# SCANNEY NOV 15 2916

Form 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 20**15** 

Department of the Treasury

F 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.

bothot effer social security humbers on unit form as it may be made public.

Open to Public

3116 W 6TH ST.  City or town, state or province, country, and ZIP or foreign postal code  FORT WORTH, TX 76107-2712  F Name and address of principal officer  S ✓ 501(c)(3) □ 501(c) ( ) ◄ (insert no ) □ 4947(a)(1) or □ 5.  In ✓ Corporation □ Trust □ Association □ Other ▶ □ L Year of formary  describe the organization's mission or most significant activities:  this box ▶□ if the organization discontinued its operations or dispose	20 27 formation seed of r	G G  H(a) Is this a group re H(b) Are all subor If "No," at H(c) Group exer  M  more than 25	75-24 elephone numb 817-8 ross receipts \$ etum for subordinate redinates include ttach a list (se inption number I State of legal	70-2300  121279  121279  1257  127  127  128  129  120  120  120  120  120  120  120
Doing business as  Number and street (or P O box if mail is not delivered to street address)  3116 W 6TH ST.  City or town, state or province, country, and ZIP or foreign postal code  FORT WORTH, TX 76107-2712  F Name and address of principal officer  S S 501(c)(3)	formation seed of r	G G  H(a) Is this a group re H(b) Are all subor If "No," at H(c) Group exer  M  more than 25	75-24 elephone numb 817-8 ross receipts \$ etum for subordinate redinates include ttach a list (se inption number I State of legal	#04628 per #70-2300  ### 121279 ### No ### No ### Indicate the instructions ### domicile TX  ### assets.
Number and street (or P O box if mail is not delivered to street address)  3116 W 6TH ST.  City or town, state or province, country, and ZIP or foreign postal code  FORT WORTH, TX 76107-2712  F Name and address of principal officer  S	formation seed of r	G G G  H(a) Is this a group re H(b) Are all subor If "No," at H(c) Group exert M  more than 25	### state of legal  ### of its net  ### 3  ### state of legal  ### of its net  ### state of legal  ### state of legal	oper 70-2300  S 121279 SS No SS No e instructions)  domicile TX  assets.
3116 W 6TH ST.  City or town, state or province, country, and ZIP or foreign postal code  FORT WORTH, TX 76107-2712  F Name and address of principal officer  5	formation seed of r	G G G  H(a) Is this a group re H(b) Are all subor If "No," at H(c) Group exert M  more than 25	ross receipts \$ etum for subordinate include ttach a list (se inption number il State of legal	70-2300  121279  121279  12279  1237  124 No  125 No
City or town, state or province, country, and ZIP or foreign postal code  FORT WORTH, TX 76107-2712  F Name and address of principal officer  S 501(c)(3)	iormation	H(a) is this a group re H(b) Are all subor If "No," a' H(c) Group exer	ross receipts \$ etum for subordinat rdinates include ttach a list (se inption number I State of legal	tes? Yes No eled? Yes No eled? TX  domicile TX  assets.
FORT WORTH, TX 76107-2712  F Name and address of principal officer    501(c)(3)	sed of r	H(a) is this a group re H(b) Are all subor If "No," a' H(c) Group exer M	etum for subordinat rdinates include ttach a list (se inption number I State of legal	es <sup>2</sup> Yes No ed? Yes No e instructions)
F Name and address of principal officer    501(c)(3)	sed of r	H(a) is this a group re H(b) Are all subor If "No," a' H(c) Group exer M	etum for subordinat rdinates include ttach a list (se inption number I State of legal	es <sup>2</sup> Yes No ed? Yes No e instructions)
s	sed of r	H(b) Are all subor If "No," at H(c) Group exer M	rdinates include ttach a list (se inption number I State of legal  % of its net  3  4	doricile TX  assets.
mary  describe the organization's mission or most significant activities:  this box ▶☐ if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)  or of independent voting members of the governing body (Part VI, line 2a)  umber of individuals employed in calendar year 2015 (Part V, line 2a)  umber of volunteers (estimate if necessary)	sed of r	If "No," a  H(c) Group exer  M  more than 25	ttach a list (se nption number I State of legal % of its net 3	e instructions)  domicile TX  assets.
mary  describe the organization's mission or most significant activities:  this box ▶☐ if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)  or of independent voting members of the governing body (Part VI, line 2a)  umber of individuals employed in calendar year 2015 (Part V, line 2a)  umber of volunteers (estimate if necessary)	sed of r	M(c) Group exer	nption number I State of legal  % of its net  3	domicile TX  assets.
