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	99		Return of Org	anization Exem	npt From	Incor	ne Tax	0	MBNo 1545-0047
Form ⁹	JJ	U	Under section 501(c), 527,		2013				
	ent of the Revenue S	Service	 Do not enter Social Security generally Information about Form 990 	<pre>/ cannot redact the info</pre>	s it may be ma rmation on the	e form		RS	Open to Public Inspection
			ar year, or tax year beginning (Name of organization	01-01-2013 , 2013, an	nd ending 12-3	1-2013			
	ck if ap ress cha	pplicable -	EXANS FIRST INC						tification number
	ne chan	-	Doing Business As				45-19	96393	
_	ial retur								
_	minated		lumber and street (or P O box if mai 3700 THOMPSON STREET	I is not delivered to street ad	ldress) Room/su	lite	E Telepho	ne numb	er
·	ended n		City or town, state or province, countr	y and ZIP or foreign postal	rode		(512)	589-92	253
			USTIN, TX 78702	y, and zir of foreign postart	Loue		•		222.022
I VAN	lication	pending	F Name and address of princ	inal officer			G Gross re		·
			WILLIAM JONES	ipar officer			Is this a group subordinates?	return f	or 「Yes 「No
			1804 CEDAR RIDGE DRIVE AUSTIN, TX 78741						
							A re all subordır ıncluded?	nates	TYes No
I Tax	k-exem	npt status 🛛 🗍	501(c)(3) 🔽 501(c)(4) ◀(m	sert no) 🔽 4947(a)(1) o	r 🔽 527		If "No," attach	alıst (see instructions)
J W	ebsite	N/A ►				H(c)	Group exempti	on num	ber 🕨
K Form	n of ora	anization 🔽	Corporation Trust Association	Other b			r of formation 201		State of legal domicile TX
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nance	-								
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Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here WILLIAM JONES PRESIDENT Type or print name and title									
Daid		Print/Type preparer's name PAULA WENDLING	Preparer's signature						
Paid Prepare	r	Firm's name FLIELLER KRUGER SKELTON & PLYLER PLLC							
Use Onl		Firm's address 🕨 221 WEST SIXTH STREET SUITE 1200							
		AUSTIN, TX 78701							
May the IRS	S disc	uss this return with the preparer sh	own above? (see instructio						

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2013)					Page 2
Par		ent of Program Servi Schedule O contains a resp			III	٦
1	Briefly describe	the organization's mission				
		ARINGHOUSE FOR CAUSE SUM EVERY YEAR TO CA			MEMBERS, EACH OF WHOM W	ILL PROMISE TO
2		tion undertake any significa 90 or 990-EZ?			which were not listed on	🔽 Yes 🥅 No
	If "Yes," describ	be these new services on So	chedule O			
3		tion cease conducting, or n		=	nducts, any program	🔽 Yes 🥅 No
	If "Yes," descrit	be these changes on Sched	ule O			
4	expenses Secti) organizations a	are required to repor	ree largest program services, as t the amount of grants and alloca	
4a	(Code) (Expenses \$	28,808	including grants of \$	28,808) (Revenue \$)
		CREEN THE MORE THAN 6,000 BII R TAKES AWAY LIBERTIES	LS PROPOSED DUR	ING THE TEXAS LEGISLAT	IVE SESSION AND MAKE RECOMMENDA	TIONS AS TO WHETHER THE
4b	(Code) (Expenses \$	11,358	Including grants of \$	0) (Revenue \$)
	·	NER/MENTOR RELATIONSHIP BET	,			,
4 c	(Code) (Expenses \$	72,038	including grants of \$	19,375) (Revenue \$)
	A PROGRAM TO AE GOVERNANCE	OVANCE OPPORTUNITY AND LIBER	TY FOR ALL TEXANS	S THROUGH CIVIC PHILA	NTHROPY BY FOCUSING ON CIVIC ENGA	GEMENT AND GOOD
4d	Other program	services (Describe in Sche	dule O)			
	(Expenses \$	incl	udıng grants of \$	5) (Revenue \$)
4e	Total program	service expenses 🏽	112,204			
						Form 990 (2013)

Par	t IV Checklist of Required Schedules			_
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 😼 .	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🔞	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😨	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 💁	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔞	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? \cdot .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

_	990 (2013)			Page 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			F
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	.) No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gamıng (gamblıng) wınnıngs to prıze wınners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	103	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year? \ldots .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots . \ldots	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•		8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	50		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 🔒 🔒	14b	I	1

