Bastrop, TX City Council Meeting Agenda

Bastrop City Hall City Council Chambers
1311 Chestnut Street
Bastrop, TX 78602
(512) 332-8800

BASTROPTX
Heart of the Lost Pines / Est. 1832

July 23, 2019 at 6:30 P.M.

City of Bastrop City Council meetings are available to all persons regardless of disability. If you require special assistance, please contact the City Secretary at (512) 332-8800 or write 1311 Chestnut Street, 78602, or by calling through a T.D.D. (Telecommunication Device for the Deaf) to Relay Texas at 1-800-735-2989 at least 48 hours in advance of the meeting.

As authorized by Section 551.071 of the Texas Government Code, this meeting may be convened into closed Executive Session for the purposes of seeking confidential legal advice from the City Attorney on any item on the agenda at any time during the meeting.

The City of Bastrop reserves the right to reconvene, recess, or realign the Regular Session or called Executive Session or order of business at any time prior to adjournment.

PLEASE NOTE: ANYONE WISHING TO ADDRESS THE COUNCIL MUST COMPLETE A CITIZEN COMMENT FORM AND GIVE THE COMPLETED FORM TO THE CITY SECRETARY PRIOR TO THE START OF THE CITY COUNCIL MEETING.

1. CALL TO ORDER

2. PLEDGE OF ALLEGIANCE – Youth of Friendship Bible Baptist Church

TEXAS PLEDGE OF ALLEGIANCE
Honor the Texas Flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.

3. INVOCATION – Robert Wellington, Police Chaplain

4. PRESENTATIONS

4A. Mayor's Report

4B. Councilmembers' Report

4C. City Manager's Report

4D. A proclamation of the City Council of the City of Bastrop, Texas recognizing August 7, 2019 as Professional Engineers Day.

5. WORK SESSION/BRIEFINGS

5A. Update and discussion regarding the Bastrop Building Block Code Planning and Zoning Commission's Code recommendations including but not limited to tree preservation and signage.

5B. Receive an update regarding the City of Bastrop Street Maintenance Program.

6. STAFF AND BOARD REPORTS

6A. Receive presentation on the Quarterly Investment Report for the period ending June 30, 2019.

6B. Receive presentation on the unaudited monthly Financial Report for the period ending June 30, 2019.

6C. Receive Monthly Development Update.

6D. Presentation from Organizations applying for FY2020 Community Support Funding.

6E. Receive Monthly Report from Visit Bastrop.

7. CITIZEN COMMENTS

At this time, three (3) minute comments will be taken from the audience on any topic. To address the Council, please submit a fully completed request card to the City Secretary prior to the beginning of the Council meeting. In accordance with the Texas Open Meetings Act, if a citizen discusses any item not on the agenda, City Council cannot discuss issues raised or make any decision at this time. Instead, City Council is limited to making a statement of specific factual information or a recitation of existing policy in response to the inquiry. Issues may be referred to City Staff for research and possible future action.

To address the Council concerning any item on the agenda, please submit a fully completed request card to the City Secretary prior to the start of the meeting.

It is not the intention of the City of Bastrop to provide a public forum for the embarrassment or demeaning of any individual or group. Neither is it the intention of the Council to allow a member of the public to slur the performance, honesty and/or integrity of the Council, as a body, or any member or members of the Council individually or collectively, or members of the City's staff. Accordingly, profane, insulting or threatening language directed toward the Council and/or any person in the Council's presence will not be tolerated.

8. CONSENT AGENDA

The following may be acted upon in one motion. A Councilmember or a citizen may request items be removed from the Consent Agenda for individual consideration.

8A. Consider action to approve City Council minutes from the July 9, 2019, Joint Workshop with City Council and P&Z Commission.

9. ITEMS FOR INDIVIDUAL CONSIDERATION

9A. Consider action to approve Resolution No. R-2019-62 of the City Council of the City of Bastrop, Texas approving terms of engagement with Belt Harris Pechacek, LLLP for auditing services for the year ending September 2019, with the option to renew annually for four (4) subsequent fiscal years; authorizing the City Manager to execute all necessary documents; repealing conflicting provisions; and establishing an effective date.

9B. Consider action to approve Resolution No. R-2019-63 of the City Council of the City of Bastrop, Texas, approving The Colony MUD 1B, Preliminary Plat being 155.959 acres out of the Jose Manuel Bangs Survey, Abstract 5, located west of FM 969, at the west extension of Sam Houston Boulevard within the Statutory Extra-Territorial Jurisdiction of Bastrop, Texas, as shown in Exhibits A and B; providing for conditions, providing for a repealing clause; and establishing an effective date.

10. EXECUTIVE SESSION

10A. The City Council shall convene into executive session pursuant to Section 551.071 of the Texas Government Code to deliberate and seek advice of its attorneys regarding the operation of Hunters Crossing Public Improvement District.

10B. City Council shall convene into closed executive session pursuant to Texas Government Code Sections 551.071 and 551.072, regarding real estate matters including possible acquisition of real estate related to the Municipal Wastewater Treatment Plant.

10C. City Council shall convene into closed executive session pursuant to Texas Government Code Sections 551.071 and 551.072, regarding real estate matters including possible acquisition and/or abandonment of public right-of-way downtown.

10D. City Council shall convene into closed executive session for a Legal Briefing by the City Attorney pursuant to Texas Government Code Section 551.071, regarding Resolution No. R-2019-64 of the City Council of the City of Bastrop, Texas, approving the representation of Bickerstaff Heath Delgado Acosta LLP in connection with municipal coalition litigation to challenge the constitutionality of Senate Bill 1004 (2017) and Senate Bill 1152 (2019) as unlawfully granting corporate use of public right-of-way without fair and reasonable compensation to the public; and authorizing the Mayor, City Manager, and City Attorney to take reasonably-related steps.

11. TAKE ANY NECESSARY OR APPROPRIATE ACTION ON MATTERS POSTED FOR CONSIDERATION IN CLOSED/EXECUTIVE SESSION

12. ADJOURNMENT

I, the undersigned authority, do hereby certify that this Notice of Meeting as posted in accordance with the regulations of the Texas Open Meetings Act on the bulletin board located at the entrance to the City of Bastrop City Hall, a place of convenient and readily accessible to the general public, as well as to the City's website, www.cityofbastrop.org and said Notice was posted on the following date and time: Friday, July 19, 2019 at 11:00 a.m. and remained posted for at least two hours after said meeting was convened.

Ann Franklin, City Secretary

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 4A

TITLE:
Mayor's Report

STAFF REPRESENTATIVE:
Lynda Humble, City Manager

POLICY EXPLANATION:

Texas Local Government Code, Section 551.045 – Governing Body of Municipality or County: Reports about Items of Community Interest Regarding Which No Action Will Be Taken:

(a) Notwithstanding Sections 551.041 and 551.042, a quorum of the governing body of a municipality or county may receive from staff of the political subdivision and a member of the governing body may make a report about items of community interest during a meeting of the governing body without having given notice of the subject of the report as required by this subchapter if no action is taken and, except as provided by Section 551.042, possible action is not discussed regarding the information provided in the report.

(b) For purposes of Subsection (a), "items of community interest" includes:

(1) expressions of thanks, congratulations, or condolence;
(2) information regarding holiday schedules;
(3) an honorary or salutary recognition of a public official, public employee, or other citizen, except that a discussion regarding a change in the status of a person's public office or public employment is not an honorary or salutary recognition for purposes of this subdivision;
(4) a reminder about an upcoming event organized or sponsored by the governing body;
(5) information regarding a social, ceremonial, or community event organized or sponsored by an entity other than the governing body that was attended or is scheduled to be attended by a member of the governing body or an official or employee of the political subdivision; and
(6) announcements involving an imminent threat to the public health and safety of people in the political subdivision that has arisen after the posting of the agenda.

ATTACHMENTS:

- Power Point Presentation

Mayor's Report
July 23, 2019

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Latest Activities

June 28 – July 12

Events in 2019: 168

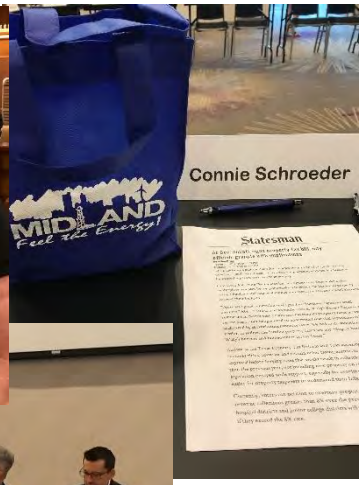




Big Game Day







Mayor Reed of Willis



TML Board Meeting











Patriotic Festival

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Planned Events

July 15 – July 23

- July 15 – BEDC Board Meeting
- July 16 – Board and Commission Volunteer Fair
- July 18 – FCI Quarterly Community Luncheon
- July 19 thru 21 – Corvette Invasion
- July 23 –
  - Reception for Becca Sexton; Librarian
  - City Council Meeting

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Upcoming Events & City Meetings

- July 25 – Toys of Yesteryear (Bastrop Historical Society)
- July 26 –
  - BEST Breakfast
  - New Republic Studio's Open House
- July 27 – Stuff the Bus
- August 3 – Homecoming Parade
- August 5 – Library Board
- August 6 – Special Council Meeting
- August 7 – Chamber Luncheon
- August 8 – Alive After Five (Film Alley)
- August 13 –
  - Rotary Guest Speaker
  - City Council

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STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 4B

TITLE:
Councilmembers' Report

STAFF REPRESENTATIVE:
Lynda Humble, City Manager

POLICY EXPLANATION:

Texas Local Government Code, Section 551.045 – Governing Body of Municipality or County: Reports about Items of Community Interest Regarding Which No Action Will Be Taken:

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(6) announcements involving an imminent threat to the public health and safety of people in the political subdivision that has arisen after the posting of the agenda.

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 4C

TITLE:
City Manager's Report

STAFF REPRESENTATIVE:
Lynda Humble, City Manager

POLICY EXPLANATION:

Texas Local Government Code, Section 551.045 – Governing Body of Municipality or County: Reports about Items of Community Interest Regarding Which No Action Will Be Taken:

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(6) announcements involving an imminent threat to the public health and safety of people in the political subdivision that has arisen after the posting of the agenda.

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 4D

TITLE:
A proclamation of the City Council of the City of Bastrop, Texas, recognizing August 7, 2019, as Professional Engineers Day.

STAFF REPRESENTATIVE:
Jerry Palady, City Engineer

PROCLAMATION

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WHEREAS, Licensed professional engineers are dedicated to applying scientific knowledge, mathematics, and ingenuity to develop solutions for technical, societal, and commercial problems while holding paramount the public health, safety, and welfare; and

WHEREAS, Licensed professional engineers have made significant contributions on a local and national scale; and

WHEREAS, The City of Bastrop's economy has grown, in part, because its licensed professional engineers are instrumental to our community; and

WHEREAS, August 7, 2019, has been declared PROFESSIONAL ENGINEERS DAY by the Texas Society of Professional Engineers in conjunction with the National Society of Professional Engineers, an organization founded in 1934 that represents the interests of more than 26,000 licensed professional engineers and those on the path to licensure, who show the highest level of dedication to their profession in all 50 states and US territories.

NOW, THEREFORE, I, Connie Schroeder, Mayor of the City of Bastrop, do hereby recognize August 7, 2019 as**:**

"PROFESSIONAL ENGINEERS DAY"

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Official Seal of the City of Bastrop, Texas to be affixed this 23rd Day of July, 2019.

_____
Connie B. Schroeder, Mayor

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM:** 5A

TITLE:
Update and discussion regarding the Bastrop Building Block Code Planning and Zoning Commission's Code recommendations including but not limited to tree preservation and signage.

STAFF REPRESENTATIVE:
Matt Jones, Director of Planning and Development

BACKGROUND/HISTORY:
On May 29, 2019, a Joint Meeting was held between the Planning and Zoning Commission and City Council to introduce the compete draft Bastrop Building Block (B3) Code. During the discussion between the Commission and Council, there were several specific topics that were identified for the Commission to review and provide recommendations back to Council. The Commission met on the dates below and discussed the topics as listed:

At the June 6th Planning and Zoning Commission meeting, three topics were discussed:

- Permitted Use Chart
- Community Value Nuisances
- Accessory Dwelling Units

At the June 22nd Planning and Zoning Commission meeting, three topics were discussed:

- Tree Preservation
- Street Sections
- Signage

At the June 27th Planning and Zoning Commission meeting, three topics were discussed:

- Applications and Checklists
- Development Flow Chart
- Parking Regulations

City Council the Planning and Zoning Commission held a Joint Meeting on July 9, 2019 to discuss the recommendations made by the Commission. As a result of the discussions City Council will need to be updated on the information that was provided to the Commission at their various meetings regarding the recommendations.

The Draft Bastrop Building Block (B3) Code can be found online at:
Draft Bastrop Building Block (B3) Code

ATTACHMENTS:

- PowerPoint presentation
- B3 Draft Signage Regulations
- Draft Tree Preservation Ordinance

Article 7.3 General Signage Standards

7.3.1 Intent

The intent of regulating signs that are visible from the Public Frontage is to ensure proper dimensioning and placement with respect to existing or planned architectural features, to maintain or improve public safety, to maintain or improve the aesthetic character of the context in which they are located, and to provide legible information for pedestrians, not just drivers.

7.3.2 Applicability

These Standards apply to all property within the incorporated boundaries (i.e., City Limits) and the Extra Territorial Jurisdiction (ETJ) of the City of Bastrop as it exists at the time this code was adopted and as it may be amended and expanded in the future.

7.3.3 Signs Allowed without a Permit

A. Governmental Signs

1. Signs erected by or on behalf of or pursuant to the authorization of a governmental body or agency.
2. Flags, pennants, or insignia of any governmental or nonprofit organization, when not displayed in connection with a commercial promotion or as an advertising device.

B. **Directional Signs.** Signs directing and guiding traffic in the First Layer that do not exceed two square feet in size each that bear no advertising message or logo.

C. **Customary Identification Signs.** Signs not exceeding four square feet in size that are customarily associated with property identification that are not of a commercial nature, such as Building nameplates, numbers, addresses, private parking, or no trespassing.