mary  describe the organization's mission or most significant activities:  this box ▶☐ if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)  or of independent voting members of the governing body (Part VI, line 2a) umber of individuals employed in calendar year 2015 (Part V, line 2a) umber of volunteers (estimate if necessary)	sed of r	more than 25	% of its net	domicile TX assets.
mary  describe the organization's mission or most significant activities:  this box ▶☐ if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)  or of independent voting members of the governing body (Part VI, line 2a) umber of individuals employed in calendar year 2015 (Part V, line 2a) umber of volunteers (estimate if necessary)	sed of r	more than 25°	% of its net	assets.
this box  if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)	 e 1b) . 	[	3 4	
this box  if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)	 e 1b) . 	[	3 4	
this box  if the organization discontinued its operations or disposer of voting members of the governing body (Part VI, line 1a)	 e 1b) . 	[	3 4	
or of voting members of the governing body (Part VI, line 1a) or of independent voting members of the governing body (Part VI, line umber of individuals employed in calendar year 2015 (Part V, line 2a) umber of volunteers (estimate if necessary)	 e 1b) . 	[	3 4	
or of voting members of the governing body (Part VI, line 1a) or of independent voting members of the governing body (Part VI, line umber of individuals employed in calendar year 2015 (Part V, line 2a) umber of volunteers (estimate if necessary)	 e 1b) . 	[	3 4	
or of voting members of the governing body (Part VI, line 1a) or of independent voting members of the governing body (Part VI, line umber of individuals employed in calendar year 2015 (Part V, line 2a) umber of volunteers (estimate if necessary)	 e 1b) . 	[	3 4	
or of independent voting members of the governing body (Part VI, line umber of individuals employed in calendar year 2015 (Part V, line 2a) number of volunteers (estimate if necessary)	e 1b) .		4	
umber of individuals employed in calendar year 2015 (Part V, line 2a) umber of volunteers (estimate if necessary)				32
umber of volunteers (estimate if necessary)		· · · · · · · · · · · · · · · · · · ·	5	
nrelated business revenue from Part VIII, column (C), line 12 related business taxable income from Form 990-T, line 34			6	1
related business taxable income from Form 990-T, line 34				100
		· · · ·	7a	
outions and grants (Part VIII, line 1h)	<del></del>		7b	0
utions and grants (Part VIII, line 1h)	<u> </u>	Prior Year		Current Year
	·	5	5895	46730
m service revenue (Part VIII, line 2g)	•			
nent income (Part VIII, column (A), lines 3, 4, and 7d)				
evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	1	1755	(14071)
venue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	6	7650	32659
and similar amounts paid (Part IX, column (A), lines 1-3)	. L			
s paid to or for members (Part IX, column (A), line 4)				
s, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	5	5445	60000
sional fundraising fees (Part IX, column (A), line 11e)	. [			
indraising expenses (Part IX, column (D), line 25) ▶	24075	The British	<b>经验验</b>	THE STREET
		4	8842	47878
xpenses. Add lines 13-17 (must equal Part IX Politim PA) (mg-25)	<del>.,,</del>	•	<u> </u>	107878
				(75219)
	Beg		<del></del>	End of Year
poots (Part V line 16)	וור	5	5330	55915
abilities (Part X line 26)	51			9707
sets or fund balances. Subtract line 21 from the 20 Factor				46208
ature Block	+		1003	40200
aturo Block				
	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 1 and similar amounts paid (Part IX, column (A), lines 1–3)	and similar amounts paid (Part IX, column (A), lines 1–3).  s paid to or for members (Part IX, column (A), lines 4).  s, other compensation, employee benefits (Part IX, column (A), lines 5–10).  sional fundraising fees (Part IX, column (A), line 11e).  indraising expenses (Part IX, column (D), line 25) ▶  expenses (Part IX, column (A), lines 11a–11d, 11f–24e).  expenses. Add lines 13–17 (must equal Part IX	and similar amounts paid (Part IX, column (A), lines 1–3).  s paid to or for members (Part IX, column (A), line 4)	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  and similar amounts paid (Part IX, column (A), lines 1–3) .  s paid to or for members (Part IX, column (A), line 4)  s, other compensation, employee benefits (Part IX, column (A), lines 5–10)  sional fundraising fees (Part IX, column (A), line 11e)  indraising expenses (Part IX, column (D), line 25) ▶  expenses (Part IX, column (A), lines 11a=11d, 11f-24e)  ixpenses (Part IX, column (A), lines 11a=11d, 11f-24e)

