See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A  For the 2015 calendar year, or tax year beginning 01-01-2015 and ending 12-31-2015

C  Name of organization
   TEXAS FREEDOM NETWORK

D  Employer identification number
   74-2736849

E  Telephone number
   (512) 322-0545

F  Name and address of principal officer
   KATHERINE MILLER
   PO BOX 1624
   AUSTIN, TX 78767

H  (a) Is this a group return for
   subordinates? 
   Yes ✔ No 

   (b) Are all subordinates included? 
   Yes ✔ No 
   If "No," attach a list (see instructions)

K  Form of organization
   Corporation ✔ Trust Association Other

L  Year of formation 1995

M  State of legal domicile TX

Part I

Summary

1 Briefly describe the organization's mission or most significant activities
   TO ADVANCE A MAINSTREAM AGENDA OF RELIGIOUS FREEDOM & INDIVIDUAL LIBERTIES

2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part V, line 1a) 3 26

4 Number of independent voting members of the governing body (Part V, line 1b) 4 26

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 23

6 Total number of volunteers (estimate if necessary) 6 400

7a Total unrelated business revenue from Part V, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b 0

8 Contributions and grants (Part VIII, line 1h) 8 303,974 288,159

9 Program service revenue (Part VIII, line 2g) 9 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 473 938

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 240,848 298,291

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 545,295 587,388

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 377,057 355,733

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) 16b 123,352

17 Other expenses (Part IX, column (A), lines 11a-11e, 11f-24e) 17 166,079 226,913

18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 543,136 582,646

19 Revenue less expenses 2,159 4,742

Beginning of Current Year 767,373 768,156

End of Year 779,532 773,900

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

SIGNATURE BLOCK

Signature of officer
KATHERINE MILLER, PRESIDENT & EXECUTIVE DIRECTOR

Date
2016-11-14

Paid Preparer Use Only

Print/Type preparer's name
KAREN E ATCHLEY
Preparer's signature
KAREN E ATCHLEY

Date
Check self-employed

PTIN 001238005

Firm's name
ATCHELEY & ASSOCIATES

Firm's phone (512) 346-2066

Firm's EIN
74-2920819

Firm's address
6850 AUSTIN CENTER BLVD STE 180
AUSTIN, TX 78731

May the IRS discuss this return with the preparer shown above? (see instructions) ✔ Yes ☐ No

Cat No 11282 Y

Form 990 (2015)
Part III  Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1  Briefly describe the organization’s mission

THE TEXAS FREEDOM NETWORK ADVANCES A MAINSTREAM AGENDA OF RELIGIOUS FREEDOM AND INDIVIDUAL LIBERTIES TO COUNTER THE RELIGIOUS RIGHT

2  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  

☐ Yes  ☑ No

If "Yes," describe these new services on Schedule O

3  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  

☐ Yes  ☑ No

If "Yes," describe these changes on Schedule O

4  Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a  (Code )  (Expenses $ 143,527 including grants of $ )  (Revenue $ )

MONITOR RELIGIOUS LIBERTY AND EDUCATIONAL ISSUES BEFORE STATE BOARD OF EDUCATION, TEXAS LEGISLATURE, AND OTHER STATE POLICY MAKING BODIES IN ORDER TO ENGAGE MEMBERS AND SUPPORTERS IN ISSUE ADVOCACY EFFORTS

4b  (Code )  (Expenses $ 143,527 including grants of $ )  (Revenue $ )

ORGANIZE PUBLIC AWARENESS EVENTS AND CAMPAIGNS IN ORDER TO INFORM AND ENGAGE THE COMMUNITY ABOUT CURRENT ISSUES IN PUBLIC EDUCATION AND RELIGIOUS LIBERTY

4c  (Code )  (Expenses $ 71,763 including grants of $ )  (Revenue $ )

ORGANIZE NON-PARTISAN, ISSUE BASED CIVIC ENGAGEMENT OPPORTUNITIES FOR MEMBERS AND THE GENERAL PUBLIC

4d  Other program services (Describe in Schedule O )

(Expenses $ including grants of $ )  (Revenue $ )

4e  Total program service expenses $ 358,817
### Part IV  Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
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<td>20a</td>
<td>No</td>
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<tr>
<td>20b</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*

2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *If "Yes," complete Schedule C, Part I*

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*

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*

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*

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*

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*

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*

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*

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*

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

   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*

   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*

   c. 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*

   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*

   e. Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*

   f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*

12. Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*

   a. 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*

13. Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*

14. Did the organization maintain an office, employees, or agents outside of the United States? *If "Yes," complete Schedule F, Parts I and IV*

