMB No 1545-0047
(·	_	► Attach t	Yes" to Form 990, Part IV, I to Form 990.		2018 Open to Public
Department of the Treasury Internal Revenue Service		do to www.irs	.900/	nstructions and the latest ii	_	Inspection
Name of the organization WACO FOUNDATION					74-6054628	ntification number
	Information of Part IV, line		s Outside the l	Jnited States. Comple	te if the organization i	answered "Yes" to
_	the grantees' e	eligibility for t		substantiate the amount stance, and the selection	_	□ Yes □ No
outside the United	d States		•	dures for monitoring the	-	ther assistance
(a) Region	TI (THE IONOWIN	(b) Number of offices in the region	1	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
Central America and Caribbean	d the	(0	Investments		20,854,553
3a Sub-total b Total from continua	tion sheets to					

Schedule F (Form 990) 2018 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	_	_
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	☐ Yes	☑ No

scheaule F (rage Page						
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide					
	ReturnReference	Explanation					
·							

Schedule F (Form 990) 2018

DLN: 93493007020820 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. 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 ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number WACO FOUNDATION 74-6054628 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)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) 2018

(1) SCHOLARSHIPS PAID TO INDIVIDUALS 279 541,657 (2) (3) (4) (5)

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

Schedule I (Form 990) 2018

(6) (7) Part IV Explanation

EACH GRANT RECIPIENT IS EMAILED AN AWARD LETTER AND CONTRACT OUTLINING THE TERMS OF THE GRANT AWARD AND INSTRUCTIONS ON HOW TO REQUEST DISBURSEMENTS THE SENIOR DIRECTOR OF COMMUNITY INVESTMENT AND OPERATIONS SCHEDULES A MEETING WITH THE RECIPIENT IF FURTHER EXPLANATION IS REQUIRED THE SIGNED CONTRACT MUST BE RETURNED TO WACO FOUNDATION BEFORE THE FIRST DRAW CAN BE MADE TO ACCESS THE FUNDS, THE ORGANIZATION MUST SUBMIT A CHECK REQUEST AND EXPENSE DOCUMENTATION OF WHEN, WHERE AND HOW THE MONEY WAS SPENT THE SENIOR DIRECTOR OF COMMUNITY INVESTMENT AND OPERATIONS REVIEWS AND APPROVES THE CHECK REQUESTS AND DOCUMENTATION. ANY DISCREPANCIES BETWEEN HOW THE MONEY WAS SPENT AND WHAT FUNDS WERE ALLOTTED FOR ARE IMMEDIATELY ADDRESSED. THE SENIOR DIRECTOR OF COMMUNITY INVESTMENT AND OPERATIONS MAINTAINS THE GRANT FILES THE TRUSTEES OCCASSIONALLY RECEIVE GRANT REPORTS, WHICH LISTS WHICH ORGANIZATIONS HAVE OR HAVE NOT MADE

Return Reference Schedule I, Part I, Line 2 DRAWS, AND/OR WHICH HAVE EXPENDED THEIR GRANTS IN ADDITION, THEY REVIEW A LIST OF GRANT CHECKS WRITTEN AND ARE APPRISED OF ANY REQUESTS FOR REALLOCATION OR RESCISSION OF FUNDS DEPENDING ON THE LENGTH OF THE PROJECT, ORGANIZATIONS MAY BE REOUIRED TO COMPLETE AN INTERIM EVALUATION REPORT SIX MONTHS AFTER THE GRANT HAS BEEN AWARDED (AN INTERIM REPORT IS NOT ALWAYS REQUIRED FOR SHORTER TERM GRANTS) ALL GRANTEES MUST SUBMIT A CLOSE-OUT REPORT UPON FINAL DRAW

Page 2

Additional Data

Angelo State University

ASU Station 11048

1 Bear Pl Unit 97026

Waco, TX 767987026

Advancement

Scholarship Programs Office

San Angelo, TX 769091048

Baylor University - University

Software ID: 18007995 **Software Version:** v1.00 **EIN:** 74-6054628

· orini o o o o o o o o o o o o o o o o o o	and oranico and	Other Appletance to	o Donnestie Organiza	tions and Donnest	
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash		(f) Method of valuation
					/ -

organization	ir applicable	grant	casn	(book, FMV, appraisai,
or government			assistance	other)

organization	ii applicable	grant	Casii	(book, inv, appla
or government			assistance	other)