For Paperwork Reduction Act Notice, see the separate instructions.

Total program service expenses

Form 99	00 (2015)			Page <b>3</b>
Part	V Checklist of Required Schedules	Page 3  Yes No  1		
	In the average described in another 504/5/(0) or 4047/5/(4) (ather these are in the foundation) 0 15 (1)/62 (1)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
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		Ť	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>			1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		<b>*** **</b> 2	<b>√</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	-		<b>√</b>
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 7.40)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		<b>√</b>
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		<b>✓</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?			<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			<b>√</b>
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		<b>✓</b>
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? If "Yes," complete Schedule F, Parts III and IV.		-	1
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 1.1e? If "Yes," complete Schedule G, Part I (see instructions)			<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		1	-
19	Did the organization report more than \$15,000' of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	-	<b>√</b>
<del></del>	The second secon		n 990	(2015)

Form 99	0 (2015)		- 1	Page <b>4</b>
Párt	V Checklist of Required Schedules (continued)			
00 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
20 a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		✓_
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		<b>/</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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?	04-		,
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1
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			1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<b>-</b>
_	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		<b>✓</b>
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		1
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? If "Yes," complete Schedule L, Part III			./
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
а	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>V</b>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	<b>√</b>
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? If "Yes," complete Schedule L, Part IV	28c		<b>✓</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29:		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 1,		•
00	Part I	31		<b>✓</b>
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		✓
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.	00		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<b>✓</b>
	or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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 School to B.	<u>:</u> •		,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	┌┷┤		<u> </u>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	✓	
		Forn	990	(2015)

Párt				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	First the control of		Yes	No
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	1		
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
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			١.
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<b>✓</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
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?			<sup> </sup>
		7a 7b	$\overline{}$	<b>✓</b>
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75	<b>▼</b>	
Ů	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	, <del>, , ,</del>		1
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		<del>-</del>	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del></del>
10	Section 501(c)(7) organizations. Enter:	''	-	-"-
a b	Initiation fees and capital contributions included on Part VIII, line 12		Į	!!
11	Section 501(c)(12) organizations. Enter:	-		i
''a	Gross income from members or shareholders :	,	-	i
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	2	Į	, i
	the organization is licensed to issue qualified health plans	-		į į
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	40.0
	·	Form	33U	(2015)

Form **990** (2015)

Same Wash

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
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 of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  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 so a management company or other person?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, ciractors, or trustees, or key employees to a management company or other person?  4 Did the organization bacome aware during the year of a significant diversion of the organization's assets?  5 Did the organization have members or stockholders?  7 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?  5 Did the organization on termporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, fustees, or key employee listed in Part IVI, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  8 Did the organization have local chapters, branches, or affiliates?  10a Did the organization have a written officers or key employee is test in Part IVI, Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code).  10b Life the organization have a written officers of the provides governing th		<u> </u>		
00011	On Al devening Dody and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year		ļ	
ıa	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	-		
b				
2		2		<b>✓</b>
3		3		<u>/</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	,	<b>✓</b>
6		6		<b>✓</b>
7a	one or more members of the governing body?	7a		1
ь		7b		1
8				
а	The governing body?	8a	✓	
b	· · · · · · · · · · · · · · · · · · ·	8b	✓	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_	•	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	_		<b>/</b>
	•	$\vdash$		<b>✓</b>
		11a		<b>/</b>
	· · · · · · · · · · · · · · · · · · ·	المفدأ	ī	,
	· · · · · · · · · · · · · · · · · · ·			<del> </del>
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<b>√</b>	<u> </u>
10		-	<u> </u>	
				<u></u>
				7
			۔ سبت دوسی	
а				
			•	
•				
16a	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrangement			<u></u>
ь				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	e	-,	
Secti	on C. Disclosure			<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed <b>TEXAS</b> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section organization to make its Forms 1023).	1 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)	<b>.</b>		<u>.</u>
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest إ	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	~ ~	<b>&gt;</b>	-

and the second of the second o

Form **990** (2015)

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

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

☐ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	it officer, directo	r,_or trustee.
				(6	C)			]		
(A)	(B)	١,,			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per	office	er and			or/trus		compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	lns	₽	6	en H	Former	from the	related organizations	other compensation
	related	divid	<u>\$</u>	Officer	y en		]   ਜ਼ੁ	organization	(W-2/1099-MISC)	from the
	organizations below dotted	양교	on.		Key employee	8 8		(W-2/1099-MISC)		organization and related
	line)	lirus	i ta		yee	퓛				organizations
		8	Institutional trustee			Highest compensated employee				
	<u> </u>		_	_	-	8	_			
(1) CISSIE BRAGAN WALDEN, CHAIRMAN	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		✓		1				0	o	0
(2) TRACY TAYLOR, PRESIDENT	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		✓		1				0	0	0
(3) ANDY ANTHONY, CHM FINANCE	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		✓		✓				0	0	0
(4) JIM BECKMAN, FOUNDING PRESIDENT	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		✓		✓				0	0	0
(5) BOBBY EDMONDS, SECRETARY	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		✓	<u> </u>	✓				0	0	0
(6) FRANK CARROLL, PAST PRESIDENT	2		٠.	١.						
3116 W 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>		✓				0	0	. 0
(7) MIKE COLLINS, CO-CHM SCHOLARSHIP	2			١						
3116 W 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>		✓				0	0	0
(8) MICHAEL DAVIDSON, CO-CHM SCHOLARS	2							1		
3116 W 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>		<b>✓</b>			L	0	0	0
(9) JOHN DITTRICH, PAST PRESIDENT	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>		✓				0	0	0
(10) MARTHA FRY, CO-CHM GALA	10									
3116 W 6TH ST, STE 200, FORT WORTH, TX	ļ	<b>✓</b>		✓			ļ	0	0	0
(11) MICHAEL GOODRICH, DEVELOPMENT	2									
3116 W 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>		<b>✓</b>			ļ	0	0	0
(12) PRISCILLA HAMILTON, CO-CHM GALA	10									
3116 W 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>	<u> </u>	✓			L	0	0	0
(13) DOUG JENNINGS, NOMINATIONS	2			_						
3116 W 6TH ST, STE 200, FORT WORTH, TX	<u> </u>	✓		✓			<u> </u>	0	0	0
(14) JULIE LADNER, ALUMINI OUTREACH	10									
3116 W 6TH ST, STE 200, FORT WORTH, TX	<u>l</u>	✓		✓			<u> </u>	0	0	