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for a foreign organization? *If "Yes," complete Schedule F, Parts II and IV*

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*

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? *If "Yes," complete Schedule G, Part I (see instructions)*

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*

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*

20a. Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

   b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
### Part IV Checklist of Required Schedules (continued)

| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | No |
| 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. | 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? If "Yes," complete Schedule J. | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | |

#### 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. | No |
- Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | |
- 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. | No |
- 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. | No |
- 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)
  - A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | No |
  - A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | No |
  - 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. | No |
- Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M. | No |
- Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | No |
- Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. | No |
- Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. | |
- 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. | No |
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. | Yes |

#### 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. | |
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. | No |
- 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. | Yes |
### Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1099 Enter -0- if not applicable</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>5c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a 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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td>7d</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
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<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>14b</td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

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

1b Enter the number of voting members included in line 1a, above, who are independent

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</table>

6 Did the organization have members or stockholders?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
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</table>

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</tbody>
</table>

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Each committee with authority to act on behalf of the governing body?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13 Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14 Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization’s CEO, Executive Director, or top management official

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b Other officers or key employees of the organization

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 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)(3) only) available for public inspection. Indicate how you made these available. Check all that apply

- [ ] On website  [ ] Another’s website  [ ] Upon request  [ ] Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records

- [ ] KATHERINE MILLER 608 W 22ND STREET AUSTIN, TX 78705 (512) 322-0545
**Part VII**

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

Check if Schedule O contains a response or note to any line in this Part VII...

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

See Additional Data Table

---

Form 990 (2015)
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Additional Data Table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Sub-Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td>260,917</td>
<td>0</td>
<td>23,932</td>
</tr>
</tbody>
</table>

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization  ▶ 2

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  ▶

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual  ▶

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  ▶

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization  ▶ 0
## Contributions, Gifts, Grants and Other Similar Amounts

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>
| 1a     | Federated campaigns | 1a_
| 1b     | Membership dues | 1b_
| 1c     | Fundraising events | 1c_
| 1d     | Related organizations | 1d_
| 1e     | Government grants (contributions) | 1e_
| 1f     | All other contributions, gifts, grants, and similar amounts not included above | 1f 288,159
| h      | **Total. Add lines 1a-1f** | 288,159 |

## Business Code

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>

## Program Service Revenues

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td><strong>Total. Add lines 2a-2f</strong></td>
<td></td>
</tr>
</tbody>
</table>

## Other Revenues

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Investment income (including dividends, interest, and other similar amounts)</td>
<td>3 938</td>
</tr>
<tr>
<td>4</td>
<td>Income from investment of tax-exempt bond proceeds</td>
<td>4 938</td>
</tr>
<tr>
<td>5</td>
<td>Royalties</td>
<td>5</td>
</tr>
<tr>
<td>6a</td>
<td>Gross rents</td>
<td>6a</td>
</tr>
<tr>
<td>b</td>
<td>Less rental expenses</td>
<td>b</td>
</tr>
<tr>
<td>c</td>
<td>Rental income or (loss)</td>
<td>c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Net rental income or (loss)</strong></td>
<td>d</td>
</tr>
<tr>
<td>7a</td>
<td>Gross amount from sales of assets other than inventory</td>
<td>7a</td>
</tr>
<tr>
<td>b</td>
<td>Less cost or other basis and sales expenses</td>
<td>b</td>
</tr>
<tr>
<td>c</td>
<td>Gain or (loss)</td>
<td>c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Net gain or (loss)</strong></td>
<td>d</td>
</tr>
</tbody>
</table>
| 8a     | Gross income from fundraising events (not including 8a_
| 5 of contributions reported on line 1c) See Part IV, line 18 | 8a_
| a      | 395,453 |
| b      | Less direct expenses | b |
| c      | Net income or (loss) from fundraising events | c |
| 9a     | Gross income from gaming activities See Part IV, line 19 | 9a_
| a      |  |
| b      | Less direct expenses | b |
| c      | Net income or (loss) from gaming activities | c |
| 10a    | Gross sales of inventory, less returns and allowances | 10a_
| a      |  |
| b      | Less cost of goods sold | b |
| c      | Net income or (loss) from sales of inventory | c |
| 11a    | Miscellaneous Revenue | 11a_
| b      |  |
| c      |  |
| d      | All other revenue | d |
| e      | **Total. Add lines 11a-11d** | e |
| 12     | **Total revenue. See Instructions** | 12 587,388 |
### Part IX  Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

