Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning and ending		
		C Name of organization	D. Employer identific	action number
B Ch	eck it plicabl	' FOSTER ANGELS OF CENTRAL TEXAS	D Employer identific	cauon number
	Addre			
	chang Name	FOUNDATION		00440=
	chang			024497
	return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	<u> </u>	
	Termir ated		512-	<u>799-7087</u>
	Ameno	City, town, or post office, state, and ZIP code	G Gross receipts \$	255,242.
	Application	^a AUSTIN, TX 78715-2575	H(a) Is this a group re	etum
	pendir	F Name and address of principal officer TED OAKLEY	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
L T	3Y-PY		— n ''	list. (see instructions)
_		te: N/A	H(c) Group exemptio	
		organization: Corporation Trust Association X Other ► CHARILY		
Pa:	_	Summary	ear or formation. 2003 K	M State of legal domicile. TA
		Bnefly describe the organization's mission or most significant activities: THE FOUN	DATION'S SOLE	PURPOSE IS
Activitles & Governance	-	TO ENRICH THE LIVES OF CHILDREN IN FOSTER CA		
E	2	Check this box if the organization discontinued its operations or disposed of n		
ě		Number of voting members of the governing body (Part VI, line 1a)	3	23
පී		Number of independent voting members of the governing body (Part VI, line 1b)	4	23
×ĕ			 	1
ĕ ∣		Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	
.≧.		Total number of volunteers (estimate if necessary)	. 6	20
AC		Total unrelated business revenue from Part VIII, column (C), line 12	. <mark>7a</mark>	0.
}	<u>b</u>	Net unrelated business taxable income from Form 990-T, ine 34	7b	0.
- {		Contributions and grants (Part VIII—Ing. Th) CENED	Prior Year	Current Year
<u>o</u>	8		<u>203,407.</u>	172,532.
ᇎ	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and (7d) \(\dot\)	948.	12,710.
œ	11	Other revenue (Part VIII, column A), lines (5, 1) od, 8c, 9c, 10c, and (14)	0.	60.
	12	Total revenue - add lines 8 through 1 (must equal Part-VIII, column (A), line 12)	204,355.	185,302.
	13	Grants and similar amounts paid (PartUX-column (A)) tines 13	123,540.	195,400.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
,,		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	4,140.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Je l		Total fundraising expenses (Part IX, column (D), line 25)		
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,606.	13,235.
		• • • • • • • • • • • • • • • • • • • •	126,146.	212,775.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
LΩ	19	Revenue less expenses. Subtract line 18 from line 12	78,209.	
sets or alances			Beginning of Current Year	End of Year
ssei 3ala	20	Total assets (Part X, line 16)	242,370.	248,027.
d B	21	Total liabilities (Part X, line 26)	0.	0.
캺		Net assets or fund balances. Subtract line 21 from line 20	242,370.	248,027.
	rt II			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	The state of the s	ry knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		1 Jade Jaken		<u> </u>
Sig	1	Signature of officer	Date 5/4/	/,,
Her	е	TED OAKLEY, PRESIDENT	3/4/	// 3
		Type or print name and title		
		Print/Type preparer's name Preparets signature	Date Check	PTIN
Paid	l	W. GARY WHITTINGTON	4(21 (13 self-employ	yed P00040077
	arer	Firm's name WHITTINGTON, BEAVERS & HUBBARD, PC	Firm's EIN	74-2573643
	Only	Firm's address 5656 SOUTH STAPLES, SUITE 104		<u>, , , , , , , , , , , , , , , , , , , </u>
J06	,	CORPUS CHRISTI, TX 78411	Phone no. (361)993-6902
_			j rnoneno.	
_		IRS discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
2320	01 12	10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.	6-16	Form 990 (2012)
			$G \circ G$	1