A. **Yard Sale Signs.** Yard sale signs must be located outside of the public right-of-way, may not exceed four square feet in size, cannot be erected more than 48 hours before the sale date, must be removed within 24 hours of the sale date, and may not be associated with any type of continuous commercial activity.

B. **Real Estate Signs.**

1. Signs containing the message that the real estate on which the sign is located is for sale, lease, or rent together with information identifying the owner or agent.

4. A real estate sign may not exceed four square feet in size for residential properties, or 16 square feet in size for nonresidential properties.

F. **Hanging Signs.** Hanging signs located below a canopy or awning that do not exceed 18 inches in height or four square feet in area, provided there is no more than one such sign per customer entrance and sign maintains a clear height of eight feet above the sidewalk.

7. **Seasonal Signs.** Displays, including lighting, erected in connection with the observance of holidays.

C. **Bulletin Boards.** Bulletin boards on the premises of educational and religious institutions, provided they do not exceed 16 square feet in area and six feet in height.

D. **Construction Project Signs.** A construction project sign not exceeding 32 square feet in size and six in height, provided there is no more than one such sign per site. Construction project signs cannot be erected prior to the issuance of a Building permit, and much be removed within 15 days after final inspection and approval of the project.

E. **Political Signs**. Political signs that do not exceed four square feet each, or 16 square feet in aggregate area per Lot. No such sign may be located within or over the public right-of-way.

F. **Special Event Signs**. Signs indicating special events, such as a fair, carnival, festival, grand opening, sale, or similar non-permanent activity. Such signage may not exceed 30 days. Signs must be removed within seven days after the event has taken place.

7.3.4 Signs Requiring a Permit

A. Building Signs

A Building sign is an on-premises sign that is directly attached to, erected on, or supported by a Building or other structure having a principal function other than the support of such sign.

1. Size. The maximum size of the sum of the area of all Building signs may not exceed 15% of the Facade area of the tallest floor.

2. Number. More than one Building sign may be erected, provided the total surface area allowed is not exceeded.

3. Height. No Building sign may extend above the parapet wall or roof line of the Building.

4. Projection / Clearance. With the exception of a blade sign, no Building sign may project more than six inches from the Building wall. All signs that project more than six inches from the wall must maintain a clear height of eight feet above the ground.

5. Illumination. Building signs may on be externally illuminated. No sign may be illuminated except during operating hours of the use with which it is associated.

B. Freestanding Signs.

A freestanding sign is an on-premises sign that is not directly attached to, erected on, or supported by a Building or other structure having a principal function over than the support of such sign, but instead attached to, erected on , or supported by some structure such as a pole, frame or other structure that is not a part of the Building.

1. Size. Allocation of sign area is based on the lineal Frontage of the project site. A maximum sign area of one square foot for each two lineal feet of

Frontage, proved that the maximum surface area does not exceed 16 square feet.

2. Number. One freestanding sign is allowed on any Lot. If a common sign plan is approved, two freestanding sign may be allowed on a Lot or project having a minimum Frontage of 300 feet.

3. Illumination. Freestanding signs may only be externally illuminated. Lighting shall be directly directed down toward the sign, and shielded so that it does not shine directly into a public right-of-way and does not interfere with the safe vision of motorists or people passing by.

B. Monument Signs

A freestanding sign no more than four feet in height and having a ratio of less than four to one sign width to narrowest width of support structure.

C. Pole Sign.

Pole signs are allowed only along Hwy-71 Frontage. Maximum area of 60 square feet. Maximum height

40 feet

7.3.5 Sign Standards

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
ADDRESS SIGN		P	P	P	P	a. Quantity (max) - 1 PER ADDRESS b. Area - MAX 2 SF c. Width - MAX 24 IN d. Height - MAX 12 IN e. Depth / Projection - MAX 3 IN f. Clearance - MIN 4.5 FT g. Letter Height - MAX 6”

Address Signs shall be made easily visible through the use of colors or materials that contrast with their background and shall be attached to the Facade or Principal Entrance of the unit they identify.

ADDRESS SIGN SPECIFICS

1) Address Sign numerals applied to a House-form Residential, Commercial, or Office Buildings shall be between four (4) and six (6) inches tall. Address Sign numerals applied to individual dwelling units in Apartment Buildings shall be at least two (2) inches tall.
2) Address signs shall be easily visible by using colors or materials that contrast with their background.
3) Address signs shall be constructed of durable materials.
4) The address sign shall be attached to the front of the Building in proximity to the Principal Entrance or at a mailbox.

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
AWNINGS & SIGNS				P	P	a. Quantity (max) - 1 PER WINDOW b. Area - N/A c. Width - MAX EQUALS WIDTH OF Facade d. Height - N/A e. Depth / Projection - MIN 4 FT f. Clearance - MIN 8 FT g. Letter Height - MIN 5 IN, MAX 10 IN i. Valance Height - MAX 12 IN ii. Distance from Curb - MIN 2 FT

Awning Signage shall be limited to no more than seventy percent (70%) of the the Valance of the awning or the vertical portion of a dome awning. The height of the Valance shall not exceed twelve (12) inches. Awning Signs shall contain only the business name, logo, and/or street address.

AWNINGS & SIGNS SPECIFICS

a. The following variations of awnings, with or without Signbands, are permitted:
   i. Fixed or retractable awnings
   ii. Shed Awnings
   iii. dome awnings

b. Other awning types may be permitted by Warrant.

c. Signage shall be limited to the Valance of the awning or the vertical portion of a dome awning.

d. No portion of an awning shall be lower than eight (8) feet Clearance, or seven (7) feet by Warrant.

e. Awnings shall be a minimum of 4 feet in depth. Awnings approved by Warrant for seven (7) feet Clearance may be a minimum of 3 feet in depth.

f. Awnings shall not extend beyond the width of the Building or tenant space, nor encroach above the roof line or the Story above.

g. The height of the Valance shall not exceed twelve (12) inches.

h. Awning Signs shall contain only the business name, logo, and/or street address.

i. Letters, numbers, and graphics shall cover no more than seventy percent (70%) of the Valance area.

j. Awning Signs shall not be internally illuminated or backlit.

PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
BAND SIGN 			P	P	a. Quantity (max) - 1 (2 FOR CORNER BuildingS) b. Area - 1.5 SF PER LINEAR FT Facade c. Width - MAX 90% WIDTH OF Facade d. Height - MAX 3 FT e. Depth / Projection - MAX 7 IN f. Clearance - MIN 7 FT g. Apex - N/A h. Letter Height - MAX 18 IN

One (1) Band Sign limited to 90% of the width of the Building Facade shall be permitted for each Building with a Commercial Use. Information shall consist only of the name and/or logo of the business.

BAND SIGN SPECIFICS

a. All businesses are permitted one (1) Band Sign on each first Story Facade.

b. Band Signs shall include only letters, background, lighting, and an optional logo. Information shall consist only of the name and/or logo of the business. Band Signs shall not list products, sales, or other promotional messages, or contact information.

c. The following Band Sign construction types are permitted:Cut-out Letters. Letters shall be individually attached to the wall or on a separate background panel, and shall be externally illuminated.

   i. Flat Panel. Letters shall be printed or etched on same surface as the background, which is then affixed to the wall and externally illuminated.

   ii. Channel Letters by Warrant. Each letter shall have its own internal lighting element, individually attached to the wall or onto a separate background panel. The letter shall be translucent, or solid to create a backlit halo effect.

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
BLADE SIGN				P	P	a. Quantity (max) - 1 PER FACDE, 2 MAX b. Area - 4 SF P2, P3, ; 6 SF P4, P5 c. Width - MAX 4 FT d. Height - MAX 4 FT e. Depth / Projection - MAX 4 FT f. Clearance - MIN 8 FT g. Apex - N/A h. Letter Height - MAX 8 IN

Blade Signs shall be permitted only for businesses that have a Principal Entrance on the first Story. One (1) Blade Sign shall be permitted for each business if the Facade is no more than five (5) feet from the Principal Frontage Line. Blade Signs may encroach into the Public Frontage up to four (4) feet, shall clear the Sidewalk by at least eight (8) feet, and shall not encroach above the bottom of any second Story windows. Blade Signs shall be limited to the name and/or logo of the business.

BLADE SIGN SPECIFICS

a. Blade Signs may be double-sided.

b. Blade Signs shall be permitted only for businesses that have a Principal Entrance on the first Story.

c. Businesses shall be permitted one (1) Blade Sign where its Principal Frontage Line is no more than five (5) feet from the Facade. Businesses that have a Secondary Frontage Line that is no more than two (2) feet from the Facade shall be permitted one (1) additional Blade Sign on that Facade.

d. Blade Signs may encroach into the Public Frontage up to four (4) feet and shall clear the Sidewalk by at least eight (8) feet.

e. Blade Signs shall not encroach above the roof line nor above the bottom of the second Story window.

f. Text and graphics on the Blade Sign shall be limited to the name and/or logo of the business. Slogans, address labels, operating hours and contact information shall not be permitted.

g. Mounting hardware, such as supports and brackets, may be simple and unobtrusive or highly decorative, but shall complement the design of the sign, the Building, or both.

h. For Buildings with multiple signs, mounting hardware or sign shapes, sizes and colors shall be coordinated.

PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
MARQUEE SIGNS 				P	a. Quantity (max) - 1 PER BUSINESS b. Area - N/A c. Width - ENTRANCE PLUS 2 FT EACH SIDE d. Height - MAX 50% STORY HEIGHT e. Depth / Projection - MIN 4 FT, MAX 10 FT f. Clearance - MIN 10 FT g. Apex - N/A h. Letter Height - N/A i. Distance from Curb - MIN 3 FT

Marquees shall be located only above the Principal Entrance of a Building, shall provide a minimum clearance of ten (10) feet, and may Encroach the Public Frontage to within two (2) feet of the Curb. Message Boards shall be permitted as part of Marquees.

MARQUEE SIGN SPECIFICS

a. Marquees shall be located only above the Principal Entrance of a Building.

b. No Marquee shall be wider than the entrance it serves, plus two (2) feet on each side thereof.

c. No portion of a Marquee shall be lower than ten (10) feet Clearance.

d. No Marquee shall extend closer to the Curb than three (3) feet.

e. Columns or posts may be used as supports for Marquees eight (8) feet deep or or deeper if approved by the DRC.

f. All Marquees, including anchors, bolts, supporting rods, and braces, shall be constructed of non-combustible materials and shall be designed by a structural engineer and approved by the Building Inspector.

g. Marquee components and materials may vary. Anchors, bolts, and supporting rods should be limited to the interior of the Marquee.

h. Message Boards shall be permitted as part of Marquees.

i. A Band Sign shall be permitted above a Marquee.

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
NAME PLATE SIGNS for Commercial Uses				P	P	a. Quantity (max) - 1 b. Area - MAX 3 SF c. Width - MAX 18 IN d. Height - MAX 2 FT e. Depth / Projection - MAX 3 IN f. Clearance - MIN 4 FT g. Apex - MAX 7 FT h. Letter Height - N/A

One (1) Nameplate per address limited to three (3) square feet may be attached to a Building wall within ten (10) feet of a Principal Entrance.

NAME PLATE SIGN SPECIFICS

a. Nameplates shall consist of either a panel or individual letters applied to a Building wall within ten (10) feet of an entrance to the Building.

b. One Nameplate shall be permitted per address.

c. Nameplates shall not exceed three (3) square feet.

d. Nameplates shall be constructed of durable materials.

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
OUTDOOR DISPLAY CASE				P	P	a. Quantity (max) - 1 b. Area - MAX 6 SF c. Width - MAX 3.5 FT d. Height - MAX 3.5 FT e. Depth / Projection - MAX 5 IN f. Clearance - MIN 4 FT g. Apex - N/A h. Letter Height - N/A

Outdoor Display Cases shall not exceed six (6) square feet and may be internally illuminated.

OUTDOOR DISPLAY CASE SPECIFICS

1) Each outdoor display case shall not exceed six (6) square feet.
2) Outdoor display cases may be externally or internally illuminated.
3) Theaters may be permitted larger outdoor display cases by Warrant.
4) Outdoor display cases shall not be attached to Shopfront windows.

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
SIDEWALK SIGN				P	P	a. Quantity (max) - 1 Building b. Area - MAX 3 SF c. Width - MAX 18 IN d. Height - MAX 2 FT e. Depth / Projection - MAX 3 IN f. Clearance - MIN 4 FT g. Apex - MAX 7 FT h. Letter Height - N/A

One (1) freestanding, double-sided, temporary Sidewalk Sign may be placed within the Parking Strip of the Public Frontage for each business. Sidewalk Signs shall be removed at the close of business each day.

SIDEWALK SIGN SPECIFICS

1) Sidewalk Signs shall consist of freestanding, double-sided temporary signs placed at the entrance to a business in a primarily pedestrian environment.
2) Sidewalk Signs shall be removed at the close of business each day.
3) One (1) Sidewalk Sign shall be permitted for each business.
4) Sidewalk Signs shall not exceed 42 inches in height or 26 inches in width.
5) Sidewalk Signs shall be moved inside during high winds or other weather conditions that might pose a hazard to public safety.

	PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
WINDOW SIGN				P	P	a. Quantity (max) - 1 PER WINDOW b. Area - 25% COVERAGE PER WINDOW c. Width - N/A d. Height - N/A e. Depth / Projection N/A f. Clearance - 4 FT g. Apex - N/A h. Letter Height - MAX 8 IN

Window signs shall not interfere with the primary function of windows, which is to enable passersby and public safety personnel to see through windows into premises and view product displays.

WINDOW SIGN SPECIFICS

1) Only the following Window Sign types shall be permitted:
2) Vinyl applique letters applied to the window. Appliques shall consist of individual letters or graphics with no visible background.
    i. Letters painted directly on the window.
    ii. Hanging signs that hang from the ceiling behind the window.
    iii. Neon signs.
    iv. Door signs applied to or hanging inside the glass portion of an entrance doorway.
3) Window signs shall not interfere with the primary function of windows, which is to enable passersby and public safety personnel to see through windows into premises and view product displays.
4) Window signs shall be no larger than 25% of the total area of the window onto which they are applied. Sign area shall be measured using smallest rectangle that fully encompasses the entire extent of letters, logo and background.
5) Window signs may list services and/or products sold on the premises, or provide phone numbers, operating hours or other messages, provided that the total aggregate area of these messages not exceed the limit provided above.
6) Letters on window signs shall be no taller than eight (8) inches.