---

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>161,597</td>
<td>131,782</td>
<td>13,897</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>153,862</td>
<td>125,474</td>
<td>13,232</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>4,217</td>
<td>3,439</td>
<td>363</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>12,418</td>
<td>10,127</td>
<td>1,068</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>23,639</td>
<td>19,278</td>
<td>2,033</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)</td>
<td>33,259</td>
<td>23,509</td>
<td>9,750</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>10,634</td>
<td>10,634</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>9,067</td>
<td>497</td>
<td>133</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>5,787</td>
<td>5,787</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>POSTAGE &amp; PUBLICATIONS</td>
<td>66,220</td>
<td>833</td>
<td>137</td>
</tr>
<tr>
<td>b</td>
<td>COMMUNICATIONS</td>
<td>38,399</td>
<td>35,603</td>
<td>2,796</td>
</tr>
<tr>
<td>c</td>
<td>OTHER EXPENSES</td>
<td>26,537</td>
<td>26,183</td>
<td>354</td>
</tr>
<tr>
<td>d</td>
<td>CREDIT CARD PROCESSING</td>
<td>16,236</td>
<td>1,361</td>
<td>14,875</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>20,774</td>
<td>5,601</td>
<td>15,173</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>582,646</td>
<td>358,817</td>
<td>90,477</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>Assets</th>
<th>Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash—non-interest-bearing</td>
<td>173,067</td>
<td>230,834</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>234,330</td>
<td>185,318</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>292</td>
<td>192</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>4,807</td>
<td>2,722</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>10a 407,442</td>
<td>10c 354,877</td>
</tr>
<tr>
<td>10b Less accumulated depreciation</td>
<td>10b 58,352</td>
<td>10c 349,090</td>
</tr>
<tr>
<td>11 Investments—publicly traded securities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Investments—other securities See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Investments—program-related See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Other assets See Part IV, line 11</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Total assets Add lines 1 through 15 (must equal line 34)</td>
<td>16 767,373</td>
<td>17 768,156</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>17 34,215</td>
<td>18 30,256</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>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 D</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities Add lines 17 through 25</td>
<td>26 34,215</td>
<td>26 30,256</td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Unrestricted net assets</td>
<td>27 733,158</td>
<td>27 737,900</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building or equipment fund</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>33 733,158</td>
<td>33 737,900</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>34 767,373</td>
<td>34 768,156</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>587,388</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>582,646</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses  Subtract line 2 from line 1</td>
<td>4,742</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>733,158</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year  Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>737,900</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| 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," explain in Schedule O |
| 2a |   | Yes | Were the organization's financial statements compiled or reviewed by an independent accountant? |
|    |   | No  | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
Separate basis  Consolidated basis  Both consolidated and separate basis |
| 2b | Yes |   | Were the organization's financial statements audited by an independent accountant?  
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 |
| 2c | Yes |   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O |
| 3a | No |   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? |
| 3b |   | No | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits |
### Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALDRETE JAMES</td>
<td>2.00</td>
<td>x</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PAST CHAIR</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>ARNOLD PAULA S</td>
<td>2.00</td>
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<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
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</tr>
<tr>
<td>BECKER MARGIE</td>
<td>2.00</td>
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<td>0</td>
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</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
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</tr>
<tr>
<td>BETHUNE REV DR LARRY</td>
<td>2.00</td>
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<td>0</td>
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<tr>
<td>DIRECTOR</td>
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<tr>
<td>BLUMOE RABBI NEIL</td>
<td>2.00</td>
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<tr>
<td>DIRECTOR</td>
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</tr>
<tr>
<td>CHANCEY DR MARK</td>
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<tr>
<td>DIRECTOR</td>
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<tr>
<td>CHIARELLO STEPHANIE</td>
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<tr>
<td>CLACK CARY</td>
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<tr>
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<tr>
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<tr>
<td>CHAIR</td>
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<tr>
<td>DREWS SALLY</td>
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<tr>
<td>VICE-CHAIR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Name and Title</td>
<td>Average hours per week (list any hours for related organizations below dotted line)</td>
<td>Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>Individual trustee or director</td>
<td>Institutional Trustee Officer</td>
<td>Key Employee</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
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<tr>
<td>DURST PHIL</td>
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<tr>
<td>DIRECTOR</td>
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<td>ECKHARDT HON SARAH</td>
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<td>DIRECTOR</td>
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<tr>
<td>EPPERSON JESSICA</td>
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<tr>
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<td>FUENTES OLAC</td>
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<td>GERSON RHONDA</td>
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<tr>
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<td>IRESON DIANE</td>
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<tr>
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<tr>
<td>KATZ RABBI NEAL</td>
<td>2.00</td>
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<tr>
<td>DIRECTOR</td>
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<td>LINEBARGER DALE</td>
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<tr>
<td>TREASURER</td>
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<td>LOPEZ CARISA</td>
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<tr>
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<tr>
<td>Name and Title</td>
<td>(A) Name and Title</td>
<td>(B) Average hours per week (list any hours for related organizations below dotted line)</td>
<td>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
</tr>
<tr>
<td>-------------------------------</td>
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<td>WOODBURN MEGAN</td>
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<tr>
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<tr>
<td>KATHERINE MILLER</td>
<td></td>
<td>40.00</td>
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<tr>
<td>PRESIDENT &amp; EXECUTIVE DIRE</td>
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</tr>
<tr>
<td>MARSHALL R VALENTINE</td>
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<td>116,250</td>
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<tr>
<td>DEPUTY DIRECTOR</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Supplemental Financial Statements