Form **990** (2015)

														<del>-</del> -
Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	, ar	nd F	lighe	st C	ompensated E	mployees (cont	inued	)		
					(0	C)								
	(A)	(B)				ition			(D)	(E)		1	(F)	
	Name and title	Average					than o		Reportable	Reportable			mated	
	Hamo and the	hours per					is both or/trust		compensation	compensation from	n		ount of	
		week (list any		_		_		· ·	from	related		o	ther	
		hours for	a d	≅	Officer	Key employee	曹	Former	the	organizations			ensation	
		related organizations	gğ	<del>[</del>	ğ	em .	log est	₫	organization (W-2/1099-MISC)	(W-2/1099-MISC)			m the nization	
		below dotted	호를	a		탕	m S		(**-2/1033-141130)				related	
		line)	Individual trustee or director	=		/ee	ᅏ					organ	izations	
		1	6	Institutional trustee			Highest compensated employee							
				"			ě							
(15) J	ANET COOPER, EXECUTIVE DIRECTOR	40					_				$\top$			
	N 6TH ST, STE 200, FORT WORTH, TX		1		1				0		0			
	OHN ESCH, PAST PRESIDENT	2						$\vdash$			+			
	N 6TH ST, STE 200, FORT WORTH, TX	† <del>-</del>	1						0	i .	D			O
		-	<b>-</b>	$\vdash$		┝		$\vdash$	ļ	······································	┼			
	HRIS LEWIS, PRESIDENT ELECT	2	,			•			1	_				_
	N 6TH ST, STE 200, FORT WORTH, TX		<b>V</b>	$\vdash$		_			0		D			0
	ICHAEL PECK, PAST PRESIDENT	2	,	1					1					
	N 6TH ST, STE 200, FORT WORTH, TX		<b>✓</b>			_			0	<u></u>	0			0
(19) B	ILL ADAMS	2	Į											
<u>3116 \</u>	N 6TH ST, STE 200, FORT WORTH, TX		✓						.0	[ (	)			_ 0
(20) L	ARRY ANFIN	2												
3116 V	N 6TH ST, STE 200, FORT WORTH, TX		✓						0	(	اد			0
(21) M	IKE BACSIK, SR	2												
	N 6TH ST, STE 200, FORT WORTH, TX		<b>                                     </b>						۰ ا	ا	اد			0
	ENRY BARBOLLA	2								<u></u>	1			
	N 6TH ST, STE 200, FORT WORTH, TX	<del>-</del>	/						0	(				0
	AMES CAROLL	2	<u> </u>		_	┢					Ή			
		<u>~</u>	1											_
	W16 W 6TH ST, STE 200, FORT WORTH, TX	_	<b>V</b>	$\vdash$	_				0	<b>C</b>	<del>' </del>			0
	OBERT DICKERSON	2	,											
	N 6TH ST, STE 200, FORT WORTH, TX		<b>V</b>	$\dashv$				_	0	9	4			0
	DE DULLE	2	,								İ			
3116 \	N 6TH ST, STE 200, FORT WORTH, TX		✓					L	0	C	<u>י</u>			0
1b	Sub-total								0		<u>\</u>			_ 0
С	Total from continuation sheets to Part	VII, Sectio	n A	٠.				<b>•</b>	0	C	)			0
d	Total (add lines 1b and 1c)							<b>&gt;</b>	0	C	<u></u> (			0
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,0	00 of			
	reportable compensation from the organi									•			_	
													Yes I	No
3	Did the organization list any former of	ficer, direc	tor, o	r tru	uste	Эe.	key e	emp	lovee, or high	est compensat	ted [			
	employee on line 1a? If "Yes," complete s										.	3		
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation from t	tha H	<del>-</del>	<del></del>	
•	organization and related organizations													
-	individual	, alongoj mi	. Ψ	00,0	,	. "	,	٠,	complete den	caule o lot su	·"-  -			<del>-</del> -
_	Did any person listed on line 1a receive of					· ·			rolated argeni		<u></u>	4		<u>/</u>
5	for services rendered to the organization									ation of individu	ا الما			
<del></del>		11 163, 0	Ullipi	516	3011	CUL	110 0 1	0/ 3	ecii persori	<del></del>		5	ىلــــــــــــــــــــــــــــــــــــ	<u>_</u>
	on B. Independent Contractors													
1	Complete this table for your five highest of													
	compensation from the organization. Rep	ort compe	nsatio	n to	er th	e c	alend	ar y	ear ending wit	h or within the o	organı	ızatıo	n's tax	
	year.	_												
	(A)			٠,٠		-			(B)		•	(C)		
	Name and business add	ress							Description of s	ervices	Соп	npensa	ation	
													۲,	
	J 14 2	-								. 5	-			
		٠ -		•	•									
		٠.	•											
					,					1				
2	Total number of independent contracto	rs (includir	a hii	t no	ot J	mit	ed to	th	ose listed abo	ove) who		A 1		
_	received more than \$100,000 of compens							-, (				ł	•	-