orm	m 990 (2012) FOUNDATION		27-1024497 Page	2
	art III Statement of Program Service Accomplishments			_
	Check if Schedule O contains a response to any guestion in this Pa	rt III .	Г	٦
1	Briefly describe the organization's mission:			=-
	THE FOUNDATION'S SOLE PURPOSE IS TO B	ENRICH THE LIVES OF	CHILDREN IN	
	FOSTER CARE IN CENTRAL TEXAS.			
				_
2	Did the organization undertake any significant program services during the	e year which were not listed on		_
	the prior Form 990 or 990-EZ?		Yes X N	lo
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in ho	w it conducts, any program services?	☐ Yes 🗓 N	lo
	If "Yes," describe these changes on Schedule O.	7, 2		•
4	Describe the organization's program service accomplishments for each of	ts three largest program services, as r	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the an			
	revenue, if any, for each program service reported.		•	
4a	(Code) (Expenses \$195, 400. including grants of \$	195,400.) (Revenue	s 172,532.	.)
	THE FOUNDATION'S SOLE PURPOSE IS TO H	ENRICH THE LIVES OF	CHILDREN IN	•
	FOSTER CARE IN CENTRAL TEXAS.			
	THE APPROXIMATE NUMBER SERVED IN 2012	2 WAS 1700.		
				_
				_
4b	O (Code) (Expenses \$ including grants of \$	S) (Revenue	\$	_)
				—
				—
				_
			 ,	—
				—
				_
4c	C (Code) (Expenses \$) (Revenue	· S	
		, , , ,	· · · · · · · · · · · · · · · · · · ·	- ′
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4d	d Other program services (Describe in Schedule O)			
) (Revenue \$)	
<u>4e</u>	e Total program service expenses ► 195,400.			

Form 990 (2012)' FOUNDATION
Part IV Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No_
	If "Yes," complete Schedule A		x	
	Is the organization required to complete Schedule B, Schedule of Contributors?	1_2	X	
_	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Α	
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X
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	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			3,5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		X
a	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	444		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
e -	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u>11e</u>		
•	the organization's separate or consolidated infancial 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	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_ X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	!	_ X_
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	18	<u> </u>	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
20a		20a		X_
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	

Page 4

Pai	t IV Checklist of Required Schedules (continued)		-	••
		Γ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		-	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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	1		
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	L	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	, , , , , , , , , , , , , , , , , , , ,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			•
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05.	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,_
~~	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,_
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		T.	
	NOTE: WILL OUR 200 INCIDENT IN COUNTER OF CONTINUES OF CO	38	I A	i