Form	990 (2013)			Page
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chang See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Ne
-				No
5	Did the organization become aware during the year of a significant diversion of the organization'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 or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> ı		'e.)
			Yes	No
10a	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 such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	. 05	No
14	Did the organization have a written document retention and destruction policy?	14		No
14	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
Ь	O ther officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		L
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

			\ nothor'	wabaita	1	-		Öther (explain in S	chodulo O)	
1	O WIT WEDSILE	1 4	Another :	website	1.	oponrequest	1	Other (explain in 5	chequie 0)	
 -										

- **19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶JENNE FANNING 3700 THOMPSON STREET AUSTIN, TX 78702 (512) 589-9253

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Part VIII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	chec , unle ustee Highest compensated	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						Ľ				
(1) REX GORE	5 00	х		х				0	0	0
DIRECTOR/SECRETARY (2) WILLIAM JONES	5 00									
DIRECTOR/PRESIDENT	5 00	х		х				0	0	0
(3) JOHN B LAWSON	1 00			v						
DIRECTOR/TREASURER		Х		х				0	0	0
										Form 990 (2013)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	- '	(F) Estima mount o compens from t	ited fother sation :he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee Key employee		2/1099-MISC)	2/1099-MISC)		rganızatı relate organıza	ed	
1b	Sub-Total			•	•		-	•						
C J	Total from continuation shee				·	•	•				0		0	
2 2	Total (add lines 1b and 1c) . Total number of individuals (ii	ncluding but not	limited	to the	ose l	Iste	• d abov	e) w	ho received more th	lan	0		0	
	\$100,000 of reportable compensation from the organization 0													
												Yes	No	
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i> .								, or highest compen	sated employee	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the									on from the	3			

 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
 4
 No

 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

Section B. Independent Contractors

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

			•
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization F 0	who received more than	

Form 99						Page 9
Part V	/111	Statement of Revenue				
		Check if Schedule O contains a response or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b				
013 101	c	Fundraising events 1c				
Ϋ́ς, Τ						
Gifi ilar	d	Related organizations 1d				
in S	e	Government grants (contributions) 1e				
r S	f	All other contributions, gifts, grants, and 1f 232,188				
but		similar amounts not included above				
Ē	g	1a-1f \$				
an C	h	Total.Add lines 1a-1f	232,188			
		Business Code				
Program Service Revenue	2a					
eve	Ь					
еH	c					
N N	d					
33	e					
ram	f	All other program service revenue				
lor	·					
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	644	644		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(I) Real (II) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	с	Rental income				
	d	or (loss) Net rental income or (loss)				
		(I) Securities (II) Other				
	7a	Gross amount				
		from sales of assets other				
	Ь	Less cost or				
		other basis and sales expenses				
	с	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
Other Revenue		events (not including \$				
× ۲		of contributions reported on line 1c)				
Нe		See Part IV , line 18 a				
ler	Ь	Less direct expenses b				
ŧ	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
		Less direct expenses b				
		Net income or (loss) from gaming activities				
	104	Gross sales of inventory, less returns and allowances .				
		a				
	Ь	Less cost of goods sold b				
	с	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	с					
	d	All other revenue				
	e	Total.Add lines 11a−11d				
	12	Total revenue.See Instructions	232,832	644	0	0