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or no	ote to	any line in this	Part VIII	<u></u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a	- 1				
ia i	b	Membership dues 1b					
s, G	C	Fundraising events 1c 20	0230				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e					
tior er S	f	All other contributions, gifts, grants,					
ᄚᇎ			6500				
on the	g	Noncash contributions included in lines 1a-1f. \$					-
	h	Total. Add lines 1a–1f		46730			
nne		Business Co	ode				 
eve	2a						
Ж	b		-				
Ž	ر د						<del></del>
S.	d		+				
jran	e f	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f	<b></b>				
_	3	Investment income (including dividends, intere	- 1				
		and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds	.▶				
	5	Royalties	▶				(C) (D) elated Revenue siness excluded from tax venue under sections
		(i) Real (ii) Persona	al				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					; 
	d		<b>&gt;</b>				
	7a	Gross amount from sales of (i) Securities (ii) Other					
		assets other than inventory					
	b	Less: cost or other basis					
	_	and sales expenses					
	C	Gain or (loss)					
	d	Net gain or (loss)					
힐	8a	Gross income from fundraising $24 \times 10^{-10}$				-	
		events (not including \$ 20230_		1	•	-	
Other Rever		of contributions reported on line 1c).	-			,	
ja l		Cos Dort IV line 10	1779				
¥	b		0776				
			<b>•</b>	(14071)			/
	9a	Gross income from gaming activities.					
		See Part IV, line 19:					
		Less: direct expenses			-		
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
	<u> </u>	Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Co					
-		iviiocenarieous neveriue Dusiness Co	,ue				
	11a b		+				
	C						
	d	All other revenue	<del>-    </del>				
	e	<b>Total.</b> Add lines 11a–11d &	ightharpoonup	(14071)			
ļ	40	Total revenue Con matrictions		(14071)			

	IX Statement of Functional Expenses				(4)
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	<del></del>			
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	60000	24000	12000	24000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	0			
9	Other employee benefits				
10	Payroll taxes	14960	5984	2992	5984
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	7000	2800	1300	2800
d	Lobbying			· · · · · · · · · · · · · · · · · · ·	
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	0		*	
13	Office expenses	861	344	172	344
14	Information technology	1060	424	212	424
15	Royalties				
16	Occupancy	8500	3400	1400	3400
17	Travel	412	412		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			-	
20	Interest				
21	Payments to affiliates			<del></del>	
22	Depreciation, depletion, and amortization	_ 328	131	66	131
23	Insurance	2105	842	421	842
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	-			1
	(A) amount, list line 24e expenses on Schedule O.)	- 1			
а	SCHOLARSHIP CELEBRATION	3113	3113	<u> </u>	
b	SCHOLARSHIP EXPENSES	6234	6234		
c			0234		
d					
е	All other expenses	3305	1322	661	1322
25	Total functional expenses. Add lines 1 tillough 24e	107878	49006	19625	39247
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 ↑ In following SOP 98-2 (ASC 958-720)				

The results of the second of t

Ρ	art X	Balance Sheet				
	, ,	Check if Schedule O contains a response or	note to any line in this Pai	rt X		🗆
	-		•	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		39121	1	30295
	2	Savings and temporary cash investments	[		2	
	3	Pledges and grants receivable, net		1900	3	23100
	4		[	13586	4	2192
	5	Loans and other receivables from current and f	former officers, directors,			
		trustees, key employees, and highest co	mpensated employees.			
		Complete Part II of Schedule L	[		5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an				
		sponsoring organizations of section 501(c)(9) volun				<del>/</del>
ţ		organizations (see instructions). Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or				ļ
		other basis. Complete Part VI of Schedule D	10a 328			
	b	•	10b	723	10c	328
	11	• •			11	
	12	Investments—other securities. See Part IV, line 1			12	
	13	Investments—program-related. See Part IV, line		-	13	
	14	Intangible assets			14	-
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		55330		55915
	17	Accounts payable and accrued expenses	<u> </u>	4261		9707
	18	Grants payable			18 19	
	19	Deferred revenue	F			
	20	Tax-exempt bond liabilities	<u>⊢</u>		20	
"	21	Escrow or custodial account liability. Complete F Loans and other payables to current and fo	<u> </u>	<del>-</del>	21	
Liabilities	22	trustees, key employees, highest compens				
Ē		disqualified persons. Complete Part II of Schedu			22	
Lia	23	Secured mortgages and notes payable to unrelate	· -		23	
	24	Unsecured notes and loans payable to unrelated	·	<del></del>	24	<del></del>
	25	Other liabilities (including federal income tax, p	· .			
	20	parties, and other liabilities not included on lines	-	· -		• • •
		of Schedule D :			25	-
	26	Total liabilities. Add lines 17 through 25		4261	26	9707
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ 🔲 and		· ·	1
Š		complete lines 27 through 29, and lines 33 and	1 34.		*	1
ä	27	Unrestricted net assets			27	- money terretor adversarias description and the second se
Bat	28	Temporarily restricted net assets	[	-	28	
ᅙ	29	Permanently restricted net assets	[		29	
ᆵ		Organizations that do not follow SFAS 117 (ASC 95	8), check here ▶. 🔲 and Г			
6		complete lines 30 through 34.	-1	_	.	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplús, or land, building, or eq	· ·		31	
Ę,	32	Retained earnings, endowment, accumulated inc		51069		46208
Š	33	Total net assets or fund balances'		51069		46208
	34	Total liabilities and net assets/fund balances		55330	34	55915
		•	•			Form <b>990</b> (2015)