501(c)(3)

501(c)(3)

Form 990 Schedule T. Part TT. Grants and Other Assistance to Domestic Organizations and Domestic Governments

75-6002403

74-1159753

Name: WACO FOUNDATION

50,000

20,000

(q) Description of

non-cash assistance

(h) Purpose of grant

Grant and Donell Teaff

Grant and Donell Teaff

the Baylor University

Athletic Archive Fund in

Endowed Scholarship

or assistance

Fund

Libraries

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45 3430066 E047 3733 E 470 pport

6 1 6 111	74 4744575	E04()(2)	111060	•		E 110 A
PO Box 5340 Waco, TX 76708						
Church Trust Fund Committee	45-3128866	501(c)(3)	5,1/8			General Supp

Waco, TX 76701

[Forklift Acquisition, Caritas of Waco 74-1711575 501(c)(3)| 114,963 300 S 15th St General Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 45-5401776 501(c)(3) 60.100 A Forever Home for

CASA of McLennan County 1001 Washington Ave CASA Waco, TX 76701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Waco, TX 76703

Central Texas Senior Ministry 74-1776447 501(c)(3) 15,526 General Support PO Box 85

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 52-2407679 501(c)(3) 10.600 Christian Women's Job Corps General Support

of McLennan County PO Box 20432 Waco, TX 76702

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Waco, TX 767022570

City of Waco 74-6002468 City of Wacol 25.813 East Waco Library PO Box 2570 Iremodel

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Community Cancer Association 74-6061914 501(c)(3) 37.649 General Support

PO Box 5002 Waco, TX 76708 Compassion Ministries of Waco 74-2698244 501(c)(3) 5.855 Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Waco, TX 76701

General Support 1421 Austin Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Congregation Agudath Jacob 74-1200140 501(c)(3) 20.892 General Support 4925 Hillcrest Dr

General Support

10,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

47-4864862

Waco, TX 76710

Cove - Heart of Texas Inc.

PO Box 1956 Waco, TX 76703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Creative Waco 47-3755745 501(c)(3) 13.500 Cast Bronze Baby

18,250

Elephant "Ely"

construction

Doris Miller Memorial

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

05-0616886

PO Box 1104

814 Flm Ave

Waco, TX 76703

Cultural Arts of Waco

Waco, TX 76704

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E04/ \/3\

Building

Renovation/Construction

Dallas Jewish Community	/5-2836123	501(c)(3)	6,956		General Support
Foundation					
12700 Hillcrest Rd					
Suite 201					
Dallas, TX 75230					

109,228

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

El Calvario Presbyterian Church

PO Box 5796

Waco, TX 76708

74-2220838

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance First Baptist Church of Waco 74-2981028 501(c)(3) 10.991 General Support

Foundation 500 Webster Ave Waco, TX 76706

Fuzzy Friends Rescue 75-2699210 501(c)(3) 5.750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Waco, TX 76702

General Support PO Box 20966

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Girl Scouts of Central Texas 74-1109644 501(c)(3) 5.564 Girls Lead Program, General Support Inc - Waco Chapter

3700 W Waco Dr Waco, TX 76710

God's Children Haiti 38-3554131 501(c)(3) 30,000 General Support
PO Box 662
Oscoda, MI 48750

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2995407 501(c)(3) 9.690 Grassroots Community Barriers to Parent Development Engagement Program,

Haggai International Institute for Advanced Leadership Training Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 13 Atlanta, GA 30370

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2446071 501(c)(3) 79,674 Heart of Texas Community Community Health Hoalth Contor Inc dha Family

Health Center Inc dba Family Health Center 1600 Providence Dr Waco, TX 76707			,		1	Worker Initiative, General Support
Heart of Texas Region MH-MR	74-1622958	501(c)(3)	10,000			General Support

Center PO Box 890

Waco, TX 767030890

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Historic Waco Foundation Inc 74-1563772 501(c)(3) 63.616 General Support