YARD SIGN

PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
			P		a. Quantity (max) - 1 MAX PER Lot b. Area - MAX 6 SF c. Width - MAX 3 FT (NOT COUNTING POST) d. Height - MAX 2 FT (NOT COUNTING POST) e. Depth / Projection - N/A f. Clearance - MIN 3 FT TO SIGN EDGE g. Apex - MAX 6 FT TO TOP OF POST h. Letter Height - MAX 8 IN

One (1) single- or double-post Yard Sign may be placed with the Private Frontage

YARD SIGN SPECIFICS

1) One single- or double-post yard sign for each business may be permitted by Warrant, provided it is set back at least six (6) feet from the Frontage Line, does not exceed six (6) square feet excluding posts, and does not exceed six (6) feet high including posts, measured from the yard at the post location.

PLACE TYPES ▶	P2	P3	P4	P5	SPECIFICATIONS ▼
Monument Sign			P	P*	a. Quantity (max) - 1 MAX PER Lot b. Height - MAX 4 FT c. Letter Height - MAX 8 IN
Pole Sign				P*	Allowed only along Hwy 71. Max height 50-feet. Animated signs are not permitted. Minimum 7 feet clearance. * For Transition Development area only.

10.36.010 - Preservation of trees and native vegetation.

A. Purpose. The purpose of these regulations is to promote the preservation of trees, tree stands and existing tree canopy, to protect trees during construction, to facilitate site design and construction that contribute to the long-term viability of existing trees, to increase property values and promote environmental sustainability and to regulate the removal of trees. To the extent possible, the natural landscape shall be preserved in its natural state. Structures, driveways, and parking areas shall be designed and located to fit harmoniously with the natural environment and to minimize the necessity for removing trees, native vegetation, and soil, or the addition of fill. Site clearing shall not be permitted beyond what is necessary to provide locations for structures, driveways, parking, or small yard areas not visible from the street. An appeal or an application for relief may be approved by the Planning and Zoning Commission as specified in 10.36.010.G.6. An applicant may also submit a proposal for an alternative tree plan as specified in 10.36.010.I.9.

B. Coordination with City Ordinances. The developer is reminded that the zoning ordinance requires landscaping (Chapter 14, Exhibit A, Section 39) and that the subdivision ordinance requires street trees (Section 10.36.030.S below) in certain situations. Sufficient space on each lot should be provided to accommodate these requirements.

C. Applicability. Unless otherwise exempted, this section shall apply to the following in the City Limits and the Statutory ETJ:

   1. Undeveloped land; and

   2. All property to be redeveloped including additions and alterations, but not including interior or exterior alterations that do not change the footprint of the building and do not require the removal of trees.

D. Exemptions.

   1. Developments that have a completed application on file for a preliminary or final plat, site development plan or building permit, whichever is applicable, as of the effective date of the ordinance codified in this section.

   2. Any development for which construction has begun on infrastructure improvements pursuant to a city-approved development agreement as of the effective date of the ordinance codified in this section.

   3. Property of less than one (1) acre on which a single-family residential dwelling exists.

   4. Trees located within the visibility triangle as defined on a plat of record or under Section 10.36.020.D of the subdivision ordinance.

   5. Public utilities may be exempted from these requirements upon filing a route plan prior to the removal of trees or initiation of construction, which satisfactorily demonstrates that the proposed installation lies within an existing easement recorded prior to the effective date of the ordinance codified in this section.

   6. Public utilities have the right to trim, cut and/or remove any trees that:

      a. Interfere with or encroach upon the operations of existing public utilities; or

      b. Create a safety issue for utility crews; or

      c. Create a safety issue for the public.

   7. Nursery trees that are planted and growing on the premises of a wholesale nursery that are intended for sale in the ordinary course of business.

   8. Any tree determined by the City's Inspector to be diseased, dying, dead, creating a public nuisance or damaging a foundation. The City's Inspector may request that the owner retain a qualified professional (certified arborist, registered landscape architect, or qualified botanist) to make the determination.

9. Any tree determined to be causing a danger or be in a hazardous condition because of a natural event such as a tornado, storm, or flood that endangers the public health, welfare or safety and requires immediate removal.

10. Clearing of understory trees and brush necessary to perform soil borings, boundary surveying of real property or to conduct tree surveys and inventories as long as the clearing for surveying shall not exceed a width of two feet (2') for a general survey (i.e., of easement boundary, etc.) and eight feet for a survey of property boundary lines. No tree having a ten-inch (10") diameter at breast height (dbh) or greater shall be removed under this exemption.

11. Capital improvement projects.

12. Trees located within the right-of-way and the adjacent utility easements.

13. Trees located within drainage facilities (easements and detention ponds) as defined on a plat of record.

14. Exemptions made because of an appeal or an application for relief as specified in Paragraph F below.

E. Tree Designations.

1. Protected Trees. Any healthy tree with an eighteen-inch (18") or greater dbh and not in a quality tree stand or not a Mesquite, Bois d'Arc, Ashe Juniper, Locust, Hackberry, Gum Bumelia, Box Elder, and/or Cottonwood. All trees greater than eighteen inches (18") dbh shall be considered a protected tree unless a detailed tree inventory is submitted by the applicant verifying that it is a Mesquite, Bois d'Arc, Ashe Juniper, Locust, Gum Bumelia, Box Elder, Hackberry, or Cottonwood.

2. Quality Trees. All healthy trees that have a dbh that is greater than ten inches (10") but is less than eighteen inches and not within a quality tree stand shall be considered a quality tree. All trees shall be considered quality trees unless a detailed tree inventory is submitted by the applicant identifying the tree as a secondary tree.

3. Quality Tree Stands. Three or more contiguous quality trees whose canopies are generally clustered together creating a contiguous drip line. All tree stands shall be considered quality tree stands unless a detailed tree inventory is submitted by the applicant identifying the tree stand as a secondary tree stand.

4. Large Secondary Trees. All healthy Mesquite, Bois d'Arc, Ashe Juniper, Locust, Hackberry, Gum Bumelia, Box Elder, and/or Cottonwood trees with a diameter of eighteen inches (18") or greater dbh.

5. Secondary Trees. All healthy Mesquite, Bois d'Arc, Ashe Juniper, Locust, Hackberry, Gum Bumelia, Box Elder and/or Cottonwood trees that have a dbh that is greater than ten inches (10") but less than eighteen inches (18").

6. Secondary Tree Stands. Three or more contiguous secondary trees whose canopies are generally clustered together creating a contiguous drip line. A secondary tree stand must consist of at least eighty percent (80%) of secondary tree species.

F. Permit Required.

1. Unless the tree is exempt under Section 10.36.010.D above, no person, directly or indirectly, shall intentionally cut down, destroy, remove or move, or intentionally destroy or damage any quality tree or protected tree without first obtaining a tree removal permit and complying with the requirements of this section.

2. No grading or excavation permit shall be issued, and no grading shall take place on any undeveloped property that contains trees subject to this section without first obtaining a tree removal permit or demonstrating that a tree removal permit is not required.

3. No heavy equipment shall be moved onto a site prior to all applicable permits being issued.

4. Trees greater than ten inches (10”) dbh and not defined as a quality tree or protected tree within this subsection may be removed with a permit.

5. Trees less than ten inches (10”) dbh may be removed without a permit. Site clearing may not be completed with heavy equipment under the drip line of the trees or stands to be preserved that are protected in accordance with Section 10.36.010.H.5.

G. Permit Review and Approval Process.

1. A request for a tree removal permit shall be submitted and approved prior to the removal of any quality tree or protected tree in the city.

2. A complete application shall be submitted along with the application fee, if required. The fees shall be established by the city council and published in Appendix A10.03.002 of the Bastrop Code of Ordinances. A complete application includes:

   a. Tree Inventory and Tables. The applicant shall prepare and submit a drawing showing the location and species of each tree with a trunk ten inches or greater (10″+) dbh. In areas of dense vegetation or a tree stand that are proposed to be undisturbed, an outline of the vegetation may be shown. The plan shall be prepared by a registered landscape architect, urban forester, botanist, arborist, or professional land surveyor that has documented completion of at least eight hours of training in Texas tree identification. Tables shall accompany the inventory to identify the tree by the number on the plan and list the tree species, tree designation, and size (dbh). Tree stands or dense vegetation shall be inventoried by the number on the plan and shall specify the area of the continuous drip line. The tree inventory plan shall be in substantial conformity with the plan submitted with the Preliminary Plat application.

   b. Tree Preservation and Mitigation Plan. The Tree Preservation and Mitigation Plan shall be submitted prior to, or along with the civil plans, grading permit, or building permit application.

3. Tree Inventory and Tree Replacement/Mitigation Plan Required. The applicant shall prepare and submit a drawing showing the location and species of each tree with a trunk greater than ten inches (10”) in diameter measured at a point four and one-half feet (4-1/2’) above the ground (DBH). In areas of dense vegetation that are proposed to be undisturbed, an outline of the vegetation may be shown. The plan shall be prepared by a registered landscape architect, urban forester, botanist, arborist, or professional land surveyor that has documented completion of at least eight hours of training in Texas tree identification. The tree survey shall be submitted prior to, or along with the preliminary plat application, grading permit, or building permit application.

4. Tree removal permits shall be valid for a period of one hundred eighty (180) days.

5. Upon request of the applicant, the Director of Planning shall be authorized to work with the owners, developers, and builders to make non-substantive changes, within the scope of this section, to plans, permits, and other requirements throughout the development and construction processes that will provide the greatest reasonable tree survival. The decision of the Director of Planning may be appealed by the applicant to the Planning and Zoning Commission.

6. The applicant may file an application for relief from the tree preservation/mitigation requirements to the Planning and Zoning Commission. An application for relief shall include the following items:

   a. Letter detailing the specific relief requested and rationale;

   b. Tree inventory and/or aerial;

   c. Site Plan showing topography and other site-specific features; and

   d. Alternative tree preservation/mitigation plan.

H. Preservation. The following requirements for tree preservation and protection shall apply unless an application for relief has been submitted by the applicant and approved by the Planning and Zoning Commission:

1. Any tree designated as a protected tree or a large secondary tree shall be preserved unless mitigation is provided under the requirements of subsection I below.

2. The minimum percentages of all dbh or percentage tree canopy of quality trees, quality tree stands, secondary trees, or secondary tree stands that must be preserved as shown in Table 10-1. Any request to preserve less than the required amount must be approved by the Planning and Zoning Commission.

3. All percentages relating to preservation stated within this section shall be based on the initial tree inventory plan. Any subsequent redevelopment of property must minimally preserve the applicable percentage of the total dbh of quality trees by the initial tree survey.

4. A notation shall be placed on the site plan or final plat referencing the tree preservation and mitigation plan on file with the city planning department. The notation shall limit any future unauthorized land disturbing activity or construction that would impact and/or damage the tree(s) to be preserved or protected.

5. To preserve the required mandatory areas of natural vegetation landscape from inadvertent damage during construction, a physical barrier shall be erected around the perimeter of these inviolate areas. The barriers will be in place and approved by the City Engineer before any heavy equipment is place on site or before any site clearance can commence in accordance with Section 10.32.020.G. The barrier may consist of a temporary chain link fence, wooden stake (snow) fence, plastic safety/construction fence or other devices as approved by the City Engineer. Minimum height of all types of barriers is four feet. Barriers shall remain in place until the final building and landscape site inspections are satisfactorily completed for the issuance of the certificate of occupancy. Only after this time can the barriers be removed.

6. Replacement of any preserved trees or stand which dies within two (2) years due to construction or development activities will be the responsibility of the developer on a one to one (1:1) caliper inch basis.

I. Mitigation. If preservation cannot be reasonably achieved, then the following mitigation standards shall apply:

1. Protected trees and large secondary trees may be removed if mitigated as required on Table 10-2.

2. Quality trees, quality tree stands, secondary trees and secondary tree stands may be removed in excess of the minimum preservation requirement provided the excess removal is mitigated as required on Table 10-2.

3. Mitigation is only required to be calculated for secondary trees equal to or greater than eighteen inches (18”) dbh.

4. Each replacement tree shall be a minimum of two-inch (2”) caliper and at least five feet (5’) in height when planted.

5. Mitigation shall be calculated for the entire development, as applicable. Trees required for mitigation may be planted at the time of development or when an individual lot is developed. A note shall be placed on the face of the final plat, and a statement provided in the deed restrictions, referencing the tree preservation and mitigation plan on file with the city planning department and noting the calculations for preservation and mitigation for the entire development and for each phase and lot. A mitigation plan and an irrigation plan will be required with the application for each building permit.

6. With the approval of the Director of Planning, fifty percent (50%) of the trees required to be planted as mitigation may be planted off-site at city parks, the city tree farm, or other public areas.