	90 (2015)			Pa	ige 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u> </u>
1		<u> </u>			<u>32659</u>
2		2		1	<u>07878</u>
3	The foliation of the first time is a first time in the first time in the first time is a first time in the first time in	3		(7	(5219)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>ا</u>			<u>51069</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	3			
7	Investment expenses	7			
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	)			22058
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0	_		46208
<sup>2</sup> art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	ın ın	1		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	1	
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	d or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent accounts	ınt?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın ın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in		_	
	the Single Audit Act and OMB Circular A-133?		3a		✓
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 audi	ts.	3b		
	s		Forn	n <mark>99</mark> 0	(2015)
	· ve · · · ·				
	en e		,		
	and the second of the second o				
	and the second of the second o	4.50	,		,
	and the second of the second o	4.50	,		,
	The state of the s	110	^ ·		,
	and the second of the second o	110	^ ·		r
	TO A CONTROL OF THE C	A fig.			ı
	TO A CONTROL OF THE C	A 16	·		ı
	TO A CONTROL OF THE C	A 16	·		

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

20 15 15

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		BRAGAN YOUTH FOUNDATION,I						104628					
Pai	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions. e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)												
The o	orga	anization is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only o	ne box.)						
1		A church, convention of churc											
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	<b>Z</b> ).)						
3		A hospital or a cooperative hos											
4		A medical research organization		onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the					
		hospital's name, city, and state											
5		An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a governmen	tal unit described in					
6		A federal, state, or local govern	nment or govern	mental unit described	in <b>secti</b> e	on 170(b)	)(1)(A)(v).						
7		An organization that normally			port from	n a gover	nmental unit or fror	n the general public					
	described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described in	n <b>section 170(b)</b>	(1)(A)(vi). (Complete	Part II.)								
9		An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	land-grant college					
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10	$\checkmark$	An organization that normally	eceives: (1) more	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross					
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		acquired by the organization a						Dusinesses					
11													
12		An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fo	unctions of, or to ca	rry out the purposes					
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).												
		Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	oporting o	organızatı	on and complete line	es 12e, 12f, and 12g					
а		☐ Type I. A supporting organ	zation operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typically by giving					
		the supported organization					the directors or trust	tees of the					
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B	•							
b		☐ Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizat	ion(s), by having					
		control or management of	the supporting o	rganization vested in	the same	persons	that control or man	age the supported					
		organization(s). You must	complete Part I	V, Sections A and C									
С		Type III functionally integ						ally integrated with,					
		its supported organization(	s) (see instructio	ns). <b>You must comp</b>	lete Part	IV, Secti	ions A, D, and E.						
d		Type III non-functionally i	<b>ntegrated.</b> A su	pporting organization	operated	d in conn	ection with its supp	orted organization(s)					
		that is not functionally integ						nd an attentiveness					
		requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.						
е		Check this box if the organ						e II, Type III					
		functionally integrated, or T	ype III non-func	tionally integrated sup	oporting (	organızat	ion.	·					
f		nter the number of supported of	•					1					
g	_ P	rovide the following information	about the supp	orted organization(s).									
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
				(described on lines 1–10 above (see instructions))		ır governing ment?	support (see instructions)	other support (see instructions)					
				,			,	,					
		· · · · · · · · · · · · · · · · · · ·		· · · <u>-</u>	Yes	No							
A)					1								
			•										
B)													
C)	_												
D)	•												
E)		· <u></u>											
<b>-</b> ,													