General Support

810 S 4th St Waco, TX 76706			·
Humane Society of Central Texas	74-2355124	501(c)(3)	22,874

2032 Circle Rd Waco, TX 76706

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Jewish Federation of Waco 74-1167963 501(c)(3) 45,634 General Support

PO Box 8031 Waco, TX 76714					
KWBU - Brazos Valley Public Broadcasting Foundation	74-2674611	501(c)(3)	9,750		General S

Waco, TX 767987296

Support 1 Bear Pl Unit 97296

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Air Little League

LOCUS/Communities

Unlimited Proposal

Lake Air Little League Park Inc PO Box 8965 Waco, TX 76714	74-6061851	501(c)(3)	9,250		Lake Air Little League Softball Celebration

42.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

LOCUS Impact Investing

7814 Carousel Ln

Richmond, VA 23294

26-3114011

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance McLennan Community College 74-2550278 501(c)(3) 60.705 Various scholarship

Foundation funds, Updated 1400 College Dr computer equipment for Waco, TX 76708 radiology training

McMurry University 75-0855633 501(c)(3) 50.000 Athletic building fund 1 McMurry Station Box 278

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Abilene, TX 79697

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Mission Waco Mission World 74-2605621 501(c)(3) 135.700 "Yes I Can" Juvenile

Program General

1315 N 15th St Waco, TX 76707					Support
National Football Foundation and College Hall of Fame Inc 433 Las Colinas Blvd E Ste 1130	22-1508812	501(c)(3)	25,000		Grant Teaff Endowed Scholarship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Inc

Irving, TX 75039

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0242652 501(c)(3) 75,000 General Support Nature Conservancy Inc

3001 Knox Street Ste 400 Dallas, TX 75205					
Planned Parenthood of Greater Texas Inc 7424 Greenville Ave	52-1243220	501(c)(3)	56,984		General S Building

Dallas, TX 75231

| Support, a Fund Ste 206

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 77-0575340 501(c)(3) 6.000 Project World Prayers Software purchases 849 Almar Ave Suite C PMB-422 Santa Cruz, CA 95060 46-5714986 501(c)(3) 137.214 Prosper Waco Waco Educational 1516 Austin Ave Outcomes Project,

Community Health Worker Initiative

Waco, TX 76701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Science Lab/Find Arts

Renovation Project.

General Support

Providence Foundation Inc	74-2683112	501(c)(3)	89,633		Magnetic Resonance
6901 Medical Pkwy					Imaging equipment,
Waco, TX 76712					Nurses Education Fund

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Reicher Catholic High School

2102 N 23rd St

Waco, TX 76708

74-1216244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 58-1437002 501(c)(3) 7,500 Hurricane Florence Samaritans Purse

PO Box 3000 Boone, NC 28607					Relief Fund
Seventh and James Baptist Church	74-1157369	501(c)(3)	5,869		General Support

602 James Ave

Waco, TX 767061476

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-2094253 501(c)(3) 825.604 Start Up Waco's Hustle work space construction.

5,600

Equipment/Technology,

Operating Support

General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Start Up Waco Greater Waco Chamber of Commerce PO Box 1220 Waco, TX 767031220

74-1109762

St Pauls Episcopal Church

601 Columbus Ave Waco, TX 76701

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Sun Valley Writers Conference 82-0496196 501(c)(3) 6,000 General Support

Talıtha Koum Institute	75-2849153	501(c)(3)	13,450		General S
c/o Robin Eidsmo PO Box 551 Monterey, CA 93942					

Waco, TX 76703

Support (Crossties Ministries) PO Box 2202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Temple Rodef Sholom 74-1690262 501(c)(3) 8.000 General Support 1717 N New Rd

General Support

1717 N New Rd
Waco, TX 76707

Texas Tribune Inc 26-4527097 501(c)(3) 10,000
919 Congress Ave 6th Floor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Austin, TX 78701

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Unitarian Universalist 74-6070818 501(c)(3) 9,000 General Support

Fellowship of Waco 4209 N 27th St Waco, TX 76708					
Waco Chamber of Commerce Community Development Foundation PO Box 1220	75-2420690	501(c)(3)	10,000		General Support

Waco, TX 76703

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 74-1721811 501(c)(3) 70.243 Waco Creative Art Center General Support 712 Austin Avenue