Part V Statements Regarding Other IRS Fillings and Tax Compliance Chock Schedule O contains a response to any question in this Part V	Form	990 (2012) FOUNDATION 27-1024	497	F	age 5
a Enter the number reported in Box 3 of Form 1096. Enter -0 -find applicable □ the interest the number of Forms WSG included in line 1s. Enter -0 -find applicable □ the organization Comply with bedroup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize without the prize of the complex of the com	Par				<u></u>
tale Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable Enter the number of Forms W2C included in the 1 Enter of not applicable 0 0 0 10 the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners? 2a Enter the number of employees reported on Form W2. Transmittal of Wage and Tax Statements. 1		Check if Schedule O contains a response to any question in this Part V			
tale Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable Enter the number of Forms W2C included in the 1 Enter of not applicable 0 0 0 10 the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prize winners? 2a Enter the number of employees reported on Form W2. Transmittal of Wage and Tax Statements. 1				Vec	No
b Enter the number of Forms W2C included in line 1 a Enter 0-1 not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirnings to prize wirnes? 2a Enter the number of employees reported on Form W3, Transmital of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization fille all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-fill (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If If Yes, 1 has if filed a Form 950 or for the year? If Wo, "provide an explanation in Schedule 0 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 bark account, securities account, or other financial account)? 4b If Yes, 1 the first of the foreign country to prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any taxable party northly the organization file Form 8898 art you be prohibited tax shelter transaction? 6c If Yes, 1 din the organization reveal explanation file Form 8898 art you be prohibited tax shelter transaction any contributions that were not tax deductible as charitable contributions? 6c If Yes, 1 did the organization include with every solicitation an express statement that such contributions or grifs were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 3 did the organization received a payment in excess 0 §75 make party as a centification of the prometal payment o	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining yournings to price winners? 2a Enter the number of employees reported on Porm W3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this setum. 1 b if at least one is reported on the 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) 3 b if Yes, * has if filed a Form 950-T for this year? If *No. *Provide an explanation in Schedule O 3 b if Yes, * has if filed a Form 950-T for this year? If *No. *Provide an explanation in Schedule O 3 b if Yes, * has if filed a Form 950-T for this year? If *No. *Provide an explanation in Schedule O 3 b if Yes, * has if filed a Form 950-T for this year? If *No. *Provide an explanation is constituted in the schedule O 3 b if Yes, * has if filed a Form 950-T for this year? If *No. *Provide an explanation is constituted in the schedule O 3 b if Yes, * has if filed a Form 950-T for this year? If *No. *Provide an explanation is constituted in the schedule of the schedule O 3 b if Yes, *No. *If *No. *I					1
gambling) wrinings to prize winners? 2 Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements. 2 Iffed for the calendar year ending with or within the year covered by this return. 3 If at least one's reported on her 22a, did the organization file all required federal employment tax returns? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 B Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 B Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A 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 level. As a bank account, securities account, or other financial account? 5 If Yes, enter the name of the foreign country because the state of the organization and a bank account securities account or other financial accountry. 5 B Did any taxable party notify the organization file Form 8898 at 19 and 1				ŀ	ł
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 1 b If at least one is reported on line 2a, did the organization rife all required feeleral employment tax returns? Note, If the sum of ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 5a If Yes, "has if filed a Form 990-T for the year? If "No," provide an explanation in Schedulio O 5b If "Yes," the file da Form 990-T for the year? If "No," provide an explanation in Schedulio O 5b If "Yes," the file da Form 990-T for the year? If "No," provide an explanation in Schedulio O 5b If "Yes," the fire the name of the foregon country (such as a bank account, securities account, or other financial account)? 5c If "Yes," the file of the foregon country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party notify the organization state of the foreign country P 5c Was the organization and the foreign country P 5c Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited may only the organization science any contributions that were not tax deductible? 5d Does the organization state was except that are normally greater than \$100,000, and did the organization science any contributions that was precised adductible architecture of the second science of the second		· · · · · · · · · · · · · · · · · · ·			
bif at least one seponted 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) 3a. Did the organization have urrelated business gross is is some of \$1,000 or more during the year? 4a. X 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 in a foreign country (such as a bank account, securities account, or other financial account)? 5b. If "Yes," enter the name of the foreign country. ▶ 5ce instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts. 5a. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b. If A was the organization as party to a prohibited tax sheller transaction at any time during the tax year? 5c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 6c. If "Yes," to line 5a or 5b, did the organization file Form 8868 or it is any contributions that were not tax deductible? 6c. If "Yes," did the organization receive deductible contributions? 6c. If "Yes," did the organization receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under section 170(c). 6c. Did the organization start may receive deductible contributions under sectio	22		IC	 	
b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 3a 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)? 5b If "Yes," enter the name of the foreign country See instructions for fining requirements for Form TD F 90221, Peport of Foreign Bank and Financial accounts. 5a Was the organization and that it was or is a party to a prohibited at sheller transaction? 5c If "Yes," to ine 5a or 50, dot the organization file Form 886F1? 5c Does the organization have annual gross incorpts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions in express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 5d If Yes," did the organization notify the donor of the value of the goods or services provided? 5d If Yes, "indicate the number of Forms 8282 field during the year. 5d If Yes, "indicate the number of Forms 8282 field during the year. 5d If the organization received any younds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Doff the organization received any younds, directly or indirectly, to pay premiums on a personal benefit contract? 7a If the organization received any younds, directly or indirectly, to a personal benefit contract? 7b Doff the organization received any younds, directly or indirectly, to pay premiums on a personal benefit contract? 7a If the organization received any	Za				
Note. If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3	h		0 L	v	
3a X b 1 Yes, 'has it filed a Form 990.7 for the year? If 'No, 'prowde an explanation or Schedule O 3b. b 1 Yes, 'has it filed a Form 990.7 for the year? If 'No, 'prowde an explanation in Schedule O 3b. A 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 1	U		∠ D_		 -
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organization is licensed to issue qualified health plans	h	·		1	
c Enter the amount of reserves on hand	J				}
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_	Enter the amount of recorder on hand			
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		in 100, 1100 it filed a 1 offir 720 to report these payments; if 140, provide an explanation in Scriedule O		<u> </u>	(2012)