Part IX Statement of Functional Expenses

 7b, 8b, 9b, and 1 Grants a in the United States and United States and States and States and Additional a	a mounts reported on lines 6b, 10b of Part VIII. and other assistance to governments and organizations nited States See Part IV, line 21 and other assistance to individuals in the States See Part IV, line 22 and other assistance to governments, ations, and individuals outside the United See Part IV, lines 15 and 16 a paid to or for members isation of current officers, directors, trustees, and bloyees isation not included above, to disqualified persons hed under section 4958(f)(1)) and persons ad in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include section 401(k) (b) employer contributions) isservices (non-employees) ment g fing 1 g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on	(A) Total expenses 48,183	(B) Program service expenses 48,183	(C) Management and general expenses Image: I	(D) Fundraising expenses
in the United Since Sinc	nited States See Part IV, line 21 and other assistance to individuals in the States See Part IV, line 22 and other assistance to governments, ations, and individuals outside the United See Part IV, lines 15 and 16 paid to or for members isation of current officers, directors, trustees, and ployees isation not included above, to disqualified persons hed under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include section 401(k) (b) employer contributions) mployee benefits taxes services (non-employees) ment ing	43,953	48,183	43,953 43,953 597 3,452	
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 organizati States S 4 Benefits 5 Compensi- key emple 6 Compensi- (as defining describe 7 Other satistication of the satistication of	Ations, and individuals outside the United See Part IV, lines 15 and 16 paid to or for members isation of current officers, directors, trustees, and bloyees isation not included above, to disqualified persons hed under section 4958(f)(1)) and persons ad in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include section 401(k) (b) employer contributions) imployee benefits taxes services (non-employees) ment g fline 11g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on	597 3,452		597 3,452	
 5 Compensive key emploit key emploit for the second example. 7 Other second example. 7 Other second example. 7 Other second example. 9 Other emploit for the second example. 10 Payment example. 11 Fees for the second example. 12 Advertise for the second example. 13 Office example. 14 Informat for the second example. 15 Royaltiese for the second example. 16 Occupan for the second example. 17 Travel for the second example. 18 Payment example. 20 Interest for the second example. 21 Payment for the second example. 22 Deprection for the second example. 23 Insurance for the second example. 	<pre>sation of current officers, directors, trustees, and bloyees sation not included above, to disqualified persons hed under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include section 401(k) (b) employer contributions) mployee benefits taxes taxes services (non-employees) ment</pre>	597 3,452		597 3,452	
 key empl Compension describe Other sa Pension and 4034 Other em Payroll ta Fees for a Managen Legal . C Accountind Lobbying Profession Investme Other (If column (a Schedule) Advertis Office ex Informat Royalties Occupan Travel Payment State, or Conferent Interest Payment Deprecia Insurance 	ployees	597 3,452		597 3,452	
 (as definites describes) 7 Other sates 8 Pension and 4034 9 Other emission 9 Other emission 9 Other emission 9 Other emission 10 Payroll table 11 Fees for a Managemission b Legal a Legal a Legal a Construction c Accounter d Lobbying e Profession f Investmed g Other (Ifficients) 13 Office exists 14 Informat 15 Royalties 16 Occupant 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Depreciation 23 Insurance 	<pre>hed under section 4958(f)(1)) and persons ed in section 4958(c)(3)(B) alaries and wages plan accruals and contributions (include section 401(k) (b) employer contributions)</pre>	597 3,452		597 3,452	
 7 Other sa 8 Pension and 4034 9 Other em 10 Payroll ta 11 Fees for a Managen b Legal . c Accounta d Lobbying e Profession f Investmand g Other (Ifficients) 13 Office ex 14 Informat 15 Royalties 16 Occupant 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Depreciat 23 Insurance 	alaries and wages plan accruals and contributions (include section 401(k) b(b) employer contributions)	597 3,452		597 3,452	
 and 403 9 Other em 10 Payroll ta 11 Fees for a Managen b Legal . c Accountre d Lobbying e Profession f Investme g Other (If column (a Schedule) 12 Advertise 13 Office ex 14 Informat 15 Royalties 16 Occupant 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Deprecia 23 Insurance 	B(b) employer contributions) . mployee benefits . taxes . taxes . services (non-employees) ment . . . ting . . . g . ional fundraising services See Part IV, line 17 nent management fees . f line 11g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on	3,452		3,452	
 10 Payroll ta 11 Fees for a Managen b Legal . c Accounta d Lobbying e Profession f Investme g Other (If column (a Schedule) 12 Advertise 13 Office ex 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insurance 	taxes	3,452		3,452	
 Fees for Managen Managen Legal . Accountriding Profession Profession Other (If column (Schedule) Advertis Office ex Advertis Office ex Informat Royalties Occupant Royalties Occupant Travel Payment state, or Conferent Interest Payment Depreciant Insurant 	r services (non-employees) ment				
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 b Legal . c Accounting d Lobbying e Profession f Investment g Other (Ifficient) g Other (Ifficient	ting	6,182		6,182	
 c Accountine d Lobbying e Profession f Investment g Other (If column (aschedule 12 Advertise 13 Office extends 13 Office extends 14 Informat 15 Royalties 16 Occupant 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Depreciation 23 Insurance 	ting	6,182		6,182	
 d Lobbying e Profession f Investment g Other (If column (Schedulet 12 Advertist 13 Office extended 14 Informatt 15 Royalties 16 Occupant 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Depreciation 23 Insurance 	g	6,182		6,182	
 Profession Investman Other (If column (Schedule) Advertis Office ex Informat Royalties Occupant Royalties Occupant Travel Payment State, or Conferent Interest Payment Depreciant Insurant 	ional fundraising services See Part IV, line 17 nent management fees f line 11g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on				
 f Investme g Other (If column (Schedule 12 Advertis 13 Office ex 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Deprecia 23 Insurance 	nent management fees				
 g Other (If column (Schedule) 12 Advertis 13 Office ex 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insurance 	f line 11g amount exceeds 10% of line 25, (A) amount, list line 11g expenses on				
column (Schedule 12 Advertis 13 Office ex 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insuranc	(A) amount, list line 11g expenses on				
 12 Advertis 13 Office ex 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insurance 		6 500		6 500	
 13 Office ex 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Deprecia 23 Insurance 	e O)	6,592		6,592	
 14 Informat 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Deprecia 23 Insurance 	sing and promotion	F () F		5 250	
 15 Royalties 16 Occupan 17 Travel 18 Payment state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insurance 	xpenses	5,635	277	5,358	
 16 Occupan 17 Travel 18 Payment state, or 19 Conferent 20 Interest 21 Payment 22 Deprecia 23 Insurance 	tion technology	994	15	979	
 Travel Payment state, or Conferen Interest Payment Deprecia Insurance 		1.000		4.005	
 18 Payment state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insurance 	ncy	4,086		4,086	
state, or 19 Conferen 20 Interest 21 Payment 22 Deprecia 23 Insuranc	ts of travel or entertainment expenses for any federal,	244		244	
 20 Interest 21 Payment 22 Deprecia 23 Insurance 	r local public officials				
21Payment22Deprecia23Insurance	nces, conventions, and meetings	37,439	37,439		
22 Deprecia23 Insurance		48		48	
23 Insuranc	ts to affiliates				
	ation, depletion, and amortization	199		199	
24 Other ex	ce	1,244		1,244	
miscellai	xpenses Itemize expenses not covered above (List aneous expenses in line 24e If line 24e amount exceeds 10% 5, column (A) amount, list line 24e expenses on Schedule O)				
	5 AND TOKEN ITEMS	24,820	24,820		
	LL PROCESSING	2,119	21,020	2,119	
	PRODUCTION	1,025	1,025		
	INICATIONS	445	445		
e All other		180	. 15	180	
	Inctional expenses. Add lines 1 through 24e	187,437	112,204	75,233	
	sts. Complete this line only if the organization	107,437	112,204	13,233	