General Support

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Waco, TX 76701

Waco Family Practice
Foundation
1600 Providence Dr

Waco, TX 76707

74-2446071

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance

Initiative/Salaries,

General Support

W M C 1 D I	74 6000460		466 400			6
Waco Habitat for Humanity 220 N 11th St Waco, TX 76701	75-2130884	501(c)(3)	109,259		1	New home construction, General Support

Waco-McLennan County Public 74-6002468 McLennan Countyl 166.1981 I Community Health Health District Worker

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

225 W Waco Dr

Waco, TX 76707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Waco Regional Baptist 74-6011083 501(c)(3) 13.973 General Support

Association PO Box 1848 Waco, TX 76703				

PO Box 23175 Waco, TX 76702

Waco Shepherds Heart Inc 80-0556831 501(c)(3) 10.000 General Support

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

501(c)(3) 7.200 YMCA of Central Texas 74-2668685

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Waco, TX 76702

12018 YMCA Annual PO Box 20515 Scholarship Campaign

efil	e GRAPHIC pr	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493								
Sch	edule J	Comp	ensat	ion Information	OM	IB No	1545-0	0047		
(For	n 990)	For certain Officers, Di	irectors, T	rustees, Key Employees, and Hig	hest					
		► Complete if the organiza	Compensa tion answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018				
_			▶ Attach	to Form 990.			to Pul			
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/ror</u>	<u>-m990</u> for	instructions and the latest inforn	nation.		ectio			
	me of the organiza	ation			Employer identificat	ion nu	ımber			
WAG	LO FOUNDATION				74-6054628					
Pa	rt I Questi	ons Regarding Compensation								
							Yes	No		
1a		piate box(es) if the organization provi ection A, line 1a Complete Part III to								
		or charter travel		Housing allowance or residence for j						
	_	companions	님	Payments for business use of persor						
		nification and gross-up payments	H	Health or social club dues or initiation						
	□ Discretion	ary spending account		Personal services (e g , maid, chauf	reur, cner)					
b		kes in line 1a are checked, did the org Il of the expenses described above? If			ent or reimbursement	1 b				
2		tion require substantiation prior to rei			1-2	2				
	directors, truste	es, officers, including the CEO/Executi	ive Directo	r, regarding the items checked in line	lar					
3		of any, of the following the filing organ			ie					
	_	EO/Executive Director Check all that a d organization to establish compensat		,	n Part III					
	✓ Compensa	han annual than		Markhan and law and a sake at						
	_ '	ation committee ent compensation consultant	\overline{\sqrt{2}}	Written employment contract Compensation survey or study						
		of other organizations	☑	Approval by the board or compensa	tion committee					
4		did any person listed on Form 990, P	art VII, Se							
	related organiza	tion								
а	Receive a sever	ance payment or change-of-control pa	iyment?			4a		No		
b	•	receive payment from, a supplement	•	•		4b		No		
С		receive payment from, an equity-bas		3	***	4c		No		
	ir res to any c	f lines 4a-c, list the persons and provi	ide the app	olicable amounts for each item in Part	111					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations	must complete lines 5-9.						
5	For persons liste	ed on Form 990, Part VII, Section A, li ontingent on the revenues of		-						
_	•	-						NI =		
a b	The organization Any related organization					5a 5b		No No		
_	, -	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section A, li ontingent on the net earnings of	ne 1a, dıd	the organization pay or accrue any						
а	The organization	17				6a		No		
b	Any related orga					6b		No		
	If "Yes," on line	6a or 6b, describe in Part III								
7		d on Form 990, Part VII, Section A, li escribed in lines 5 and 6? If "Yes," des			I	7		No		
8		nts reported on Form 990, Part VII, pa Itial contract exception described in R			escribe			N.s.		
9		3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		No_		
For I	Danarwark Badu	ction Act Notice, see the Instructi	one for Ea	orm 990 Cat No. 5	0053T Schedule 1		, 000)	2018		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