7. If trees are planted as mitigation under this subsection, the developer shall post a two-year (2-yr) maintenance surety bond or cash bond meeting the requirements under Section 10.32.020.B for the cost to replace the trees. Upon completion of the two-year landscape

Table 10-1
Preservation Requirements for All Subdivisions
(See Table 10-2 for mitigation requirements)

Total Subdivision Size	Protected Trees	Quality Tree and Quality Tree Stands*	Large Secondary Trees	Secondary Trees and Stands
Less than ½ acre	None	None	None	None
½ acre to 1 acre	A minimum of 50% of protected trees must be preserved	A minimum of 5% of all quality trees must be preserved, and/or a minimum of five 5% of the area of quality tree stands must be preserved.	A minimum of 5% of large secondary trees must be preserved	None
1 acre to 2.5 acres	A minimum of 60% of protected trees must be preserved	A minimum of 10% of all quality trees and/or 10% of the area of quality tree stands must be preserved.	A minimum of 10% of all large secondary trees and/or 10% of large secondary tree stands must be preserved.	None
Greater than 2.5 acres	A minimum of 70% of protected trees must be preserved	A minimum of 20% of all quality trees and/or 20% of the area of a quality tree stands must be preserved.	A minimum of 20% of large secondary trees must be preserved.	None

*** The minimum percentage required to be preserved may be met in a single quality tree stand.**

Table 10-2
Mitigation Requirements for All Subdivisions
(Ratios indicate number of caliper inches removed to caliper inches replaced)

Total Subdivision Size	Protected Trees	Quality Tree and Quality Tree Stands	Large Secondary Trees	Secondary Trees*
Less than ½ acre	If removed, mitigated at a 1:0.25 ratio	If removed, mitigated at a 1:0.25 ratio	If removed, mitigated at a 1:0.25 ratio	None
½ acre to 1 acre	If removed, mitigated at a 1:0.5 ratio	If removed, mitigated at a 1:0.5 ratio	If removed, mitigated at a 1:0.25 ratio	None
1 acre to 2.5 acres	If removed, mitigated at a 1:0.75 ratio	If removed, mitigated at a 1:0.75 ratio	If removed, mitigated at a 1:0.5 ratio	If removed, mitigated at a 1:0.25 ratio
Greater than 2.5 acres	If removed, mitigated at a 1:1 ratio	If removed, mitigated at a 1:1 ratio	If removed, mitigated at a 1:0.75 ratio	If removed, mitigated at a 1:0.5 ratio

* Mitigation is only required to be calculated for Secondary Trees equal to or greater than twelve inches (12") dbh.

establishment period for replacement trees, the city shall inspect the trees and determine whether ninety percent (90%) of the trees are healthy and have a reasonable chance of surviving to maturity. Upon such a finding, the city shall release the currency or bond. In the absence of such a finding, the applicant shall be notified to replace any unhealthy or dead trees. If the applicant does not take remedial steps to bring the property into compliance, the city shall make demand for payment on the cash bond, surety bond, or letter of credit. The city may use all legal remedies to enforce this Subchapter in addition to making demand on the security provided herein.

8. Money in Lieu of Tree Mitigation.

   a. A land owner/developer responsible for tree mitigation under this Section may request to meet the requirements, in whole or in part, by a cash payment in lieu of tree replacement, upon approval by the Planning Director. The payment shall be on a caliper-inch unit cost as established by the city council in Appendix A10.03.002 of the Bastrop Code of Ordinances. Cash payment shall be deposited in the tree fund and be used to purchase and install trees and landscaping within the city.

      i. Payment in lieu of tree mitigation for greater than fifty percent (50%) of the required mitigation (greater than fifty percent of total dbh provided as mitigation) shall be subject to approval by the Planning and Zoning Commission.

      ii. Payment in lieu of tree mitigation for less than or equal to fifty percent (50%) of mitigation requirement (less than or equal to fifty percent (50%) of total dbh provided as mitigation) may be approved by the Director of Planning, provided the Director determines that there is no reasonable alternative to providing mitigation on the development site.

   c. The applicant shall pay the fees for tree removal established by city council in Appendix A10.03.002 of the Bastrop Code of Ordinances. The fee shall be based on the fair market value of materials and labor at the time of planting and the reasonable estimated cost for maintenance and irrigation for a period of two (2) years.

   d. Fees contributed to the tree fund shall be paid prior to the issuance of a grading permit on all commercial, industrial, or multi-family residential developments, prior to final approval of a gas well drilling permit and prior to filing a final plat in the Bastrop county clerk's office for all single-family residential subdivisions.

9. Alternative Tree Preservation Plan. An applicant may propose an alternative tree preservation plan which meets or exceeds the goals and objectives of this subchapter but does not meet the standards of this subchapter. The alternative tree preservation plan provides the option to address the criteria through a flexible process which must be reviewed and approved by the Planning and Zoning Commission.

   a. Criteria for Approval. The goals and objectives which must be met, and by which the proposal will be judged are:

      1) The proposed alternative tree preservation plan adequately achieves, or is an improvement on, the intent of the requirements of this subsection;

      2) It assures quality development that fits in with the character of Bastrop; and

      3) It clearly states the intended preservation objectives.

   b. Tree Credits.

      1) All quality trees and quality tree stands that are preserved beyond the minimum requirements identified in Table 10-1 shall be credited towards the landscape tree

requirements identified in the zoning ordinance at a ratio of one to one (1:1) caliper inches.

2) All quality tree stands with existing understory trees that are preserved beyond the minimum requirements identified in Table 10-1, shall be credited towards landscape requirements at a ratio of one to two (1:2) caliper inches.

3) Unless trees preserved are an integral part of the parking lot design, they will not be credited towards parking lot landscaping requirements.

City Council Recommendations

1. Permitted Use Charts
2. Community Value Nuisances
3. Accessory Dwelling Units
4. Tree Preservation ☑
5. Street Sections
6. Signage ☑
7. Applications and Checklists
8. Development Flow Chart
9. Parking Regulations

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Heart of the Lost Pines / Est. 1832



BUILDING BASTROP

HONORING OUR AUTHENTIC PAST.
PLANNING FOR OUR SUSTAINABLE FUTURE.

Tree Preservation

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Heritage Tree Comparison

City	Heritage Tree Size (DBH)	Multi-Trunk Provision
Austin	24”	None
Georgetown	26”	None
Round Rock	14”-38” dependent on species	If split into multi-trunks below 4½ feet shall use the sum the largest trunk and one-half of the diameter of each additional trunk measured 4½ feet above the natural grade level to determine the diameter
San Marcos	24”	DBH of the largest tree trunk plus one-half of all other tree trunks
Marble Falls	24”	None
Liberty Hill	19”	None

DBH = Diameter at Breast Height, which is 4.5 feet above the ground

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Heritage Tree Species

- Texas Ash*
- Bald Cypress*
- American Elm*
- Cedar Elm*
- Catalpa
- Texas Madrone
- Magnolia*
- Bigtooth Maple
- All Oaks (Burr, Post, Shumard, Texas Red, Chinquapin)*
- Pecan*
- Italian Stone Pine
- Sycamore
- Arizona Walnut*
- Eastern Black Walnut*
- Loblolly Pine Info:
  - 90’-125’ tall
  - Tallest known: 169’
  - DBH typical: 36”-48”
  - DBH max: 56”
  - Rapid growth
  - Very fire tolerant
  - 150 years to maturity

*Multiple cities consider these heritage trees

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Tree Species Excluded from Protection

- Hackberry
- Cedar/Ash Juniper
- Mesquite
- Huisache









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Tree Preservation
Recommendation Discussions

- 24” caliper qualifies as a Heritage Tree
- Create a critical root zone
- Applies globally, zero exceptions (city, state, utilities)
- Create appropriate rates for fees
- Treat violations as a civil case
- All homestead properties are exempt (except Heritage Trees)
- Adopt new approved planting list
  - UT Lady Bird Johnson Wild Flower Center

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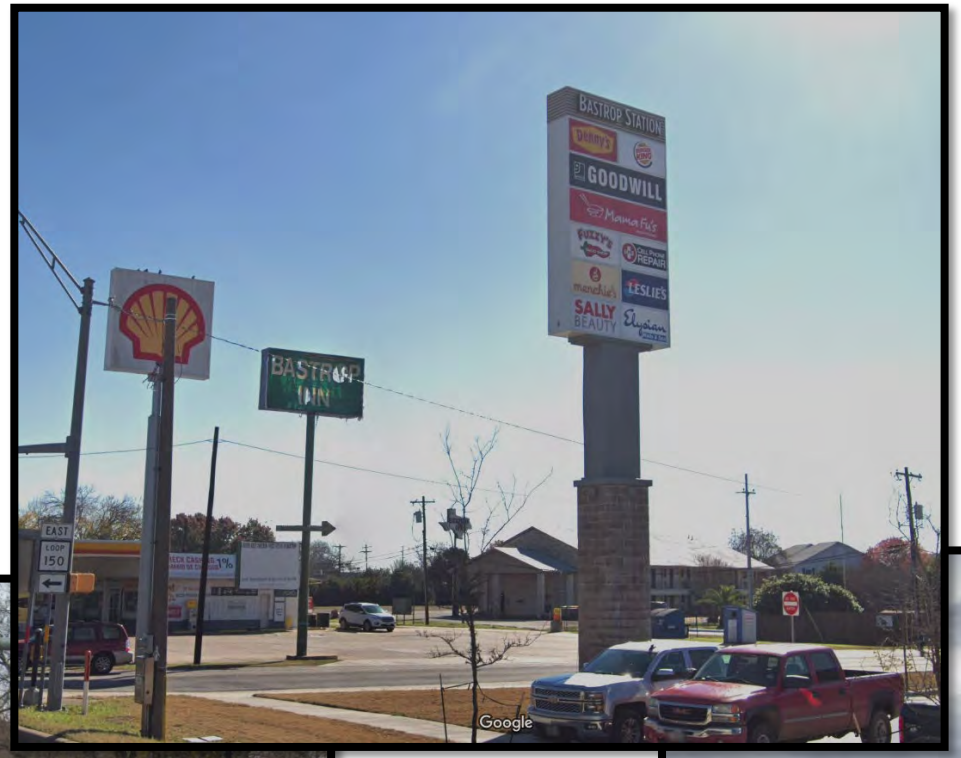
Signage

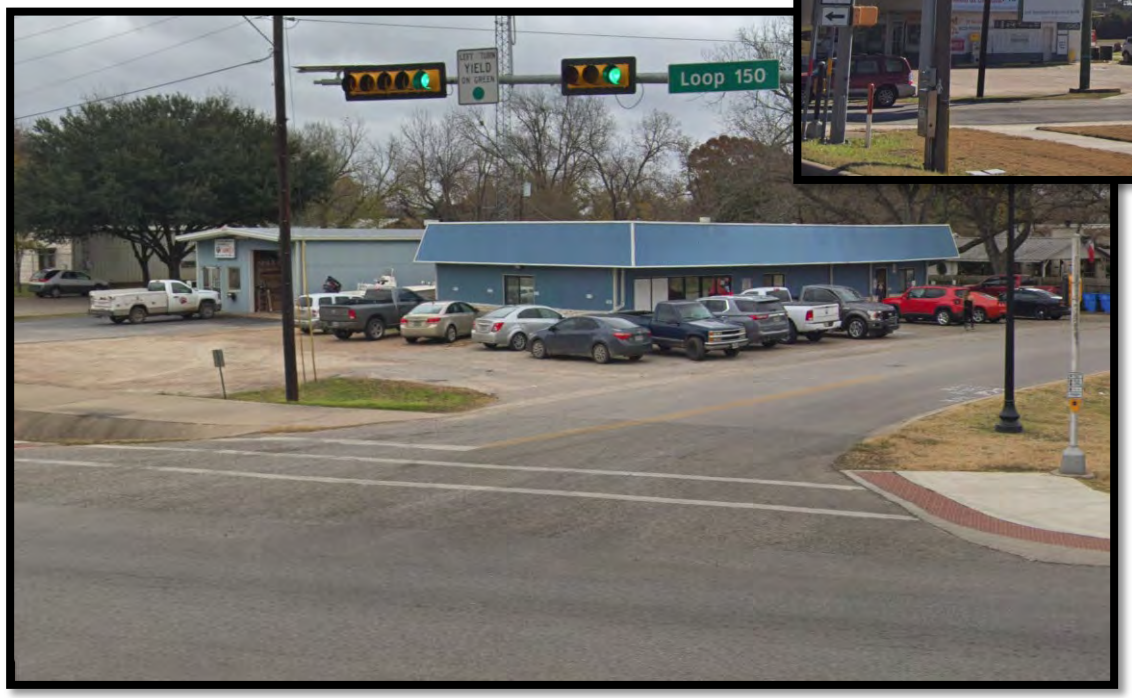
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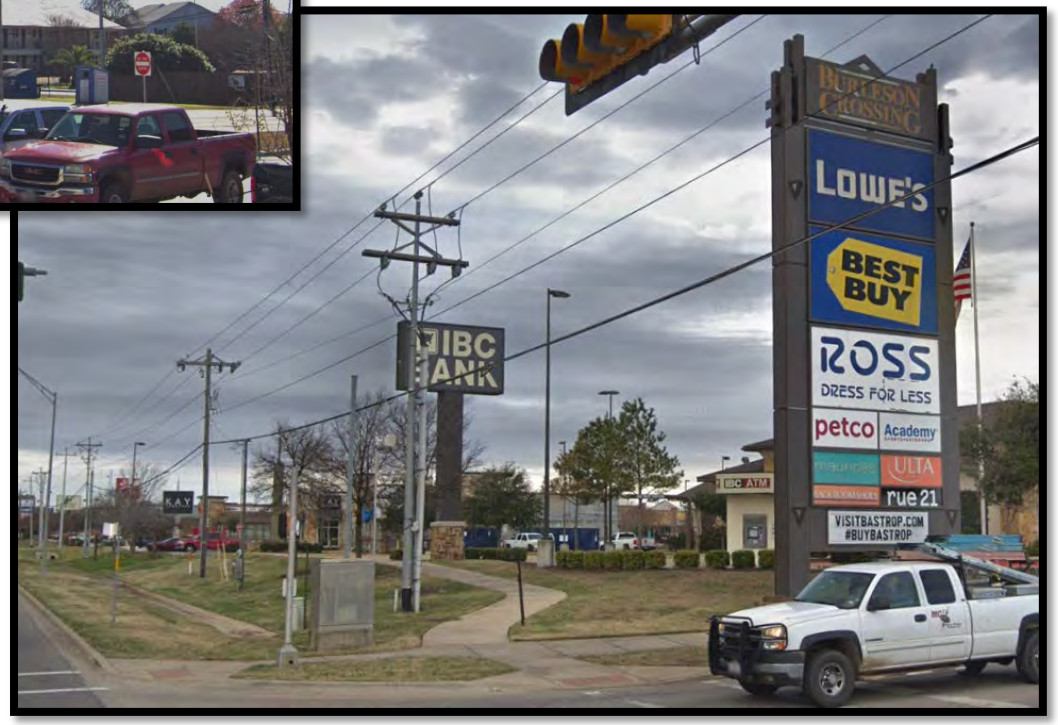
Sign Pollution