Balance Sheet

Part X

· .

(A) (B) Beginning of year End of year Cash-non-interest-bearing 35,538 89,239 1 1 2 2 Savings and temporary cash investments 3 з Pledges and grants receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part 995 10a VI of Schedule D 498 b Less accumulated depreciation 10b 696 10c 497 11 . . . 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 15 15 36,234 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 16 89,736 17 8,000 10,175 17 Accounts payable and accrued expenses 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 183 25 6,115 26 8,183 16,290 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🦵 and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🔽 and complete lines 30 through 34. 5 30 0 Capital stock or trust principal, or current funds 0 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 28.051 73,446 32 Retained earnings, endowment, accumulated income, or other funds Net 33 Total net assets or fund balances 28.051 33 73,446 34 Total liabilities and net assets/fund balances 36.234 89,736 34 Form 990 (2013)

Form	990	(201	.3)
------	-----	------	-----

Par	rt XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮		
1	Total revenue (must equal Part VIII, column (A), line 12)						
1		1			232,832		
2	Total expenses (must equal Part IX, column (A), line 25)	2		:	187,437		
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	3			45,395		
_		4			28,051		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses						
8	Prior period adjustments	7					
U		8					
9	9 Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			73,446		
	Check if Schedule O contains a response or note to any line in this Part XII				. Г		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash Corual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed on					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b		No		
	If Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate					
	🔽 Separate basis 👘 Consolidated basis 👘 Both consolidated and separate basis						
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e 2c				
	addit, review, of complication of its infancial statements and selection of an independent accountant.						
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın					
3a	If the organization changed either its oversight process or selection process during the tax year, explain		3a		No		