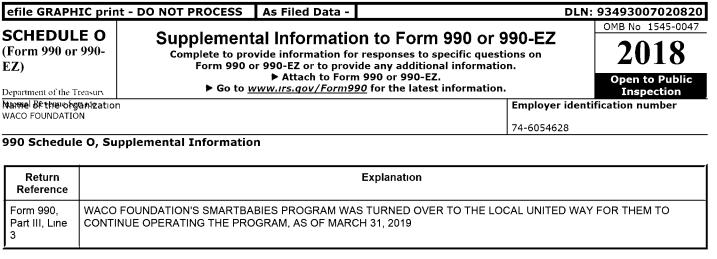
instructions, on row (ii)	Do no	npensation must be report ot list any individuals that)(i)-(iii) for each listed ind	are not listed on Form 9	90, Part VII				t ındıvıdual
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 ASHLEY DULSKI EXECUTIVE DIRECTOR	(i)	157,725	0	17,000	17,700	6,458	198,883	
	(ii)	0	0	0	0	0	0	

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493007020820 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number WACO FOUNDATION 74-6054628 Part I Types of Property (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 102 1,785,093 AVG HI AND LO VALUES 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 2,553 ESTATE VALUATION 18 Collectibles Χ 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2								
	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part								
	imber of contributions, the number of items received, or a combination of both. Also complete								
Return Reference	Explanation								
	Schedule M (Form 990) (2018)								



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	THE DIRECTOR OF FINANCE EMAILS TO THE BOARD OF TRUSTEES A COPY OF THE COMPLETED, UNFILED F
Part VI,	ORM 990, WITH AN EXPLANATION OF THE MOST IMPORTANT ITEMS OF INTEREST ON THE FORM THE BOAR
Section B,	D IS GIVEN TWO WEEKS TO REVIEW THE FORM 990 AND ASK QUESTIONS ABOUT ITS CONTENTS
Line 11b	

990 Schedule O, Supplemental Information Return Reference Explanation

Form 990. CONFLICTS OF INTEREST ARE DETERMINED AND REVIEWED ON THE LEVELS OF EXECUTIVE DIRECTOR. COM Part VI. MITTEE MEMBERS AND BOARD MEMBERS IF THERE IS REASON TO BELIEVE THAT A MEMBER HAS FAILED T Section B. O DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OR DUALITY OF INTEREST. THEY WILL BE GIVEN AN O Line 12c PPORTUNITY TO EXPLAIN UPON FURTHER INVESTIGATION. THE BOARD OR COMMITTEE MAY TAKE APPROPR IATE DISCIPLINARY AND CORRECTIVE ACTION. WHICH MAY RESULT IN THE REMOVAL OF THAT PERSON FR OM THEIR BOARD POSITION, OR TERMINATION OF EMPLOYMENT, IF AN EMPLOYEE IF A MEMBER DISCLOS ES A CONFLICT OR DUALITY OF INTEREST. THEY ARE ALLOWED TO REMAIN IN THE BOARD MEETING DURI NG DISCUSSIONS, BUT ARE REQUIRED TO ABSTAIN FROM VOTING ON THE SUBJECT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	IN DETERMINING THE EXECUTIVE DIRECTOR'S SALARY, THE BOARD USES THE COUNCIL ON FOUNDATION'S SALARY SURVEY, WHICH HAS INFORMATION ON EXECUTIVES FROM OTHER FOUNDATIONS AND INCLUDES CO MPARISON DATA RELATED TO SIMILAR ASSET SIZE AND DIFFERENCES IN WAGE RATES BASED ON GEOGRAP HY WACO FOUNDATION CONSIDERS FOR COMPARISON COMMUNITY FOUNDATIONS IN THE 50 TO 100 MILLIO N ASSET RANGE AND THAT ARE LOCATED IN THE SOUTHWEST REGION OF THE UNITED STATES A COMPENS ATION PACKET, WHICH INCLUDES INFORMATION ON EXECUTIVE PERFORMANCE, IS REVIEWED BY THE EXEC UTIVE COMMITTEE PRIOR TO THE BOARD'S VOTE ON SALARIES, AND IS MAINTAINED AS A PART OF THE ORGANIZATIONAL RECORDS INPUT FROM THE FULL BOARD IS OBTAINED THROUGH FORMAL ONLINE SURVEY S OF OBJECTIVE CRITERIA OR THROUGH THE CHAIRMAN'S POLLING OF BOARD MEMBERS VIA TELEPHONE C ALLS AND MEETINGS THIS PROCESS IS PERFORMED ANNUALLY THE PROCESS FOR SETTING ALL OTHER E MPLOYEES' SALARIES IS BASED ON THE SAME SALARY SURVEY AND AN ANNUAL PERFORMANCE REVIEW ALL SALARIES ARE APPROVED BY THE BOARD