Signs

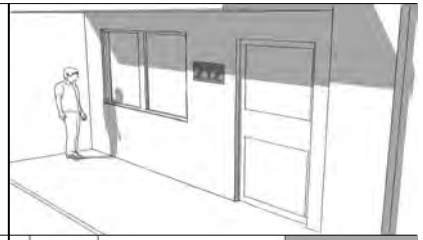

BASTROP STATION
GOODWILL
SALLY BEAUTY
LESLIE'S
Google


Loop 150
YIELD


BURLESON CROSSING
LOWE'S
BEST BUY
ROSS
DRESS FOR LESS
petco
Academy
ULTA
rue 21
VISITBASTROP.COM
#BUYBASTROP
IBC BANK
IBC ATM

B3 Code Signs

ADDRESS SIGN



AWNINGS & SIGNS



BAND SIGN



BLADE SIGN



MARQUEE SIGNS



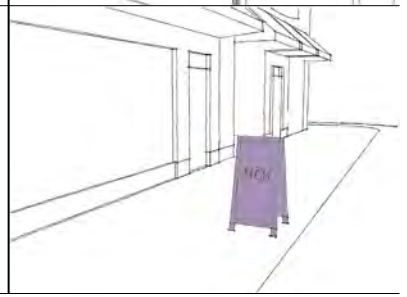
NAME PLATE SIGNS for Commercial Uses



OUTDOOR DISPLAY CASE



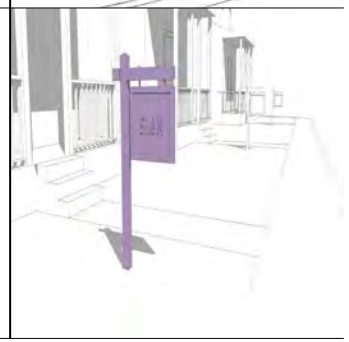
SIDEWALK SIGN



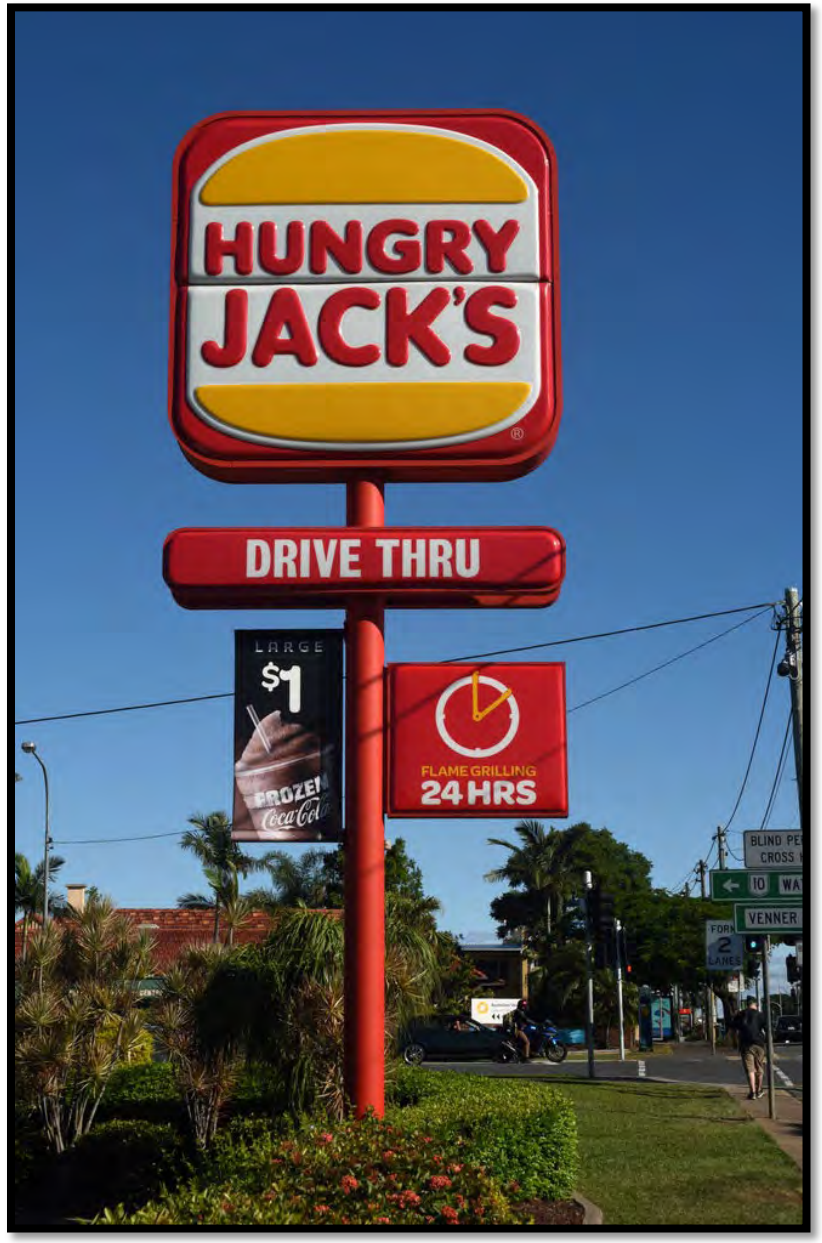
WINDOW SIGN



YARD SIGN



Pole / Pylon Signs




FRONTIERS OF FLIGHT MUSEUM
DALLAS LOVE FIELD
FRONT ENTRANCE
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MELODY
Cleaners
STOP


THE WASH
NOW OPEN
OUR AUTOMATIC
DOES DUALLYS


ELLIS PRESERVE
WHOLE FOODS
Opening Summer, 2017
FIREPOINT GRILL
ULTA BEAUTY
FINE WINE & GOOD SPIRITS
pet valu
MOD PIZZA
ZOES KITCHEN
FRANKLIN MINT FEDERAL CREDIT UNION
at&t
FedEx Office


RICHMOND LOOP PLAZA SOUTH
Nit Noi Cafe
THAI FOOD
Dr. Cell Phone
VIRTUOSO GRAPHICS
SIGNS
MASSAGE
MAX MUSCLE
SPORTS NUTRITION


Silverthorn SQUARE
Touch of Napoli
Hello Deli
Pronto CLEANERS
Century 21
Amy's China
Spring NAILS
WINE TOAD
Java Baby
Chicago Eats
TANNING
GOIN' POSTAL
Gulf Coast Home Improvement
STARR SPORTS and PHYSICAL REHABILITATION THERAPY CENTER
Anytime Fitness
PIT STOP Ice Cream
Let's Eat
Sprint
Dollar BARN
Summit Brokerage
FLORIST
DISCOVERY
• POINT •
PRESTIGE HAIR SALON

Pole & Pylon Signs

Current Bastrop Standards

- Sign area: One hundred sixty (160) square feet.
- Sign structure area: Two hundred forty (240) square feet.
- Height: Thirty-five (35) feet.
- Quantity: One per lot.
- Spacing: One hundred (100) feet.

What to Regulate?

1) Height

- Height ratio based on mph?

2) Location

- Height max per roadway type?

3) Number of Signs

- Some kind of Equation?

4) Materials

- Pylon - Number of tenants max?
- Pole - Number of signs max?

Monument Signs




THE ARCADE
AT NAPER WEST
SANTHIGRAM
KERALA AYURVEDA
CHINESE
RESTAURANT
r4k
rooms4kids
FIT TO BE YOU
Personal Training & Small Group Training


MAIN
STREET
DENTAL GROUP
ORTHODONTICS
MAIN ST
VILLAGE
JUICE IT UP!
Camille's


VANCE CENTER
St. Louis County Police
West County Precinct
BAUMGARTNER
HOMES INCORPORATED
QUALITY
GLASS TINTING
STATE FARM
Kent Zimmer
636-225-1331
PC SYSTEMS
COMPUTER SERVICE
ENVOY
INFINITE
OPTIKS
EATING DISORDER RECOVERY CENTER
METRO
BILLING


PARK PLAZA
SPROUTS
FARMERS MARKET
CVS/pharmacy
ROSS
DRESS
FOR LESS
CBM
OFFICE SPACE AVAILABLE
JASON EHRENPREIS
310.575.1517


CATERPILLAR
Global Headquarters


parklane
10223 rue notchlog drive

Monument Signs

Current Bastrop Standards

- Commercial signage = Complicated Equation based on building facade square footage.

What to Regulate?

1) Height

- Height ratio based on mph?
- Height max per roadway type?

2) Location

- Some kind of Equation?

3) Number of Signs

- Number of tenants max?

4) Design

- Materials
- Color
- Landscaping

Signs









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Signs





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Signs









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Signs
Recommendation Discussions

- Make P&Z sign variance review authority
- No pylons or pole signs
- Make neon's an approved sign type/material
- Maximum height is 35’ for signs
  - But not to exceed maximum height for districts
- Link monument sign material and architectural style to primary building materials
- Keep monument sign standards from current code
- Lower the threshold from 60% to a lesser percentage, to be able to replace non conforming signs (billboard/pylon signs)

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BUILDING BASTROP

HONORING OUR AUTHENTIC PAST.
PLANNING FOR OUR SUSTAINABLE FUTURE.

Questions or Comments?

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Heart of the Lost Pines / Est. 1832

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 5B

TITLE:
Receive an update regarding the City of Bastrop Street Maintenance Program.

STAFF REPRESENTATIVE:
Trey Job, Managing Director of Public Works & Leisure Services

BACKGROUND/HISTORY:
In December of 2017, the City of Bastrop conducted a Pavement Condition Survey of its existing street network. A Pavement Condition Index (PCI) was developed based on the findings of that study. The study results were presented to City Council in April 2018. Staff then used that information to develop various types of pavement maintenance needed and the costs associated with each type of treatment.

The City of Bastrop City Council received a presentation from staff on the condition of local streets within the City limits again in June 2018 to begin to develop costs for the FY 19 budget year. As a result of the workshop, the first two years of the Street Maintenance Program were funded for Fiscal Years 2019 and 2020.

On July 10, 2018, the City of Bastrop City Council approved a list of qualified consulting firms to provide assistance with civil engineering, geotechnical engineering, hydraulic and hydrologic engineering, surveying, landscape architecture, land planning, and architecture. Walker Partners was identified as a qualified consultant in the areas of water/wastewater, streets/drainage, and land survey. Once selected, Walker Partners begin developing a street maintenance plan that included various types of street maintenance techniques to extend the life of the selected streets. The streets we selected based on the Pavement Condition Index score, and traffic counts.

On June 11, 2019, Staff brought a recommendation to begin the rehabilitation of Old Austin Highway. However, current market conditions resulted in an increase in cost that would have exhausted the funds available for street maintenance in 2019 and 2020. While the timing of our bid schedule did affect the bid costs, the overriding conditions attributed to increased costs are steel tariffs and the significant amount of large-scale regional construction projects occurring in the Austin Region.

With that in mind, the Mayor and City Council tasked staff with bringing back an option that allowed more streets to receive maintenance and better-utilize available tax dollars. Therefore, a two-point approach will be utilized to achieve this objective: (1) the trouble areas on Old Austin Hwy have been identified and will receive necessary maintenance to extend the life of the road for 12-24 months to protect the road from further deterioration, while providing time for market conditions to improve. (2) Staff and Walker Partners engineers have selected appropriate types of maintenance for all the streets identified in the 2019 & 2020 street maintenance program, which was published in the FY 2019 Budget Book.

All the selected types of maintenance meet TxDOT specifications, and are based on the pavement surface conditions. The types of maintenance include a scrub seal and a chip seal utilizing grade 5 trap rock and fog seal. Staff will hold a bid opening on July 22, 2019. Once we identify the lowest responsible bidder, it will be brought to the August 13, 2019 City Council Meeting with a recommendation to award. Street Maintenance work will occur in the September – October timeframe.

POLICY EXPLANATION:
This program meets the Fiscal Responsibility Focus Area established by City Council in Fiscal Year 2018-19 budget.

FUNDING SOURCE:
Street Maintenance Fund contains $1,109,118 for FY 2019 and FY 2020.

RECOMMENDATION:
Receive an update regarding the City of Bastrop Street Maintenance program.