Schedu	ıle A (Form 990 or 990-EZ) 2016						Page <b>2</b>
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					<b>_</b>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>	<u> </u>	
	on B. Total Support	7	T - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	r		T	····
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.		•			12	- 501(a)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	on C. Computation of Public Suppor			<del></del>		· · · · ·	▶ 🗍
14	Public support percentage for 2016 (line 6	<del></del>		1. column (fl)		14	%
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organi box and stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box	c on line 13, ar	 nd line 14 is 30	15 31/3% or more,	% check this
b	331/3% support test—2015. If the organization this box and stop here. The organization				•		ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts facts-and-circ	-and-circumsta umstances" te	ances" test, ch est. The organi	neck this box a zation qualifies	and <b>stop here</b> .	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets the neets the "fac	e "facts-and-c ts-and-circum	circumstances' stances" test.	' test, check The organizati	this box and son qualifies as	stop here. a publicly
18	Private foundation. If the organization du instructions	d not check a	box on line 13	, 16a, 16b, 17a	i, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to qualify	under the tes	its listed belo	w, please co	mpiete Part i	1.)	
	on A. Public Support	<u>, </u>					
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	58580	32425	37075	55895	46730	230705
2	Gross receipts from admissions, merchandise		İ				
	sold or services performed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose	146323	143324	147838	96705	94779	628969
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		1				
4	Tax revenues levied for the						
•	organization's benefit and either paid		ł				
	to or expended on its behalf						
5	The value of services or facilities		-	-			
5	furnished by a governmental unit to the			1		ļ	
	organization without charge						
•							
6	Total. Add lines 1 through 5	204903	175749	184913	152600	141509	859674
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	25000	30000	35000	30000	40900	160900
С	Add lines 7a and 7b	25000	30000	35000	30000	40900	160900
8	Public support. (Subtract line 7c from		-				
	line 6.)					. <u> </u>	698774
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	204903	175749	184913	152500	141509	859674
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	1282	o	o	0		1282
b	Unrelated business taxable income (less	·					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	1282	0	o	0	0	1282
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		-	į	İ		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					+	
	and 12.)	206195	175749	184913	152000	141509	860956
14	First five years. If the Form 990 is for the						
	organization, check this box and stop her				· ·		
Section	on C. Computation of Public Suppor	t Percentage	,				
15	Public support percentage for 2016 (line 8	3, column (f) div	rided by line 13	3, column (f))		15	81.2 %
16	Public support percentage from 2015 Sch		-			16	81.2 %
Section	on D. Computation of Investment Inc					'-	
17	Investment income percentage for 2016 (			line 13, colum	nn (f))	17	.0014 %
18	Investment income percentage from 2015					18	.0014 %
19a	331/3% support tests-2016. If the organi						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests - 2015. If the organiz		-	•		_	_
_	line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization di			· -	· · · · ·	• •	_
	The second of the organization of			. 54, 5, 100, 0		edule A (Form 990	
		- ,			SCIL	Saule w (Louis 990	U. 330-EZJ 2010

### SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundralsing or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number Name of the organization 75-2404628 **BOBBY BRAGAN YOUTH FOUNDATION, INC.** Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations f Solicitation of government grants b  $\Box$ Internet and email solicitations  $\Box$ Phone solicitations g 

Special fundraising events ☐ In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of (or retained by) (ii) Activity or entity (fundraiser) organization contributions? col (i) Yes No 2 3 6 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

		than \$15,000 of fundraisi gross receipts greater tha		and gross income on	Form 990-EZ, lines Ta	ng 60. List events with
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
•			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	94779			94779
ш	2	Less: Contributions Gross income (line 1 minus				
_		line 2)	94779			94779
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages .	65444			65444
Ö	8	Entertainment				
	9	Other direct expenses .	45332			45332
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	▶ [	11077 <u>6</u> (14071)
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	90, Part IV, line 19, or	reported more
Revenue		man \$13,000 on 1 onn 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No _ ^	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
_						
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states	s?	🗌 Yes 🗌 No
10		Vere any of the organization's g "Yes," explain:		·		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Scriedu	ne G (FOITI 550 OF 550-EZ) 2010	ra	ge 🗸
11 12	Does the organization conduct gaming activities with nonmembers?		
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►	·····	
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		No
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►	•••••	
16	Gaming manager information:		
	Name ▶		·
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions	and (v); and rmation.	
	- 15		
			. <b></b>

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016 15
Open to Public Inspection

Name of the organization	Employer identification number
BOBBY BRAGAN YOUTH FOUNDATION, INC.	75-2404628
Part VI, Line IIb - The 990 is prepared by a member of the governing board. It is reviewed by the Pr	
Part VI Line 15 - The organizations's Executive Director's annual compensation is reviewed and d	
Committee based on performance reviews (conducted throughout the year) and	analysis of comparable salaries.
Part VI, Line 19 - The organization will make its governing documents, conflict of interest policy as	nd reviewed financial statements
available upon request.	
Part XI, Line 9 - Transfer to Bobby Bragan Youth Foundation Scholarship Fund	
	······
······································	
·····	
<del></del>	
······································	
<del></del>	
	·····

### SCHEDULE R (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

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

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

OMB No. 1545-0047

2046 15

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

**BOBBY BRAGAN YOUTH FOUNDATION, INC.** 

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

Employer identification number

75-2404628

Schedule R (Form 990) 2016

								<del>-</del>	•		
	(a) Name, address, and EIN (if applicable) of		Pnn	(b) nary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct con entity			
(1)											
(2)		•									
(3)											
(4)											
(5)		•									
(6)		•••••									
Part II	Identification of Related Tax-Bone or more related tax-exempt	xempt Organiz organizations de	ations. Co	omplete if tax vear.	he organization	answered "Yes" o	on Form 990, Pa	rt IV, line 34 bec	ause it ha	ıd	
	(a) Name, address, and EIN of related organiz			(b) (c) Primary activity Legal domicile or foreign co			(e) n Public charity statu (if section 501(c)(3		Section :	olled	
		1					1		Yes	No	
	BRAGAN YOUTH FOUNDATION SCHO										
(2)	I ST,STE 200, FORT WORTH, TX 76107	75-2534529	INVESTME	NT	TEXAS	501(c)(3	)			<b>-</b>	
					1					L.	
(3)		1									
(3)		1									
		1									
(4)		1									