Form 990 (2012) FOUNDATION 27-1024497 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ĺ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		_X
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►TX			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	·
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•	
	SARA OAKLEY SMITH			
	P.O. BOX 152575, AUSTIN, TX 78715-2575			

	POSTER ANGEDS OF CENTRAL TEXAS		
Form 990 (2012)*	FOUNDATION	27-1024497	Page 7
Part VII Compensatio	n of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	

Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization (A) Name and Title	(B) Average	(C) Position (do not check more than on)	į	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)				is bot	han :	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED LIST	0.00							O.	-0 -	0
DIRECTOR							-	0.	0.	0.
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FOUNDATION

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)				(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		-
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	pensal om the anizati I relate Inizatio	e on ed
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1b Sub-total c Total from continua	 ation sheets to Part V	II, Section A			•		>		0.		0.			0.
d Total (add lines 1b 2 Total number of indir		not limited to th	nose	liste	ed a	bove	e) w	ho r	eceived more than \$100),000 of reportable	0.			0.
compensation from	the organization									.			Yes	No
	list any former officer, inplete Schedule J for s	· · ·		e, ke	ey er	npic	oyee	, or	highest compensated e	mployee on		3		х
	ited on line 1a, is the si ations greater than \$15								her compensation from for such individual	the organization		4		х
	d on line 1a receive or anization? If "Yes," con							relat	ted organization or indiv	idual for services		5		X
Section B. Independent	Contractors							ore i	that received more than	\$100,000 of com	oons	ation f	rom.	
•	port compensation for	-	-						n the organization's tax					
	(A) Name and business	address	N	ON	E			_	(B) Description of s	services		(Comper		<u>1</u>
												-		
	 			-								<u> </u>		
	- :								· · · · · · · · · · · · · · · · · · ·					
	ependent contractors insation from the organ	· -	not I	ımıte	ed to		ose li O	sted	d above) who received n	nore than			990 (

Form 990 (2012)

Form 990 (2012) *

FOUNDATION

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 172,532. similar amounts not included above . . . Q Noncash contributions included in lines 1a-1f \$ <u>172,532</u>. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,169. 4,169. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties . . . (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 78,481. b Less: cost or other basis 69,940. and sales expenses 8,541. c Gain or (loss) 8,541 8,541. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a CREDIT CARD REWARDS 561499 50. 50. **b MISCELLANEOUS** 561499 10. d All other revenue e Total. Add lines 11a-11d 60. 185,302. 0. Total revenue. See instructions. 0. 12,770.

27-1024497 Page 10

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 to any question in this Part IX (C) Management and (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 195,400. 195,400 the United States. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,846. 3,846. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 294. 294. Payroll taxes 10 Fees for services (non-employees): a Management b Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 2,695. 2,695 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered 24 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.) 10,000 MAIL CAMPAIGN 10,000. 332 PAYPAL FEES 332. 208. PAYROLL PROCESSING FEES C 208. e All other expenses 212,775. 195,400. 7,375. 10,000. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2012)

FOUNDATION 27-1024497 Page 11 Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash · non-interest-bearing 1 242,370. 247,527. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securties. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 500. 15 Other assets. See Part IV, line 11 15 242,370 248.027 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets . . 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here

> 248,027. Form **990** (2012)

248,027.