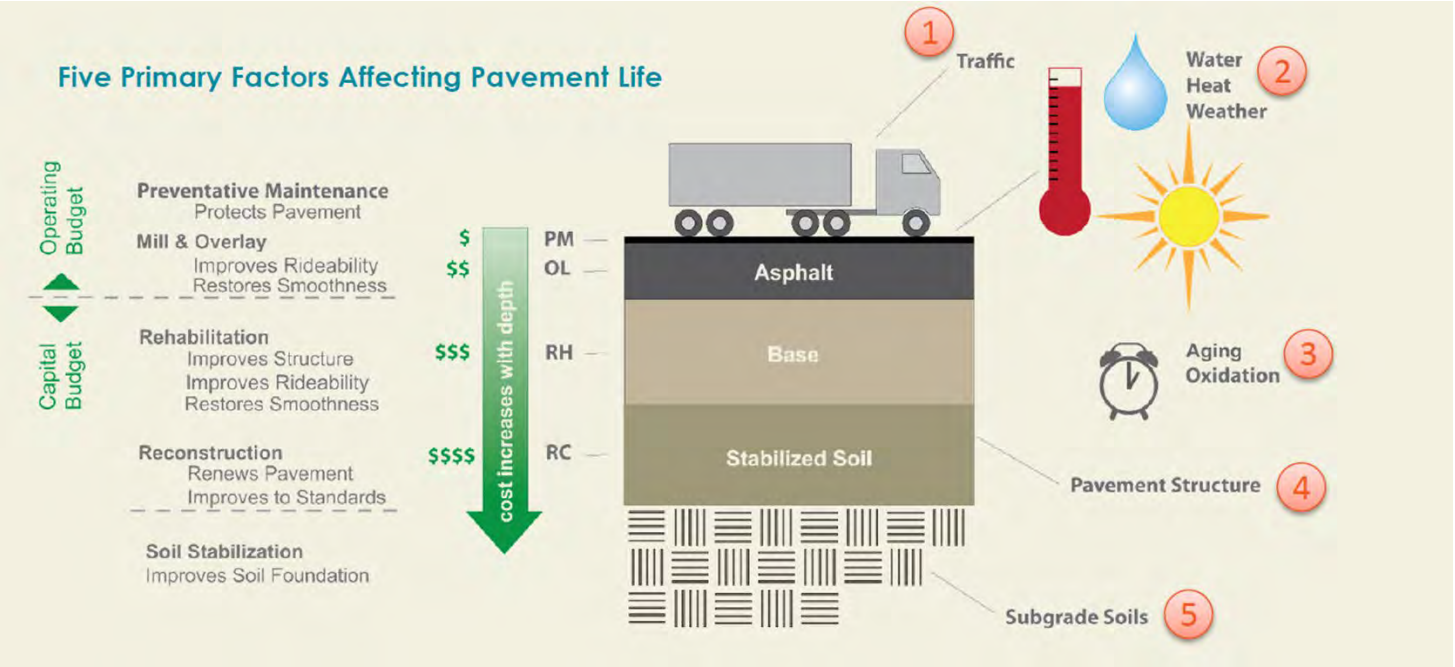
ATTACHMENTS:

- PowerPoint



Street Maintenance and Preventative Maintenance

1. Flexible pavement repair
2. Crack seal
3. Chip Seal
4. Fog Seal
5. Scrub seal



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Flexible Base Repair

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Examples of Flexible base repair

- High Priority – Prevent further damage to subgrade
- Repair work performed prior to seal coat
- AC Full Depth Repair – Squared, compact subgrade, compact base layer in 4" lifts and finish with 1.5" to 2" of HMAC