Explanation Return Reference

Form 990. THE FOUNDATION'S FORM 1023 IS AVAILABLE UPON REQUEST OUR MOST RECENTLY FILED FORM 990 IS AVAILABLE ON GUIDESTAR AND UPON REQUEST. AND OUR MOST RECENTLY FILED FORM 990T IS AVAILABL E UPON REQUEST

Part VI. Section C.

990 Schedule O, Supplemental Information

Line 18

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
Line 19

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	THIS AMOUNT REPRESENTS PARTNERSHIP DISTRIBUTIONS FROM PUBLICLY-TRADED LIMITED PARTNERSHIPS
Part XI, Line	THE K-1S FOR 2018 REFLECTS BUSINESS LOSSES, WHICH CREATES A BOOK-TAX DIFFERENCE BETWEEN
9	THE AMOUNT RECEIVED AND THE AMOUNT THAT IS CONSIDERED UNRELATED BUSINESS INCOME

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

DLN: 93493007020820

Open to Public Inspection

Name of the organization WACO FOUNDATION								<mark>loyer ident</mark> 054628	ificatio	n number			
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answe	red "Yes	" on Form	990, Part	IV, line 3		03 1020					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	ıvıty	(c Legal domi or foreign	cile (state	(d) Total inco	ome	(e) End-of-year	assets		f) ontrolling tity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		te if the orga	nızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 b	ecause	it had one or	more		
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Exempt Cod			(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 512(b (13) controlled entity?	
(1)WF ASSETS INC 1227 N VALLEY MILLS DR STE 235	TYPE 1 SUPPO ORGANIZATIO			TX 501(C)(3)		L	LINE 11, TYPE 1		WACO FOUNDATION		Yes	No	
WACO, TX 76710 74-2783048											<u> </u>		
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		<u> </u>	t No 5013	<u> </u> 5Y				Sch	edule R (Form	990) 20	018	

one or more related organizations treated as a partnership dutation of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	d, total incom		Disprop	h) ortionate itions?	(i) Code V-Ul amount in I 20 of Schedule k (Form 106	oox ma pa -1	(j) neral or naging rtner?	(k) Percenta ownersh
					314)			Yes	No	1	Ye	s No	
												_	
IV Identification of Related Organiza because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34	
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Pei	V, lin-	e	(I) Section 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?

(1)WF ASSETS INC

(2)WF ASSETS INC

Reimbursement paid to related organization(s) for expenses . . .

Reimbursement paid by related organization(s) for expenses . . .

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

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

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

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

Name of related organization

Sale of assets to related organization(s).

Purchase of assets from related organization(s).

Exchange of assets with related organization(s) . . .

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.												
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No									
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?												
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No									
b Gift, grant, or capital contribution to related organization(s)	1b		No									
c Gift, grant, or capital contribution from related organization(s)	1c	Yes										
d Loans or loan guarantees to or for related organization(s)	1d		No									
e Loans or loan quarantees by related organization(s)	1e		No									

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No

No No

No

No

No

No No

No

No

No No

No

1f

1j

11

1m

1n

1r

1s Yes

(d)

Method of determining amount involved

ADMINISTRATION FEE INCOME - CASH RECEIVED FROM

Schedule R (Form 990) 2018

b	Gift, grant, or capital contribution to related organization(s)	•	•	•	•	•	•	•	 •	•	•	•	•	•	•	•	•	•	•	•	•	•	•	110	1
c	Gift, grant, or capital contribution from related organization(s) .																							1c	٦
d	Loans or loan guarantees to or for related organization(s)								 															1 d	Γ
е	Loans or loan guarantees by related organization(s)																							1c 1d 1e	
																									Γ

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

(b)

Transaction type (a-s)

(c)

Amount involved

769,789

21,870

ICASH.

WF ASSETS, INC.

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

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)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