efile GRAPHIC	print - DO NOT PROCESS As F	iled Data -		D	LN: 93493321100084
CHEDULE D Form 990)	Supplemen	tal Financi	al Statements		OMB No 1545-0047
·			ered "Yes," to Form 990		2013
epartment of the Treasury	Part 1V, line 6, 7, 8, 9, 1 ► Attach to Form 990. ► See separate		:, 11d, 11e, 11f, 12a, or∷ Information about Sche		990) Open to Public
ernal Revenue Service	and its instruct	tions is at <u>www</u>	.irs.gov/form990.	-	Inspection
Name of the organ TEXANS FIRST INC	ization			Employer id	lentification number
				45-19963	
	izations Maintaining Donor Ad zation answered "Yes" to Form 990			unds or Ac	counts. Complete if th
organi			or advised funds	(b) Fur	nds and other accounts
Total number a	it end of year				
Aggregate con	tributions to (during year)				
Aggregate grar	nts from (durıng year)				
Aggregate valu	ue at end of year				
funds are the c	zation inform all donors and donor advis- organization's property, subject to the or	rganızatıon's ex	clusive legal control?		∏Yes ∏No
used only for c conferring imp	zation inform all grantees, donors, and d haritable purposes and not for the bene ermissible private benefit?	fit of the donor c	r donor advisor, or for a	ny other purpo	∏Yes ∏No
	rvation Easements. Complete if			to Form 990,	Part IV, line 7.
Preservation	conservation easements held by the org on of land for public use (e g , recreation of natural habitat				mportant land area rıc structure
	on of open space				
	s 2a through 2d if the organization held a he last day of the tax year	a qualified conse	ervation contribution in f		onservation
Total number o	of conservation easements			2a	
	restricted by conservation easements			2b	
Number of con	servation easements on a certified histo	oric structure in	cluded ın (a)	2c	
	servation easements included in (c) acc ure listed in the National Register	quired after 8/17	7/06, and not on a	2d	
	servation easements modified, transferi	red, released, e>	tinguished, or terminate	ed by the orga	nızatıon durıng
Number of stat	tes where property subject to conservat	ion easement is	located 🕨		
	nızatıon have a written policy regardıng f the conservation easements it holds?	the periodic moi	nitoring, inspection, han	dlıng of vıolatı	ons, and Yes No
Staff and volur ►	nteer hours devoted to monitoring, inspe	cting, and enfor	cıng conservatıon easer	ments durıng t	he year
•	enses incurred in monitoring, inspecting	g, and enforcing	conservation easement	s during the ye	ear
	nservation easement reported on line 2(70(h)(4)(B)(II)?	d) above satisfy	the requirements of sec	ction 170(h)(4	·)(B)(I)
balance sheet,	escribe how the organization reports co , and include, if applicable, the text of th on's accounting for conservation easeme	e footnote to the			
	izations Maintaining Collection			or Other Si	imilar Assets.
	ete if the organization answered "Y tion elected, as permitted under SFAS 1			nije statement	t and balance sheet
works of art, hi	istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ets held for publi	c exhibition, education,	or research in	furtherance of public
works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ets held for publi			
(i) _{Revenues I}	ncluded in Form 990, Part VIII, line 1			Þ	·\$
(ii) Assets inc	luded in Form 990, Part X			•	
If the organıza	tion received or held works of art, histor ints required to be reported under SFAS			or financial ga	
Revenues inclu	uded in Form 990, Part VIII, line 1			Þ	\$
b Assets include	ed in Form 990, Part X				\$

Notice, see the Instructions for Form 990.

Sche	dule D (Form 990) 2013								Page 2
Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Trea	asure	es, or Other	Similar Asset	S (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds,ch	neck	any of the	follov	ving that are a	sıgnıficant use of ı	ts
а	Public exhibition		d	Γ	Loan or e	excha	nge programs		
b			е	Γ	Other				
с	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y further t	he or <u>c</u>	janızatıon's ex	empt purpose in	
5 Dat	During the year, did the organization solicit assets to be sold to raise funds rather than t IV Escrow and Custodial Arrang	o be maintained as	part o	ofthe	organızat	ion's	collection?	<u>г ү</u>	<u> </u>
- G	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interme	diary	for c	ontributio	ns or	other assets n	ot Г Y	′es ∏ No
b	If "Yes," explain the arrangement in Part XI	I and complete the	follov	ving t	able				
								Amour	it
С	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Γı	′es ∏No
<u>ь</u>	If "Yes," explain the arrangement in Part XI								<u></u> I
Ра	rt V Endowment Funds. Complete								
1a	Beginning of year balance	(a)Current year	(D)Prior	year D	(c) 1 WO	years back (d)	hree years back (e)	our years back
ь									
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	e (lin	e 1g	, column (a	a)) he	Id as		
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment								
с	Temporarily restricted endowment b The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse organization by		ation	that a	are held ar	nd adr	ministered for t		Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizatio					•		3b	
4 Do:	Describe in Part XIII the intended uses of the transformed set of th	-					rad Vac' to	Form 000 Dort I	
Pa	11a. See Form 990, Part X, line		ne o	ryan	ization a	nswe	ered res to i	-onii 990, Part I	v, inte
	Description of property				a) Cost or of asis (investm		(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		•	+					
b	Buildings								
с	Leasehold improvements								
d	Equipment						995	498	497

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e Other .