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Crack Seal





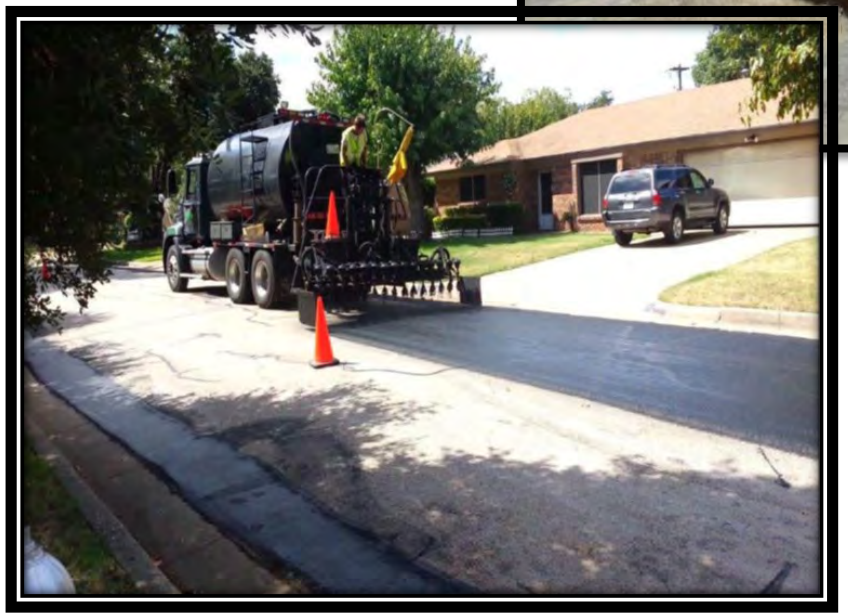


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Surface Treatment

- Chip Seal
- Fog Seal
- Scrub seal





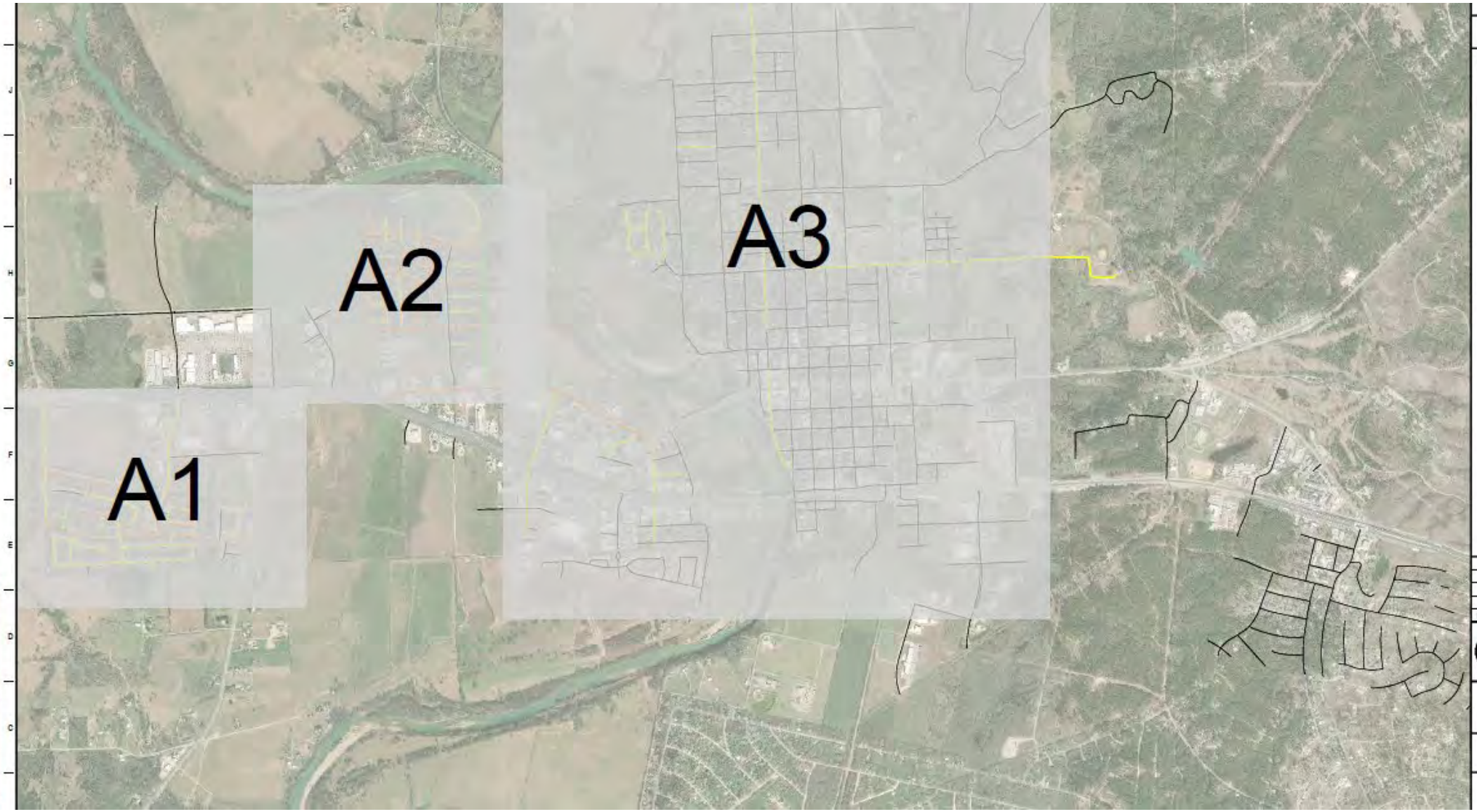


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Maps

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GENERAL NOTES

1. CRACK SEAL WORK WILL BE SUBSEQUENT TO FLEXIBLE PAVEMENT REPAIR WHEN BOTH ACTIVITIES REQUIRED ON SAME STREET.

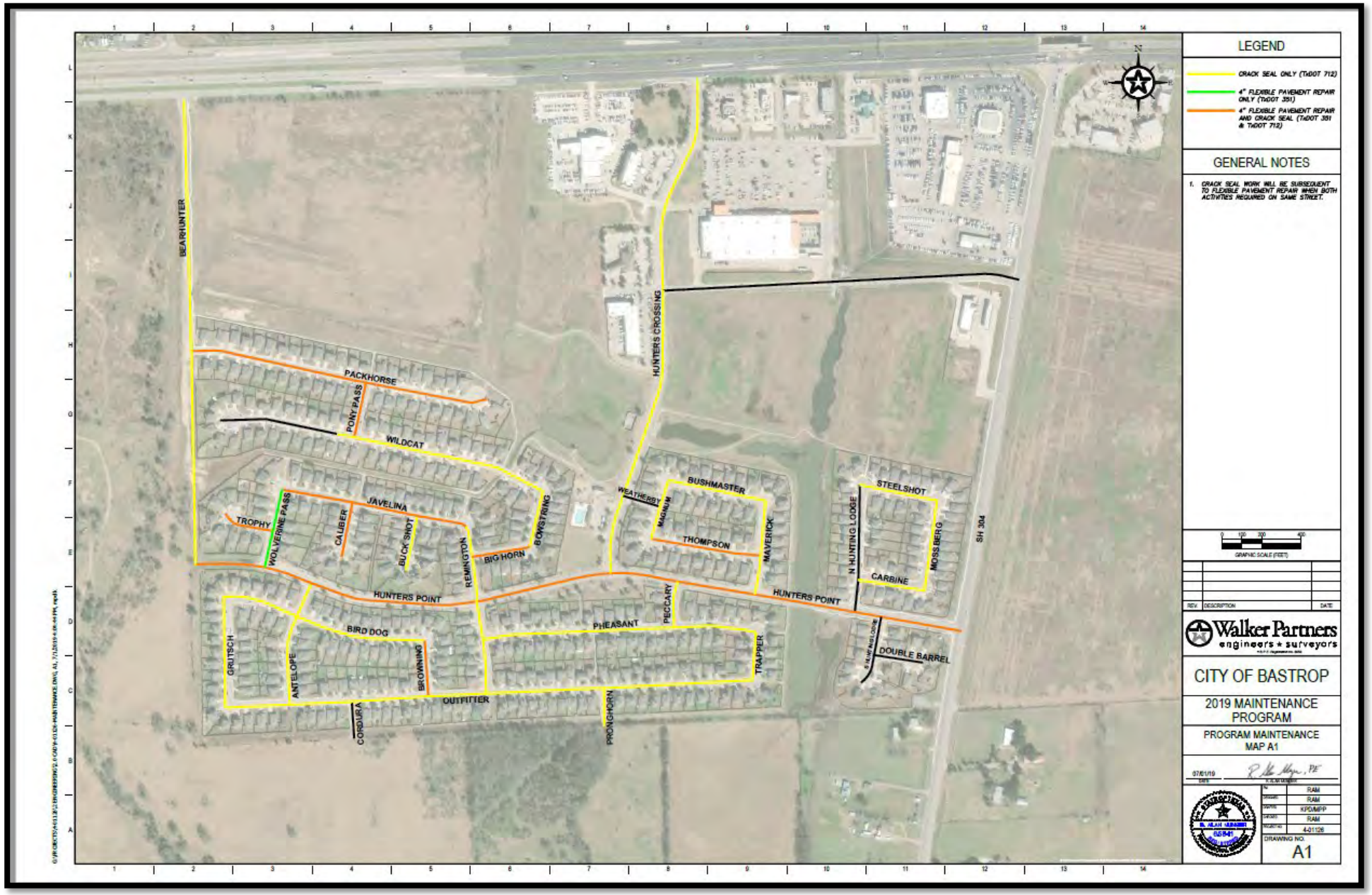
REV.	DESCRIPTION	DATE

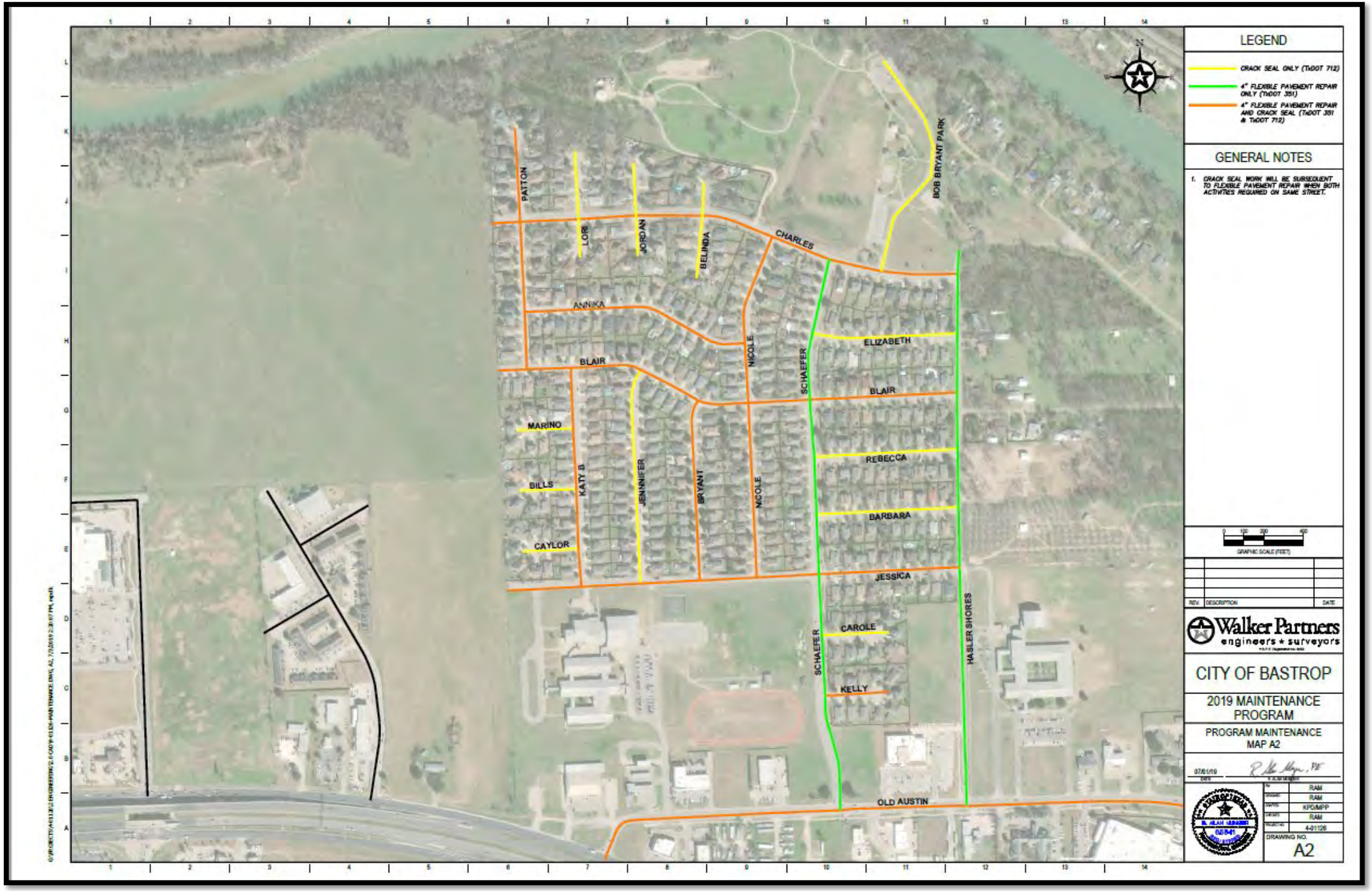
Walker Partners
engineers ★ surveyors

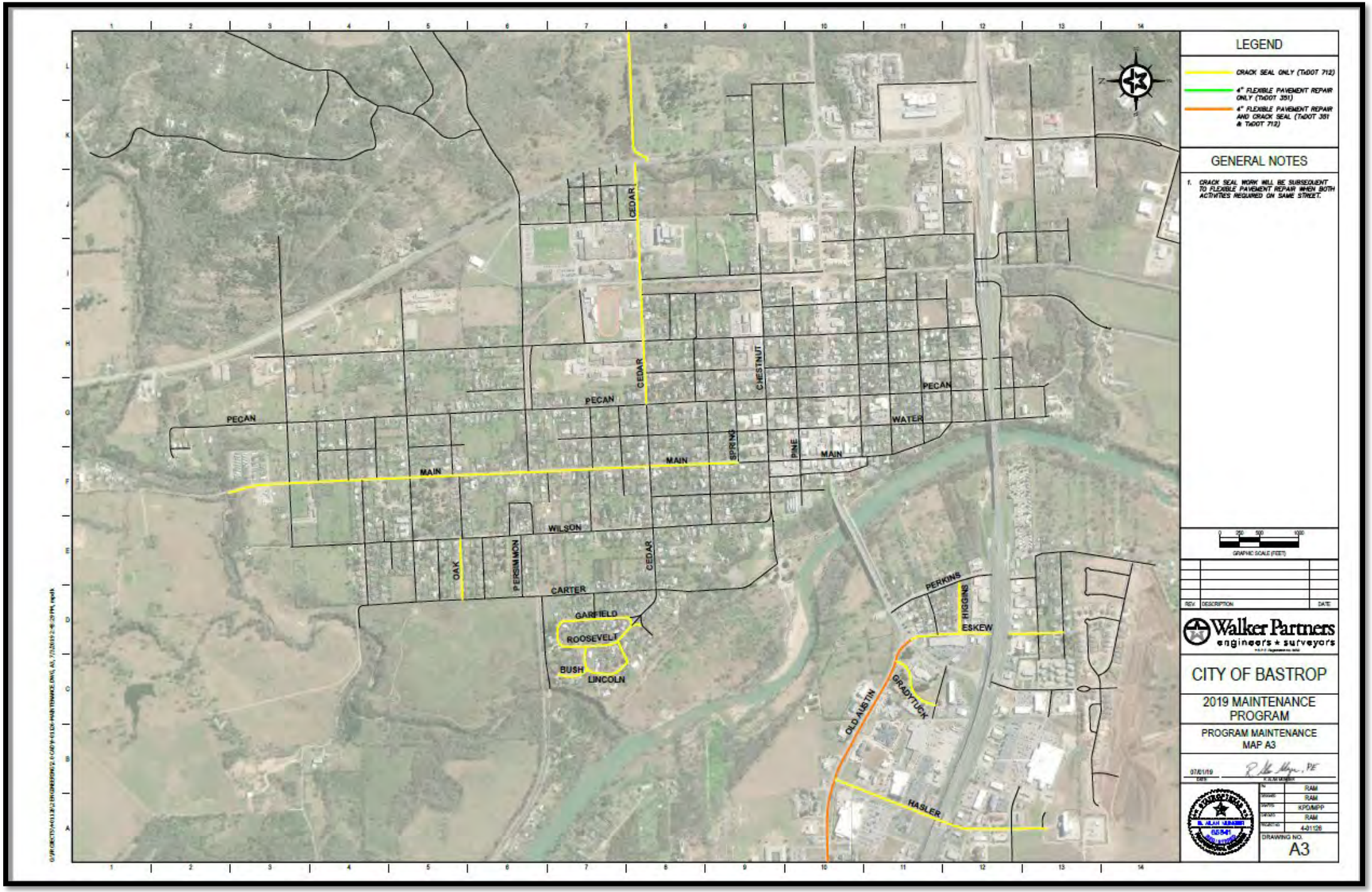
CITY OF BASTROP

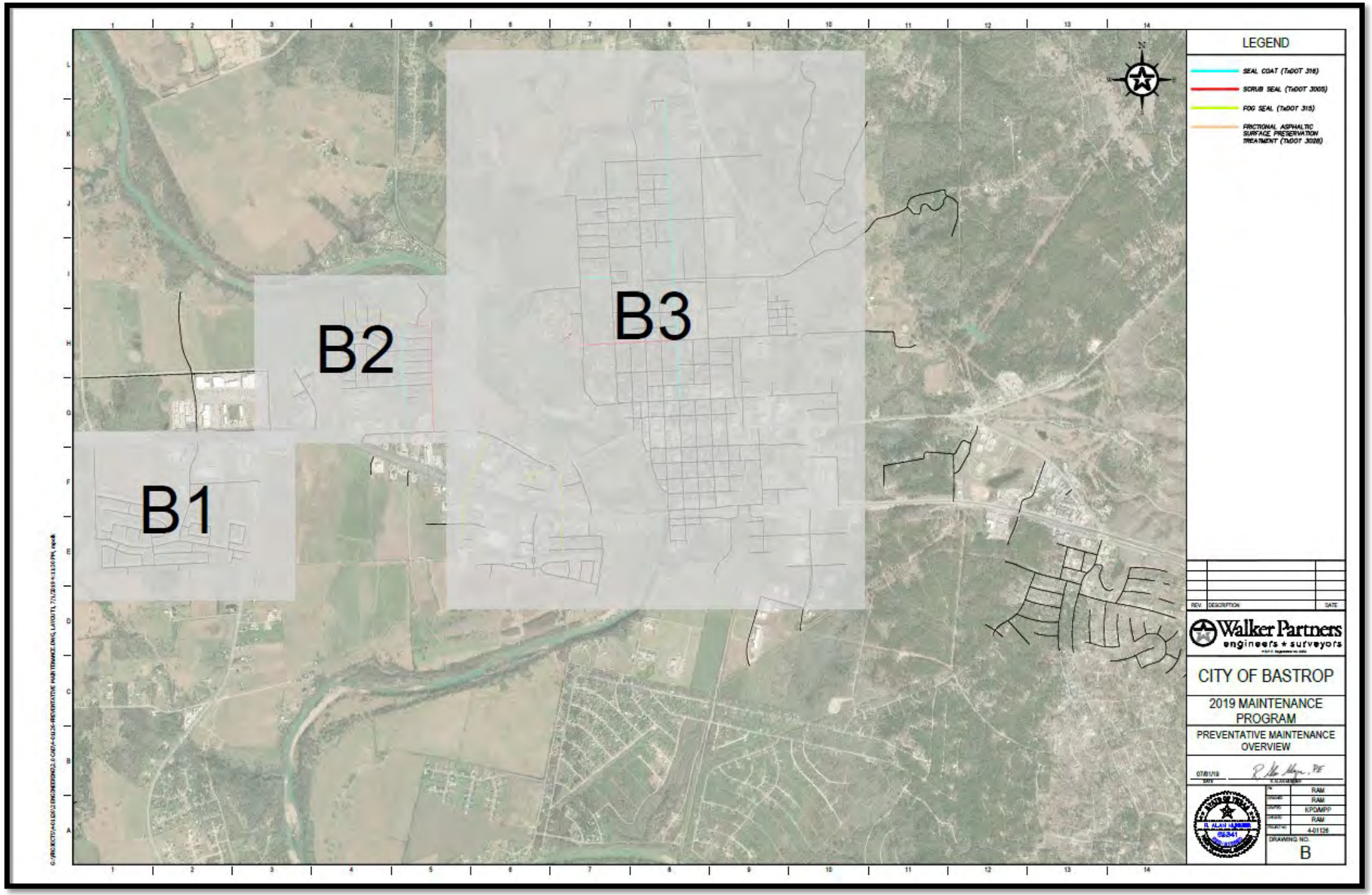
2019 MAINTENANCE PROGRAM

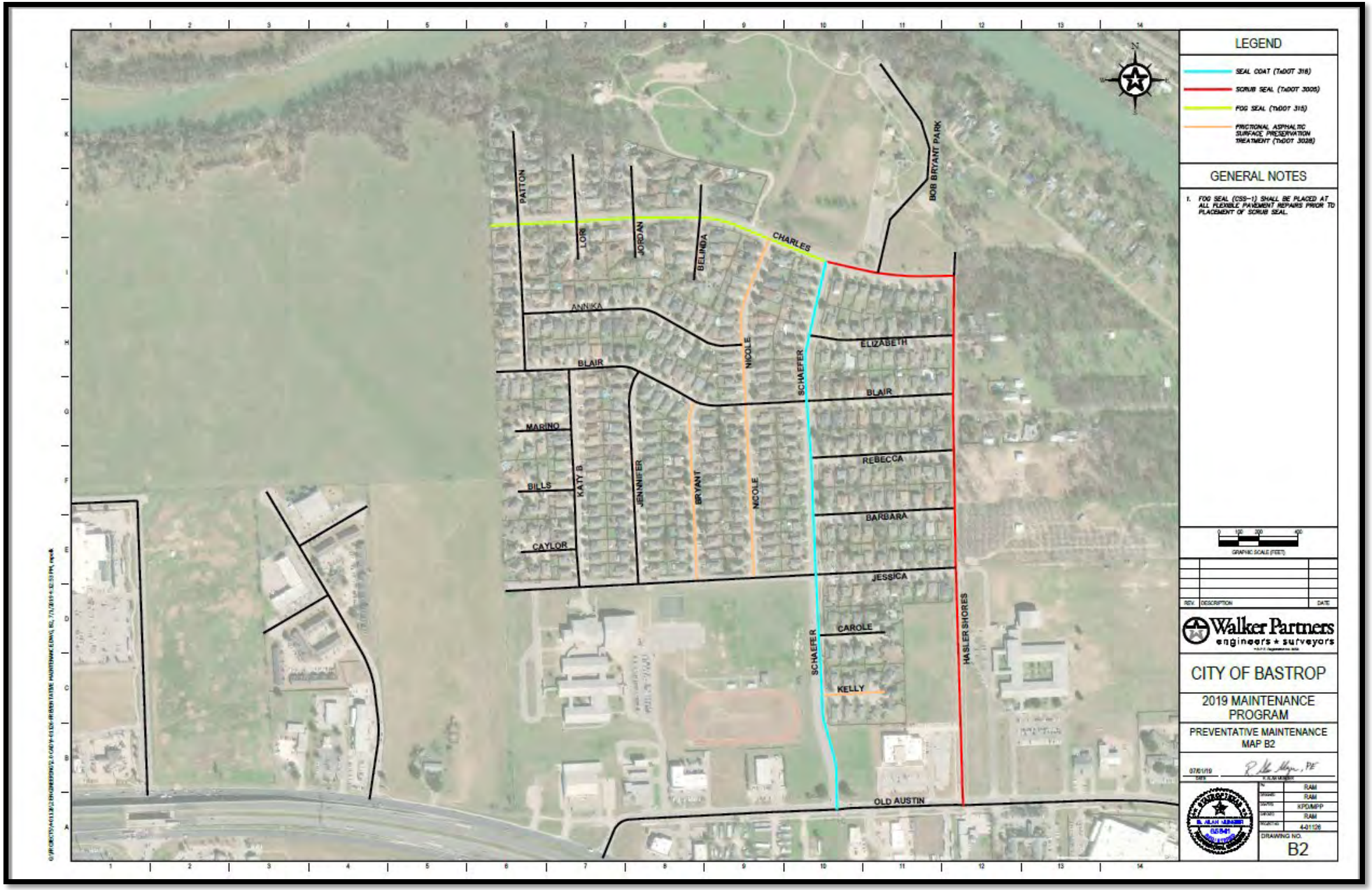
PROGRAM MAINTENANCE OVERVIEW


BEAR HUNTER
PACKHORSE
POINT PASS
WILDCAT
HUNTERS CROSSING
WEATHERBY
BUSHMASTER
MAGNUM
THOMPSON
MAVERICK
STEELSHOT
N HUNTING LODGE
MOSSBERG
SH 304
CARBINE
TROPHY
WOLVERINE PASS
JAVELINA
CALIBER
BUCK SHOT
REMINGTON
BIG HORN
BOWSTRING
HUNTERS POINT
HUNTERS POINT
BIRD DOG
PHEASANT
PECCARY
GRUTSCH
ANTELOPE
BROWNING
TRAPPER
DOUBLE BARREL
S HUNTING LODGE
OUTFITTER
CORDURA
PRONGHORN
N
LEGEND
CRACK SEAL ONLY (TxDOT 712)
4" FLEXIBLE PAVEMENT REPAIR ONLY (TxDOT 351)
4" FLEXIBLE PAVEMENT REPAIR AND CRACK SEAL (TxDOT 351 & TxDOT 712)
GENERAL NOTES
1. CRACK SEAL WORK WILL BE SUBSEQUENT TO FLEXIBLE PAVEMENT REPAIR WHEN BOTH ACTIVITIES REQUIRED ON SAME STREET.
0 100 200 400
GRAPHIC SCALE (FEET)
REV. DESCRIPTION DATE
Walker Partners
engineers + surveyors
CITY OF BASTROP
2019 MAINTENANCE PROGRAM
PROGRAM MAINTENANCE MAP A1
07/01/19
R. ALAN MEYER
DESIGNED RAM
DRAWN RAM
CHECKED KPD/MPP
APPROVED RAM
PROJECT NO. 4-01126
DRAWING NO.
A1