248,027.

0.

242,370.

242,370.

242,370.

30

31

32

33

0.

0

31

32

33

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Retained earnings, endowment, accumulated income, or other funds

		1024497	Pag	_{1e} 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			<u>02.</u>
2	Total expenses (must equal Part IX, column (A), line 25)			<u>75.</u>
3	Revenue less expenses. Subtract line 2 from line 1			<u>73.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			<u>70.</u>
5	Net unrealized gains (losses) on investments	33	<u>3,1</u>	<u>30.</u>
6	Donated services and use of facilities 6			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	248	3,0	<u> 27.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		ļ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	dit		
	Act and OMB Circular A-133?	3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3h		

232012 12-10-12 Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization FOSTER ANGELS OF CENTRAL TEXAS **Employer identification number** FOUNDATION 27-1024497 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c ____ Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary orgaňizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes Yes LHA For Paperwork Reduction Act Notice, see the Instructions for

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Pa	Support Schedule for (Complete only if you checked fails to qualify under the tests	d the box on line 5	5,7,or8 ofPartlo	or if the organization			
Sec	tion A. Public Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) Esso	(8) 2000	(0)2010	(4) 2011	(6) 2012	(i) iotai
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		1				
	assets (Explain in Part IV)				İ		
11	Total support. Add lines 7 through 10	<u> </u>					
	Gross receipts from related activities	. etc. (see instructi	ons)		1	12	1
	First five years. If the Form 990 is for			rd fourth or fifth i			
13	organization, check this box and sto	-	s mat, second, tin	ia, ioarai, or taari	tax year as a section	// 30 (C)(3)	▶□
Se	ction C. Computation of Pub		rcentage	_	=		
	Public support percentage for 2012	* -		column (fl)	·	14	%
15			•	• • • •	• • • •	15	% %
	33 1/3% support test - 2012. If the	•	•		14 is 33 1/39/ or i	<u> </u>	
108	stop here. The organization qualifies	-			14 15 33 1/376 01 1	more, check this b	ox and
	•		•		d line 15 in 22 1 <i>1</i> 20	 	
ľ	33 1/3% support test - 2011. If the	-			a line 15 is 33 1/39	6 or more, check	this box
	and stop here. The organization qua						▶⊔
178	10% -facts-and-circumstances tes						•
	and if the organization meets the "fac-			-	•	ıτ IV now the orga	Inization
_	meets the "facts-and-circumstances"				=		▶∟
t	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t				•		ie ⊾ [□
	organization meets the "facts-and-cir	cumbiances lest.	. THE OLYAPIZATION	qualifico as a pub	mony supported org	ณ แผลแบบ	