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

chedule D	(Form 9	90) 2013

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497

Schedule D (Form 990) 2013 Part VIII Investments-Other Securities. Comp	alata if the organization	Page
See Form 990, Part X, line 12.		
 (a) Description of security or category (including name of security) 	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Com	nplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) must equal Form 990. Part X. col (B) line 13)		
	l answered 'Yes' to Form 990	
(a) Descript		(b) Book value
	N	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.,Part XOther Liabilities. Complete if the organ		••••••••••••••••••••••••••••••••••••••
Form 990, Part X, line 25.		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CREDIT CARD PAYABLE	6,115	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,115	

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

6,115

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Schedule D (Form 990) 2013 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990. Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a а Donated services and use of facilities 2h h Recoveries of prior year grants 2c С d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b 4a а 4h b Add lines **4a** and **4b** С **4**c 5 Total revenue Add lines **3** and **4c.** (This must equal Form 990. Part I, line 12) 5 Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete If the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a а Prior year adjustments 2h b С Other losses 2c 2d Other (Describe in Part XIII)...... d 2e e 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . а 4a Other (Describe in Part XIII) 4b b Add lines **4a** and **4b** **4**c С 5 5 Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Info	prmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2013

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DL	N: 93493321100084
Schedule I (Form 990)	(Grants and Otl Governments ar mplete if the organization	nd Individuals i	n the United S Form 990, Part IV, line	tates		0	MB No 1545-0047 2013
Department of the Treasury Internal Revenue Service	► Inform	nation about Schedule I	Attach to Form 9 (Form 990) and its inst		<u>s.gov/form990</u> .			Open to Public Inspection
Name of the organization TEXANS FIRST INC								cation number
Part I General In	formation on Grants	and Assistance				45-	1996393	
 Does the organization the selection criteria Describe in Part IV t 	n maintain records to subs used to award the grants (he organization's procedur	tantiate the amount of th or assistance? res for monitoring the us	e of grant funds in the l	Jnited States				r Yes r N
	Other Assistance to art IV, line 21, for any							Yes to
(a) Name and address of organization or government	of (b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)		cription of assistance	(h) Purpose of grant or assistance
(1) TEXAS PUBLIC POLI FOUNDATION 900 CONGRESS AVENU SUITE 400 AUSTIN,TX 78701		501(C)(3)	6,750					PUBLIC POLICY GRANT
(2) TEXAS PUBLIC POLI ACTION 900 CONGRESS AVENU SUITE L-119 AUSTIN,TX 78701		501(C)(4)	30,933					PUBLIC POLICY GRANT
	section 501(c)(3) and go							1

Schedule I (Form 990) 2013

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplemental Inform	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference Explanation								

Schedule I (Form 990) 2013

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493321100084					
SCHEDULE O									
(Form 990 or 990-EZ)	Supplementa	2013							
Department of the Treasury Internal Revenue Service	· · ·	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990 or 990-EZ.							
	Information about	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the organization TEXANS FIRST INC	on	Employer identification							
			45-199	6393					