Cat. No. 50135Y

(a) Name, address, and EIN of related organization	(b) Primary activity	,	(c) Legal domicile (state or foreign country)	Direc	(d) et controlling entity	incon un excli ta	(e) dominant ne (related, related, uded from x under ns 512-514)	t .	(f) re of total ncome	(g) Share of end year asse		(h) proporte llocation		(i) Code V—UB amount in box of Schedule K (Form 1065)	20 ma -1 pa	(j) neral or naging rtner?	(k) Percenta ownersh	
(1)											Y	es l	Vo		Ye	No	<u> </u>	
								-		ļ 		_				-	ļ	
(2)						l												
(3)	1																	
(4)							1											
(5)																		
(6)																		_
(7)																	<del> </del>	
Part IV Identification of line 34 because it	Related Organia	zations	s Taxable	as a	Corpora	tion o	r Trust. C	omp	lete if the	e organiza	tion a	nsw	ere	d "Yes" on	Form 9	90, F	art IV,	
(a) Name, address, and EIN of relate			(b) nmary activity		(c) Legal dor (state or foreig	nıcıle	(d) Direct contrentity	rolling	Type	e)	(f) Share of incon	total	end-	(g) Share of -of-year assets	(h) Percenta ownersi		(i) ction 512(b) controlled entity?	(13)
(1)																1	es N	0
· · · · · · · · · · · · · · · · · · ·										-						+		
(2)																		
(3)									1									
(4)					_					1					·			
(5)														-				
(6)																		
(7)																+		

Par	Transactions With Related Organizations. Complete if the organization answ	erec	/" k	es'	or or	ı Fo	rm	990	), P	art l	V, I	ine	34,	35	b, o	r 36	ò.			
No	e: 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 m	ore	rela	ated	org	jani	zati	ons	liste	d ir	) Pa	rts I	I–IV	?			- A		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity																	1a	1	
b	Gift, grant, or capital contribution to related organization(s)																	1b		1
С	Gift, grant, or capital contribution from related organization(s)																	1c	1	Ι
ď	Loans or loan guarantees to or for related organization(s)																	1d	1	1
е	Loans or loan guarantees by related organization(s)																	1e		7
					-	-	-	-	=	-	_		·	•		•	·		2.50	
s f	Dividends from related organization(s)				_	_	_		_									3499999 1 f	The second	**************************************
. ′a	Sale of assets to related organization(s)																	1g	<del>                                     </del>	1
h	Purchase of assets from related organization(s)																	1h	<del> </del>	1
i	Exchange of assets with related organization(s)																	1i	1	1
i	Lease of facilities, equipment, or other assets to related organization(s)																	1 <u>i</u>	╁	<del>                                     </del>
,	Lease of facilities, equipment, of other assets to related organization(s)	•		•	•	•	•	٠.	•	•	•	•	•	•		•	•		753	
	Lease of facilities, equipment, or other assets from related organization(s)																			新疆
ì																		1k	<del> </del>	<del>                                     </del>
_	of the state of th	•		•	•	•	•		•	•	•		•	•		•	•	11	ļ	<b>₩</b>
n	the state of the s	•		•	•	•	•		•	•	•	• •	•	•		•	•	1m	-	<b>  </b>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)																	1n	<del>  _</del>	✓
0	Sharing of paid employees with related organization(s)	•		•	•	•	•		•	•		• •	٠	•		•	•	10	13848702/8	ANT COL
	5.1																	1		<b>35</b> (3)
р	Reimbursement paid to related organization(s) for expenses																	1p		<b>↓</b> ✓
q	Reimbursement paid by related organization(s) for expenses	•			•	•			•	•	•		•	•		•	•	1q		<b> </b>
																				1
r	Other transfer of cash or property to related organization(s)																	1r		✓
S	Other transfer of cash or property from related organization(s)																	1s		
2	. If the answer to any of the above is "Yes," see the instructions for information on who must c	omp	lete	thi	s lın	e, ın	clu	dıng	CO	vere	d re	elatio	onsl	hips	and	tra	nsact	tion th	resho	ds.
	(a)			(b						(c)							(d	1)		
	Name of related organization			ansa		1	ı	/	١moι	ınt in	volve	ed		Met	hod c	of det	erminii	ng amo	unt invo	lved
	•		Ų	ype (	a-s)															
(1) B	OBBY BRAGAN YOUTH FOUNDATION SCHOLARSHIP FUND	C									:	2500	юС	ASH	1					
													T							
(2)																				
(3)							- 1													
							T													
(4)																				
							T						$\top$							
(5)																				
							寸						$\top$							
(6)																				