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1. Total number at end of year
   (a) Donor advised funds
   (b) Funds and other accounts

2. Aggregate value of contributions to (during year)

3. Aggregate value of grants from (during year)

4. Aggregate value at end of year

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
   [ ] Yes [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
   [ ] Yes [ ] No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply)
   [ ] Preservation of land for public use (e.g., recreation or education)
   [ ] Preservation of an historically important land area
   [ ] Protection of natural habitat
   [ ] Preservation of a certified historic structure
   [ ] Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
   - Held at the End of the Year
     2a
     2b
     2c
     2d

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4. Number of states where property subject to conservation easement is located

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
   [ ] Yes [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
   $  

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
   [ ] Yes [ ] No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to its financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

   (i) Revenue included on Form 990, Part VIII, line 1
       $  

   (ii) Assets included in Form 990, Part X
       $  

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

   a. Revenue included on Form 990, Part VIII, line 1
      $  

   b. Assets included in Form 990, Part X
      $  

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? [ ] Yes [ ] No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current year</td>
<td>Prior year</td>
<td>Two years back</td>
<td>Three years back</td>
<td>Four years back</td>
</tr>
</tbody>
</table>

1a Beginning of year balance
1b Contributions
1c Net investment earnings, gains, and losses
1d Grants or scholarships
1e Other expenditures for facilities and programs
1f Administrative expenses
1g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

[ ] Yes [ ] No

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3c Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ ] Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).
**Part VII Investments—Other Securities.** Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11b. 

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Close-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: (Column (b) must equal Form 990, Part X, col. (B) line 12)

**Part VIII Investments—Program Related.** Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
</table>

Total: (Column (b) must equal Form 990, Part X, col. (B) line 13)

**Part IX Other Assets.** Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
</table>

Total: (Column (b) must equal Form 990, Part X, col. (B) line 15)

**Part X Other Liabilities.** Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
</tr>
</tbody>
</table>

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.

Total: (Column (b) must equal Form 990, Part X, col. (B) line 25)
## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td></td>
</tr>
</tbody>
</table>

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART X, LINE 2</td>
<td>THE NETWORK AND EDUCATION FUND HAVE ADOPTED FASB ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THAT STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN FINANCIAL STATEMENTS IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION, INTEREST, AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES, AND TRANSITION AS OF DECEMBER 31, 2015, THE NETWORK AND EDUCATION FUND HAVE NOT RECOGNIZED LIABILITIES FOR UNCERTAIN TAX POSITIONS OR ASSOCIATED INTEREST AND PENALTIES</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>PART XII, LINE 4B - OTHER ADJUSTMENTS</td>
<td>FUNDRAISING EXPENSES - 97,162</td>
</tr>
</tbody>
</table>
**Part I  Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2a. 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 [ ]

2b. If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
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<tr>
<td>10</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

3. 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.

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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### Part II: Fundraising Events
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>196,593</td>
<td>104,435</td>
<td>94,425</td>
<td>395,453</td>
</tr>
<tr>
<td>2 Less Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>196,593</td>
<td>104,435</td>
<td>94,425</td>
<td>395,453</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>10,688</td>
<td>8,623</td>
<td></td>
<td>19,311</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>35,253</td>
<td></td>
<td></td>
<td>35,253</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>28,108</td>
<td>8,638</td>
<td>5,852</td>
<td>42,598</td>
</tr>
<tr>
<td>10 Direct expense summary Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>97,162</td>
</tr>
<tr>
<td>11 Net income summary Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>298,291</td>
</tr>
</tbody>
</table>

### Part III: Gaming
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col (a) through col (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
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<td></td>
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</tr>
<tr>
<td>3 Noncash prizes</td>
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<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 Volunteer labor</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7 Direct expense summary Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary Subtract line 7 from line 1, column (d)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states? [ ] Yes [ ] No

b If "No," explain
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

10a Were any of the organization’s gaming licenses revoked, suspended or terminated during the tax year? [ ] Yes [ ] No

b If "Yes," explain
_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in
   a The organization's facility 13a %
   b An outside facility 13b %