990 Schedule O, Supplemental Information

Return Reference	Explanation								
FORM 990, PART III, LINE 2	THE ORGANIZATION UNDERTOOK THE PROGRAMS DESCRIBED ON PART III, LINES 4A AND 4B, WHICH WERE NOT PREVIOUSLY LISTED ON FORM 990								
FORM 990, PART III, LINE 3	THERE WERE NO EXPENSES ASSOCIATED WITH THE FUTURE LEADERS OR COMPETITIVE SCHOOLS PROGRAMS IN 2013 THESE PROGRAMS WERE REPORTED IN PART III IN PREVIOUS YEARS								
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW PRIOR TO FILING THE BOARD MEMBERS DI RECT ANY QUESTIONS OR COMMENTS TO A DESIGNATED STAFF MEMBER PRIOR TO A DESIGNATED TIME								
FORM 990, PART VI, SECTION B, LINE 12C	NO CONTRACT OR AGREEMENT MAY BE ENTERED INTO BY AND BETWEEN THE CORPORATION AND ANY OF THE FOLLOWING (A) A MEMBER, DIRECTOR, OFFICER, COMMITTEE MEMBER, OR EMPLOYEE OF THE CORPORAT ION (HEREINAFTER AN "INSIDER"), OR (B) ANY CORPORATION, PARTNERSHIP, TRUST, SOLE PROPRIETO RSHIP OR ANY OTHER ENTITY (HEREINAFTER AN "ENTITY") IN WHICH AN INTEREST IS OWNED OR HELD, DIRECTLY OR INDIRECTLY, BY OR FOR THE BENEFIT OF AN INSIDER, UNLESS (I) THE TRANSACTION I S APPROVED IN ACCORDANCE WITH SECTION 22 230 OF THE TEXAS BUSINESS ORGANIZATIONS CODE, AND (II) FONE OR MORE OF THE PARTIES TO THE CONTRACT IS A "DISQUALIFIED PERSON" WITH RESPEC T TO THE CORPORATION WITHIN THE MEANING OS ESCTION 4958 OF THE INTERNAL REVENUE CODE, EITH ER (X) SUCH TRANSACTION IS REVIEWED AND APPROVED IN ACCORDANCE WITH THE "REBUTTABLE PRESUM PTION SAFE HARBOR" PROVISIONS SET FORTH IN THE REGULATIONS PROMULGATED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OR (Y) THE BOARD OF DIRECTORS OR ANY COMMITTEE THEREOF DETERM INST THAT SUCH PROCEDURES ARE NOT NECESSARY FOR THE TRANSACTION INVOLVED AND RECORDS ITS S PECIFIC FINDINGS FOR MAKING SUCH DETERMINATION, PROVIDED, HOWEVER, THAT THE FOLLOWING CONT RACTS AND AGREEMENTS SHALL NOT BE SUBJECT TO THE FOREGOING PROHIBITION A WHOLLY GRATUITOU S TRANSFER OF ASSETS OR PROMISE TO TRANSFER ASSETS TO THE CORPORATION OF ANY KIND, INCLUDI NG. A CONSIGNMENT ALL INSTREMENTS SHALL, NOT BE SUBJECT TO THE FOREGOING PROHIBITION A WHOLLY GRATUITOU S LEASE, A PLEDGE, A GUARANTEE, AN ASSUMPTION OF LIABLE CONTRIBUTION OF CASH OR PROPERTY TO THE CORPORATION, AN INTEREST FREE LOAN, A WHOLLY GRATUITOUS LEASE, A PLEDGE, A GUARANTEE, AN ASSUMPTION OF LIABLETY, A BAILMENT, OR A CONSIGNMENT ALL INSIDERS SHALL, AS A CONDITION OF QUALIFYING AND CONTINUING TO QUALIFY AS A DIRECTOR, OFFICER, COMMITTEE MEMBER AND/OR EMPLOYEE OF THE CORPORATION, ABIDE BY SUCH CONFLICT OF INTEREST POLICES AS THE BOARD OF DIRECTORS MAY ADO								
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST								

efile GRAPHIC prin	t - DO NOT PR	OCESS As Filed D	ata -			DLN:	: 93493321100084
4500		Depreciation	OMBNo 1545-0172				
Form 4562		(Including Informa		0040			
Department of the Treasury							2013
Internal Revenue Service (99)							Attachment
	•	See separate instruction	s. 🕨 Attach	to your tax retu	rn.		Sequence No 179
I		Business	or activity to w	hich this form re	elates		Identifying number
Name(s) shown on return			90 PAGE 10				
TEXANS FIRST INC							
							45-1996393
Part I Election	To Expense	Certain Property Un	der Section	179			
		isted property, comple			ete Part I.		
1 Maximum amount (see instructions)					1	500,000
2 Total cost of sectio	n 179 property p	laced in service (see inst	ructions) · ·			2	
		rty before reduction in lin				3	2,000,000
		3 from line 2 If zero or l				4	
		ct line 4 from line 1 If zei				<u> </u>	<u> </u>
						5	
Innig separately, se							
			(b) Cost (bu	usiness use			
6 (a)	Description of p	roperty	on		(c) Elected	cost	
7 Listed property Ente	r the amount from	n line 29		. 7			
8 Total elected cost of	of section 179 pr	operty Add amounts in c	olumn (c), lines	6 and 7 • •		8	
		ler of line 5 or line 8 • •				9	
		om line 13 of your 2012 F				10	
		e smaller of business inc		an zero) or line	5 (600	10	<u> </u>
instructions) •		e smaner of business me			5 (566	11	
,							
-		d lines 9 and 10, but do n				12	·
		014 Add lines 9 and 10,		. 13			
Note: Do not use Part			<i>i i</i>				
		Allowance and Othe				proper I	ty)(See instructions)
		ualified property (other th		ty) placed in se	rvice during		
the tax year (see in	structions) •					14	
15 Property subject to	section 168(f)(1)election · · ·				15	
16 Other depreciation	(including ACRS))				16	
Part III MACRS D	epreciation (Do not include listed p	property.) (Se	e instructions	.)		
		Se	ection A				
17 MACRS deductions	for assets place	d in service in tax years b	peginning before	2013 • • •		17	199
18 If you are electing t	o group any asse	ets placed in service durir	ng the tax year i	nto one or more	general		
asset accounts, ch	eckhere				. ⊾Г		
		Service During 20				preci	ation System
		(c) Basis for					
(a) Classification of	(b) Month and	· ·	(d) Recovery				(g)Depreciation
property	year placed in service	(business/investment use	period	(e) Convention	n (f) Meth	100	deduction
	bervice	only-see instructions)					
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property	4			ļ			
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	ММ	S/L		<u> </u>
property				MM	S/L		
	on C—Assets Pla	ced in Service During 201	3 Tax Year Using	g the Alternativ		on Sys	tem
20a Class life	4				S/L		
b 12-year			12 yrs		S/L		
c 40-year			40 yrs	MM	S/L		
	ry (see instruc					.	1
		e 28 • • • • • • • •				21	
		14 through 17, lines 19					
		your return Partnerships	-		ctions • •	22	199
		service during the curren		23			
portion of the basis at	tributable to sec	tion 263A costs		· ²³			