Schedule A (Form 990 or 990-EZ) 2012

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						-
	membership fees received. (Do not						
	include any "unusual grants.")			51,790.	103,407.	172,532.	327,729.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus-]			
	iness under section 513						
A	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
_	•	-		51,790.	103,407.	172,532.	327,729.
	Total. Add lines 1 through 5			51,790.	103,407.	1/4,534.	341,149.
72	Amounts included on lines 1, 2, and			14,600.	E 0E0	12 107	22 557
	3 received from disqualified persons Amounts included on lines 2 and 3 received			14,000.	5,850.	13,107.	33,557.
K.	from other than disqualified persons that			-			
	_exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			14 600	F 0F0	12 107	0.
	Add lines 7a and 7b			14,600.	5,850.	13,107.	33,557.
	Public support (Subtract line 7c from line 6) ction B. Total Support	L	<u></u>	<u> </u>		L	294,172.
		/=\ 0000	(L) 2000	(-) 0010	(-1) 0011	4-1-0040	(0.T-+-1
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010 51,790.	(d) 2011 103, 407.	(e) 2012 172,532.	(f) Total 327,729.
_	Amounts from line 6 Gross income from interest,			51,790.	103,40/.	1/2,532.	341,149.
10	dividends, payments received on						
	securities loans, rents, royalties				0.40	10 761	12 510
	and income from similar sources			9.	948.	12,761.	13,718.
	Unrelated business taxable income		İ				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	<u> </u>	<u> </u>			40 564	10 510
	c Add lines 10a and 10b			9.	948.	12,761.	13,718.
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carned on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)			 			
	Total support. (Add lines 9, 10c, 11, and 12)	<u></u>	<u> </u>		104,355.		
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
_	check this box and stop here		<u></u>		· · · <u> </u>	<u> </u>	<u> ▶</u>
<u>Se</u>	ction C. Computation of Pub						
15	Public support percentage for 2012	(line 8, column (f) d	livided by line 13,	column (f))		15	<u>86.15 %</u>
<u>16</u>					<u> </u>	16	%
Se	ction D. Computation of Inve	<u>stment Incom</u>	<u>ie Percentage</u>	<u> </u>			·
17	Investment income percentage for 2	012 (line 10c, colu	mn (f) dıvided by l	ine 13, column (f))		17	4.02 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2012. If the	organization did	not check the box	on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	alifies as a publicly	supported organiz	ation	►X
	b 33 1/3% support tests - 2011. If the	organization did	not check a box o	n line 14 or line 19a	a, and line 16 is mi	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	ganization qualifies	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check ti	his box and see in	structions .	. ▶□

FOSTER ANGELS OF SOUTH TEXAS FOUNDATION-FORM 990 #74-2917772 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Page 5 - Part V-A				
Name & Address	Hrs devoted per wk(Compensation	Benefits	Exp Allowance
<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Julie Applewhite	_	_		_
2319 Pruett St				
Austin, Texas 78703	varies	0	0	0
Suzy Balagia				
3106 West Terrace Drive				
Austin, TX 78757	varies	0	0	0
Paul Bessette				
% King & Spalding LLP				
401 Congress Ave., Suite 3200				
Austin, Texas 78701	varies	0	0	0
Jo Burgh				
3710 Steck Ave				
Austin, TX 78759	varies	0	0	0
Leon Chen				
5702 Alta Cove				
Austin, TX 78759	varies	0	0	0
Allison Edwards				
2500 Woodmont Ave.				
Austin, TX 78703	varies	0	0	0
Thom Farrell				
3223 Park Hills Drive		_	_	
Austin, TX 78746	varies	0	0	0
JJ Gottsch				
2909 Terrain Lane		_	_	_
Austin, TX 78731	varies	0	0	0
Cuatro Groos				
4209 Cat Hallow Drive		•	•	•
Austin, TX 78731	varies	0	0	0
Richard Leshin				
146 Amistad		0	^	0
Corpus Christi, TX 78404	varies	0	0	0
Derek Lewis				
2300 McCullough St	VORIOO	0	0	0
Austin, TX 78703	varies	U	U	U
Vilma Luna				
823 Congress Ave , Ste 900	Varion	0	0	0
Austin TX 78701	varies	U	U	U
Wallace Lundgren				
2500 Barton Creek Blvd	varies	0	0	0
Austin, TX 78735	varies	U	U	U
Dennis McWilliams				
4608 Via Media Blvd	varies	0	0	0
Austin TX 78746	varies	U	U	O
MP Mueller				
3913 Bonnell Drive	Varion	0	0	0
Austin, TX 78731	varies	U	U	U
Ted Oakley				
2930 Denver Ave	varios	0	0	0
Corpus Christi TX 78404	varies	U	U	J