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? □ Yes □ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _______________________ and the amount of gaming revenue retained by the third party ▶ $ _______________

15c 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 Mandatory distributions

a 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 distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule G (Form 990 or 990-EZ) 2015
Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TEXAS FREEDOM NETWORK

Employer identification number
74-2736849

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Written employment contract
- Independent compensation consultant
- Compensation survey or study
- Form 990 of other organizations
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHERINE MILLER</td>
<td><strong>143,334</strong>&lt;br&gt;PRESIDENT &amp; EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td><strong>1,333</strong>&lt;br&gt;-</td>
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<td><strong>0</strong>&lt;br&gt;-</td>
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</tr>
</tbody>
</table>
Part III  Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
</table>

Schedule J (Form 990) 2015
<table>
<thead>
<tr>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 11</td>
<td>GENERAL INFORMATION PROVIDED BY OFFICE ADMINISTRATOR, DEPUTY DIRECTOR, AND EXECUTIVE DIRECTOR TO ACCOUNTANTS. EXECUTIVE DIRECTOR PROVIDES COPY TO EXECUTIVE COMMITTEE OF THE BOARD FOR COMMENT. EXECUTIVE DIRECTOR REVIEWS/APPROVES FINAL 990</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 12C</td>
<td>POLICY DISTRIBUTED AND EXPLAINED TO NEW BOARD MEMBERS DURING ORIENTATION, EXECUTIVE DIRECT OR AND BOARD CHAIR MONITOR FOR ANY ONGOING ISSUES. NO ANNUAL DISCLOSURES REQUIRED FROM BOARD MEMBERS</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>FORM 990, PART VI, SECTION B, LINE 15A</td>
<td>THE BOARD CHAIR DESIGNATES A COMMITTEE FOR THE EXECUTIVE DIRECTOR PERFORMANCE REVIEW. THE COMMITTEE ALSO SETS EXECUTIVE DIRECTOR SALARY BASED ON COMPARABLES FOR THE POSITION. FEEDBACK ON EXECUTIVE DIRECTOR’S PERFORMANCE IS SOLICITED FROM BOARD DIRECTORS AND STAFF</td>
</tr>
<tr>
<td>FORM 990, PART VI, SECTION C, LINE 19</td>
<td>UPON REQUEST</td>
</tr>
<tr>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART XII, LINE 2C</td>
<td>THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. NO CHANGES HAVE BEEN MADE FROM PRIOR YEAR</td>
</tr>
</tbody>
</table>
### Part I  Identification of Disregarded Entities

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Part II  Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

<table>
<thead>
<tr>
<th>(e) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) TEXAS FREEDOM NETWORK EDUCATION FUND  PO BOX 1624  AUSTIN, TX 78767  74-2788317</td>
<td>CONDUCT TRAINING, RESEARCH, EDUCATION ON POLICIES RELATED TO RELIGIOUS FREEDOM</td>
<td>TX</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>N/A</td>
<td>No</td>
</tr>
</tbody>
</table>
### Part III  Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes</td>
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<td>Yes</td>
<td>No</td>
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</tbody>
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### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512 (b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
**Transactions With Related Organizations**

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

   a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
   b. Gift, grant, or capital contribution to related organization(s).
   c. Gift, grant, or capital contribution from related organization(s).
   d. Loans or loan guarantees to or for related organization(s).
   e. Loans or loan guarantees by related organization(s).
   f. Dividends from related organization(s).
   g. Sale of assets to related organization(s).
   h. Purchase of assets from related organization(s).
   i. Exchange of assets with related organization(s).
   j. Lease of facilities, equipment, or other assets to related organization(s).
   k. Lease of facilities, equipment, or other assets from related organization(s).
   l. Performance of services or membership or fundraising solicitations for related organization(s).
   m. Performance of services or membership or fundraising solicitations by related organization(s).
   n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
   o. Sharing of paid employees with related organization(s).
   p. Reimbursement paid to related organization(s) for expenses.
   q. Reimbursement paid by related organization(s) for expenses.
   r. Other transfer of cash or property to related organization(s).
   s. Other transfer of cash or property from related organization(s).

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEXAS FREEDOM NETWORK EDUCATION FUND</td>
<td>Q</td>
<td>853,031</td>
<td>FMV</td>
</tr>
</tbody>
</table>
**Part VI** Unrelated Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
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</tbody>
</table>

Part VII  Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)