For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

orm 4562 (2013)		Ann /The all radia					a la cal						al				age .
	ed Proper ertainment,					other v	enic	les, ce	rtain	comp	uter	s, an	a pro	pert	y us	еа то	r
	e: For any					he stai	ndar	d milea	age r	ate or	dec	luctir	ig lea	se e	exper	nse,	
	plete only																
Section A—Depre							the i								_		
24a Do you have evider	nce to support f	the business/in	vestment u	use claime	d? Γγ εε	<u>5 Г No</u>		24	ib If "∖	r∕es,"ıs	the ev	videnco	e writte	n? 🔽	Yes		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	d) r other sis	(e) Basis for depreciation (business/investment use only)			(f) Recovery period	(g) y Method/ Convention			(h) Depreciation/ deduction			(i) Elected section 1 cost		
25 Special depreciation allo 50% in a qualified busi	•		erty placed	in service (during the	tax year	and u	sed more	e than	25							
26 Property used mor		,	business	suse						1=0							
		%															
		%									_						
27 Property used 50%	 6 or less in a	, •		<u>م</u>													
		%							S/L -		Т						
		%							S/L -								
		%			L., .				S/L -								
28 Add amounts in c						ne 21,	page	- L	28			<u> </u>					
29 Add amounts in c	olumn (i), lin								:	· ·	•		29				
Complete this sectior	n for vehicles		ction B								relat	ed ne	rson				
If you provided vehicles to														iose v	ehicles		
30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1			(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		Ve	(e) Vehicle 5		(f) Vehicle 6		
31 Total commuting	mıles drıven	during the ye	ear .												-		
32 Total other persor	nal(noncomm	nuting) miles	drıven														
33 Total miles driver through 32	n during the y	ear Add line	es 30														
34 Was the vehicle a		ersonal use		Yes	No	Yes	No	Yes	r	No Y	Yes	No	Yes	; N	ю [`]	Yes	No
during off-duty ho 35 Was the vehicle u owner or related p	sed primarily	• • • • v by a more t	• • han 5%												+		
36 Is another vehicle		r personal u	se? .											+			
Sectio Answer these questio 5% owners or related		ine if you me	et an exc													nt mor	e tha
37 Do you maintain a employees?	written polic	y statement	that prol	nıbıts all	personal	luse of	vehi • •	cles, ind	ludın	g comi •••	nutır •	ng, by • •	your •••	.	Ye	<u>s</u>	No
38 Do you maintain a employees? See t																	
39 Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	e?									.		\neg	
40 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormatio	n fror	n your (emplo	yees a	bout	the u	se of				
41 Do you meet the r				automobi	le demoi	nstratio	n use	e? (See	Instr	uctions	;).			.		+	
Note: If your ansv	ver to 37, 38	, 39, 40, or 4	41 is "Ye	s," do no	t comple	te Sect	ion B	for the	cove	red ve	hicle	s					
Part VI Amo	rtization																
(a) Description of c	costs	(b) Date amortizatio	'n	((A mort	izable C		(d) Code	(e) A mortizatior period or		ation	A mort			(f) lization for			
		begins	amount			se	ection percentage							year			
42 A mortization of co	osts that beg	ins during yo	our 2013	tax year	(see ins	truction	ns)										
43 A mortization of co	osts that beg	an before yo	ur 2013	tax year			•			[43						
44 Total. Add amoun	ts ın column	(f) See the	nstructio	ns for wh	ere to re	port				Г	44						