FOSTER ANGELS OF SOUTH TEXAS FOUNDATION-FORM 990 #74-2917772 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Name & Address	Hrs devoted per wk	Compensation	Benefits	Exp. Allowance
<u>A</u>	<u>B</u>	<u>C</u>	D	<u>E</u>
Kathy Petet				
502 Konstanty Circle				
Austin, TX 78746	varies	0	0	0
Sarah Smith				
761 Oakdale				
Sunset Valley, TX 78745	varies	0	0	0
Bill Walker				
2405 Westlake Pass				
Austin, TX 78746	varies	0	0	0
Ricky Williams				
8031 S West Lake Vista Circle				
Davie,FL 33328	varies	0	0	0
Scott Wilson				
4601 Mirador Dr				
Austin, TX 78735	varies	0	0	0
Jim Whorton				
1200 Barton Creek Blvd # 52				
Austin, TX 78735	varies	0	0	0
Sharon Woodul				
7301 Holly Fern Cove				
Austin, TX 78750	varies	0	0	0

Ex Officio Shelia Brown Regional Director Region 7, Child Protective Services

2 Employer identification number Schedule I (Form 990) (2012) 27-1024497 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table FOSTER ANGELS OF CENTRAL TEXAS (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? FOUNDATION 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

232101 12-18-12

Page 2

27-1024497

Schedule I (Form 990) (2012) FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if additional space is needed.					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ADOPTION ASSISTANCE, CLOTHING, FOOD, EDUCATION, MEDICAL CARE, SHELTER, RECREATION AND TRANSPORTATION.	1700	195,400.	0		
			=		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	n required in Part I, I	ine 2, Part III, colum	n (b), and any other additional in	ormation.
1			_		
			:		
			- '		
			- I		
			· ·		
232102 12-18-12		22			Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012

Department of the Treasury
Internal Revenue Service

Name of the organization

FOSTER ANGELS OF CENTRAL TEXAS

Inspection
Employer identification number

FOUNDATION	<u> 27-1024497</u>
FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:	
CHARITABLE FOUNDATION	
FORM 990, PART VI, SECTION A, LINE 2: TED OAKLEY, DIRECTOR	IS THE FATHER
OF THE EXECUTIVE DIRECTOR SARAH O. SMITH.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL	BE REVIEWED AT
THE BI-ANNUAL BOARD MEETING.	
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTE	REST POLICIES ARE
PART OF THE ARTICLES OF INCORPORATION. THE BOARD REVIEWS	COMPLIANCE ON AN
ONGOING BASIS DURING THEIR BOARD MEETINGS.	
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST	
	
	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

ð

Employer identification number 27-1024497

Direct controlling

entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Ð ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) CENTRAL TEXAS ► Attach to Form 990. Primary activity Q. FOSTER ANGELS FOUNDATION Name, address, and EiN (if applicable) of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part Part

(g) Section 512(b)(13) Š × controlled entity? Yes Direct controlling entity Public charity status (if section 501(c)(3)) LINE 7 Exempt Code section 501(C)(3) Ē Legal domicile (state or foreign country) **PEXAS** S TO ENRICH THE LIVES OF THE FOUNDATION'S PURPOSE CHILDREN IN FOSTER CARE, Primary activity - 74-2917772 Name, address, and EIN of related organization FOSTER ANGELS OF SOUTH TEXAS 78480 ΧI P. O. BOX 18863 CORPUS CHRISTI.

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

Schedule R (Form 990) 2012

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232161 12-10-12 LHA

FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2012 Part III

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(j) (k) General or Percentage managing ownership- partner?		to	related	Section 512(b) 13) controlled entity?			 		990) 2012
General or P managing c partner?			ne or more	(h) Percentage ownership	 				Schedule R (Form 990) 2012
Code V-UBI earnount in box 20 of Schedule K-1 (Form 1065)			because if had o	(g) Share of Peend-of-year ov			19		Schedule
(h) Disproportionate allocations?		Soul M	1V, line 34						
(g) Share of the end-of-year and assets			m 990, Par	(f) Share of total income					
}			Yes" to For	(e) Type of entity (C corp, S corp, or trust)					
(f) Share of total income		, a	answered *		 				
t income related, tax under (2-514)		 	organization	(d) Direct controlling entity	 	- •		_	
(e) Predominan (related, un excluded from sections 51		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mplete if the	(c) Legal domicile (state or foreign country)					25
(d) Direct controlling entity			ration or Trust (Colear.)	(b) Primary activity					
(C) Legal domicile (state or foreign			as a Corpo	Prime					
(b) Prmary activity			panizations Taxable a	Z					
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because if had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization					232162 12-10-12

FOSTER ANGELS OF CENTRAL TEXAS Schedule R (Form 990) 2012 FOUNDATION

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Mater Complete line 1 if any entity is listed in Barts !! !!! or !!\ of this school ile				Yes	S
Dunno the tax year, did the organization engage in any of the following transaction	ns with one or more r	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?		-
Beceint of (i) interest (ii) annuties (iii) rovalties or (iv) rent from a contr		1		1a	×
	:			\$	×
					>
 Giff, grant, or capital contribution from related organization(s) 	•	_		2	4
d Loans or loan guarantees to or for related organization(s)				5	×
 Loans or loan quarantees by related organization(s) 	:	-		1e	×
	:	•			
		_		-	>
f Dividends from related organization(s)	:	•	. : .	=	4
g Sale of assets to related organization(s)	•			19	×
				=	×
			:::::::::::::::::::::::::::::::::::::::	:	
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)				*	×
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			16	×
Deformance of services or membership of find release to constitutions by related organization(s)	anization(s)		:	. E	:
The formation of services of members in the formation solicitations by related organization.	a lization(s)		•		: ا
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	ion(s)	,		ŧ	×
 Sharing of paid employees with related organization(s) 				9	×
Beimbi reament paid to related organization(s) for expenses					×
	:		•	2	:
q Reimbursement paid by related organization(s) for expenses.			:	P	×
	-				
r Other transfer of cash or property to related organization(s)			:	7-	×
s Other transfer of cash or property from related organization(s)				\$	×
	the must complete th	Carried Scale local cut and	objectional restaurant been controler		
Z II THE ANSWELLD ATIVIOLITIES AND THE MENTACTIONS FOR THE MISTINGTHAM TO THE MISSING COVERED FEATURES AND TRANSPORTED TO THE STORY OF THE MISSING STRAINS AND THE STRAIN THE ST	WID IIIUSI COUIDIEIE II	is lifte, including covered	relationships and transaction thresholds.		
(e)	(2)	(O)	(D)		
Name of other organization	ransaction	Amount involved	Method of determining amount involved	ount involved	
	(s) pe (a.s)				
(1)					
					}
õ					
(6)					
4)					
(5)	_				
	<u>-</u> -				
(9)					
32163 12-10-12	76		Sche	Schedule R (Form 990) 2012) 2012

Schedule R (Form 990) 2012 FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes," to 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)

'	3	Percentage																			
	3	General or F managing partner?	 	+		 								1	 						1
	3	Dispropor- Donate amount in box 20 managing ownership alloations? of Schedule K-1 partner? Yes No (Form 1065) Yes No			-						-										
	Ξ	Disproper- tonate aliocations?	-	1			-							1							-
		Share of Dend-of-year Blingssets					,														_
		Share of total Income	·																		I
}	(e)	e partners sec 501(c)(3) 0.05 7 (4) Yes No	 					 		 											\exists
certain investment partnerships	(p)	Predominant income (related, unrelated, excluded from tax under section 512-514)							-		_	-	= -	-	 . -		-			 -	
ision for certain inve	(c)	Legal domicile (state or foreign country)																			
tructions regarding exclu	(q)	Primary activity																			
that was not a related organization. See instructions regarding exclusion for	(a)	Name, address, and EIN of entity																			

Schedule R (Form 990) 2012

	_	FOSTER ANGELS C	OF CENTRAL '	TEXAS	
Schedule R	(Form 990) 2012	FOUNDATION			27-1024497 Page 5
Part VII	(Form 990) 2012 Supplemental Inform	mation			
	Complete this part to prov	ide additional information for r	esponses to question	s on Schedule R (see instruc	tions).
	<u> </u>				
					
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				······································	
					
					
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