PATTON
LORI
JORDAN
BELINDA
CHARLES
BOB BRYANT PARK
ANNIKA
NICOLE
SCHAEFER
ELIZABETH
BLAIR
BLAIR
MARINO
BILLS
CAYLOR
KATY B
JENNIFER
BRYANT
NICOLE
REBECCA
BARBARA
JESSICA
CAROLE
KELLY
SCHAEFER
HASLER SHORES
OLD AUSTIN
N
LEGEND
CRACK SEAL ONLY (TxDOT 712)
4" FLEXIBLE PAVEMENT REPAIR ONLY (TxDOT 351)
4" FLEXIBLE PAVEMENT REPAIR AND CRACK SEAL (TxDOT 351 & TxDOT 712)
GENERAL NOTES
1. CRACK SEAL WORK WILL BE SUBSEQUENT TO FLEXIBLE PAVEMENT REPAIR WHEN BOTH ACTIVITIES REQUIRED ON SAME STREET.
0 100 200 400
GRAPHIC SCALE (FEET)
REV. DESCRIPTION DATE
Walker Partners
engineers + surveyors
CITY OF BASTROP
2019 MAINTENANCE PROGRAM
PROGRAM MAINTENANCE MAP A2
07/01/19
R. Alan Myers, PE
65841
RAM
RAM
KPD/MPP
RAM
4-01126
DRAWING NO.
A2


LEGEND
CRACK SEAL ONLY (TxDOT 712)
4" FLEXIBLE PAVEMENT REPAIR ONLY (TxDOT 351)
4" FLEXIBLE PAVEMENT REPAIR AND CRACK SEAL (TxDOT 351 & TxDOT 712)
GENERAL NOTES
1. CRACK SEAL WORK WILL BE SUBSEQUENT TO FLEXIBLE PAVEMENT REPAIR WHEN BOTH ACTIVITIES REQUIRED ON SAME STREET.
GRAPHIC SCALE (FEET)
REV. DESCRIPTION DATE
Walker Partners
engineers * surveyors
CITY OF BASTROP
2019 MAINTENANCE PROGRAM
PROGRAM MAINTENANCE MAP A3
07/01/19
DRAWING NO.
A3
CEDAR
PECAN
MAIN
WILSON
OAK
PERSIMMON
CARTER
GARFIELD
ROOSEVELT
BUSH
LINCOLN
CHESTNUT
SPRING
PINE
WATER
PERKINS
HIGGINS
ESKEW
OLD AUSTIN
GRADY TUCK
HASLER


B1
B2
B3
N
LEGEND
SEAL COAT (TxDOT 316)
SCRUB SEAL (TxDOT 3005)
FOG SEAL (TxDOT 315)
FRICTIONAL ASPHALTIC SURFACE PRESERVATION TREATMENT (TxDOT 3038)
REV
DESCRIPTION
DATE
Walker Partners
engineers ★ surveyors
CITY OF BASTROP
2019 MAINTENANCE PROGRAM
PREVENTATIVE MAINTENANCE OVERVIEW
07/01/19
DATE
R. ALAN MEYER, PE
68341
DESIGNED
RAM
DRAWN
RAM
CHECKED
KPD/MPP
QA/QC
RAM
PROJECT NO
4-01126
DRAWING NO.
B



LEGEND

- SEAL COAT (TxDOT 316)
- SCRUB SEAL (TxDOT 3005)
- FOG SEAL (TxDOT 315)
- FRICTIONAL ASPHALTIC SURFACE PRESERVATION TREATMENT (TxDOT 3038)

GENERAL NOTES

1. FOG SEAL (CSS-1) SHALL BE PLACED AT ALL FLEXIBLE PAVEMENT REPAIRS PRIOR TO PLACEMENT OF SCRUB SEAL.

GRAPHIC SCALE (FEET)

REV.	DESCRIPTION	DATE

Walker Partners engineers + surveyors

CITY OF BASTROP

2019 MAINTENANCE PROGRAM

PREVENTATIVE MAINTENANCE MAP B2

07/01/19 — R. Allan Abegglen, PE

BY	RAM
DRAWN	RAM
CHECKED	KPD/MPP
APPROVED	RAM
PROJECT NO.	4-81126

DRAWING NO. B2

Questions ?



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STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 6A

TITLE:
Receive presentation on the Quarterly Investment Report for the period ending June 30, 2019.

STAFF REPRESENTATIVE:
Tracy Waldron, Chief Financial Officer

BACKGROUND/HISTORY:
The Chief Financial Officer has been slowly diversifying the funds available for investment to increase the rate of return we have seen in the past, while safekeeping our principle. As you can see from this report, we have expanded our Certificates of Deposits, and purchased some agency funds, which are yielding a better rate of return than the investment pools.

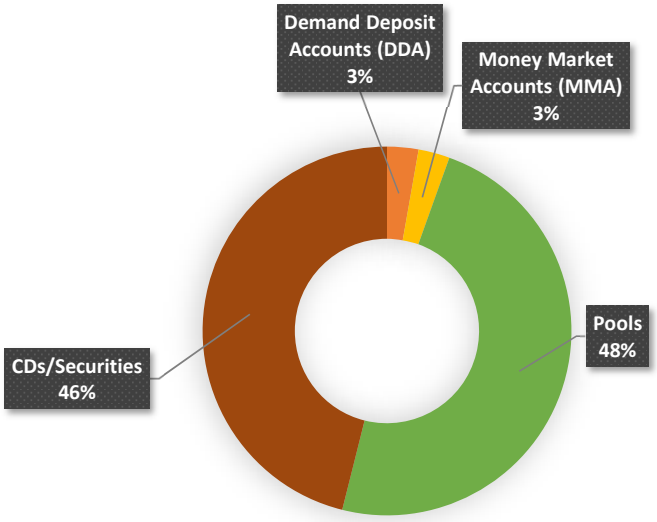
POLICY EXPLANATION:
This reporting requirement is set forth by the Public Funds Investment Act, Texas Government Code, Chapter 2256 and is also a requirement of the City of Bastrop Financial Management Policies, Chapter VIII. ASSET MANAGEMENT, Section C. INVESTMENT PERFORMANCE, as adopted by Resolution R2018-86 on September 11, 2018.

FUNDING SOURCE:
NA

ATTACHMENTS:
- Quarterly Investment Report for the period ending June 30, 2019.

City of Bastrop
Quarterly Investment Report
Portfolio Summary
period ending June 30, 2019

Investments Description	June 30, 2019 Book Value	June 30, 2019 Market Value	March 31, 2019 Book Value	March 31, 2019 Market Value	QTD Interest Earned	YTD Interest Earned	Weighted Average Maturity
Demand Deposit Accounts (DDA)	$ 687,173	$ 687,173	$ 862,299	$ 862,299	$ 5,896	$ 17,020	0.03
Money Market Accounts (MMA)	$ 1,085,075	$ 1,085,075	$ 869,861	$ 869,861	$ 2,566	$ 4,444	0.03
Pools	$ 16,990,122	$ 16,990,122	$ 15,216,513	$ 15,216,513	$ 101,051	$ 274,849	0.48
CDs/Securities	$ 14,379,265	$ 14,409,409	$ 14,495,494	$ 14,178,232	$ 96,418	$ 242,118	1.92
Total Investments	**$ 33,141,635**	**$ 33,171,779**	**$ 31,444,167**	**$ 31,126,905**	**$ 205,931**	**$ 538,431**	**2.46**



The investment portfolio of the City of Bastrop is in compliance with the Public Investment Act and the Investment Policy and Strategies.

Prepared by:

Tracy Waldron

Tracy Waldron, Chief Financial Officer

City of Bastrop
Detail of Investment Holdings
period ending June 30, 2019

Type	BANK/ BROKER	CUSIP #/ Account #	YIELD	MATURITY DATE	March 31, 2019 Book Value	Purchase/ Adjustments	Sales/Adjust/ Call/Maturity	June 30, 2019 Book Value	June 30, 2019 Market Value
DDA	FNB-Pooled Cash				$ 862,299			$ 687,173	$ 687,173
MMA	FNB-Escrow Acct				$ 250,442			$ 250,661	$ 250,661
MMA	FNC-Dreyfus				$ 602,640			$ 819,969	$ 819,969
MMA	MBS-MM Acct				$ 16,779			$ 14,445	$ 14,445
Pools	Texpool				$ 2,058,236			$ 3,570,802	$ 3,570,802
Pools	Texas Class				$ 8,143,397			$ 6,804,416	$ 6,804,416
Pools	Texas Term				$ 5,014,880			$ 6,614,904	$ 6,614,904
Security	FHLMC	3134GATV6	1.73%	10/28/2019	$ 748,797		$ 750,000	$ -	$ -
Security	FHLMC	3134GALS1	1.51%	9/12/2019	$ 498,122			$ 498,122	$ 498,870
Security	FHLMC	3134GATH7	1.43%	4/28/2020	$ 499,486			$ 499,486	$ 498,650
Security	FHLMC	3130ACHA5	1.75%	9/28/2020	$ 499,625			$ 499,625	$ 499,895
Security	FHLMC	3134GBG55	1.93%	9/29/2020	$ 248,980			$ 248,980	$ 249,350
Security	Intern Bk	45905UQ23	2.00%	10/30/2020	$ 520,488			$ 520,488	$ 520,000
Security	FHLMC	3134GSGA7	2.58%	2/24/2021	$ 510,220		$ 510,000	$ -	$ -
Security	FFCD	3133EKLH7	2.44%	5/14/2021	$ -		$ 502,099	$ 502,099	$ 500,535
Security	FHLN	313OAG2H7	2.65%	12/18/2020	$ -		$ 502,488	$ 502,488	$ 500,330
Security	FHLN	313OAG2	2.50%	2/24/2021	$ -		$ 525,525	$ 525,525	$ 525,525
CD	Frontier	501272	0.95%	5/25/2020	$ 251,777			$ 252,452	$ 252,452
CD	FNC	02587DM88	1.65%	4/5/2019	$ 245,000		$ 245,000	$ -	$ -
CD	FNC	02587CEH9	1.55%	5/3/2019	$ 248,000		$ 248,000	$ -	$ -
CD	FNC	39260NCF7	2.10%	5/7/2019	$ 245,000		$ 245,000	$ -	$ -
CD	MBS	71270QQW9	1.60%	5/10/2019	$ 248,000		$ 248,000	$ -	$ -
CD	FNC	48126XW35	1.50%	5/17/2019	$ 249,000		$ 249,000	$ -	$ -
CD	FNC	949763HU3	1.65%	6/21/2019	$ 249,000		$ 249,000	$ -	$ -
CD	FNC	856285BZ3	1.70%	6/24/2019	$ 247,000		$ 247,000	$ -	$ -
CD	FNC	06740KKN6	1.65%	7/26/2019	$ 56,000			$ 56,000	$ 55,973
CD	FNC	33715LAK6	1.75%	6/17/2019	$ 249,000		$ 249,000	$ -	$ -
CD	FNC	066438CN0	2.20%	8/9/2019	$ 245,000			$ 245,000	$ 244,978
CD	FNC	06740KKW6	1.70%	9/27/2019	$ 191,000			$ 191,000	$ 190,750
CD	FNC	55266CWX0	1.70%	9/27/2019	$ 59,000			$ 59,000	$ 58,926
CD	FNC	14042RKA8	1.75%	11/8/2019	$ 247,000			$ 247,000	$ 246,622
CD	FNC	95536KAC2	2.35%	11/8/2019	$ 245,000			$ 245,000	$ 245,162
CD	FNC	90421MCB7	2.35%	11/12/2019	$ 245,000			$ 245,000	$ 245,174
CD	FNC	90352RAA3	1.80%	11/18/2019	$ 247,000			$ 247,000	$ 246,657
CD	FNC	45673KAM8	1.75%	5/21/2019	$ 249,000		$ 249,000	$ -	$ -
CD	MBS	474067AG0	1.90%	11/22/2019	$ 247,000			$ 247,000	$ 246,748
CD	FNC	61747MG47	2.20%	1/21/2020	$ 247,000			$ 247,000	$ 247,094
CD	FNC	27002YDN3	2.40%	3/16/2020	$ 245,000			$ 245,000	$ 245,392
CD	FNC	38148PZR1	2.50%	3/23/2020	$ 245,000			$ 245,000	$ 245,568
CD	FNC	32021SEU6	2.40%	3/23/2020	$ 245,000			$ 245,000	$ 245,390
CD	FNC	101120DX8	2.40%	3/23/2020	$ 151,000			$ 151,000	$ 151,242
CD	FNC	92937CGZ5	2.40%	3/23/2020	$ 245,000			$ 245,000	$ 245,390
CD	FNC	947547JX4	2.45%	3/30/2020	$ 245,000			$ 245,000	$ 245,027
CD	FNC	066851WA0	2.50%	3/30/2020	$ 190,000			$ 190,000	$ 190,030
CD	FNC	465076KG1	2.70%	5/4/2020	$ 246,000			$ 246,000	$ 247,080
CD	FNC	PER200EA3	2.70%	5/4/2020	$ 200,000			$ 200,000	$ 200,000
CD	FNC	90521AQW1	2.20%	5/16/2019	$ 245,000		$ 245,000	$ -	$ -
CD	FNC	88224PKK4	2.20%	5/16/2019	$ 245,000		$ 245,000	$ -	$ -
CD	FNC	23204HFR4	2.40%	11/25/2019	$ 245,000			$ 245,000	$ 245,257
CD	FNC	149159MP7	2.40%	9/5/2019	$ 249,000			$ 249,000	$ 249,057
CD	FNC	61760ALP2	2.75%	6/1/2020	$ 246,000			$ 246,000	$ 247,294
CD	FNC	46176PHV0	2.75%	6/1/2020	$ 246,000			$ 246,000	$ 247,294
CD	FNC	87165FVG6	2.65%	5/4/2020	$ 246,000			$ 246,000	$ 246,977
CD	FNC	033537AK7	2.60%	5/8/2020	$ 213,000			$ 213,000	$ 213,765
CD	FNC	91435LAN7	2.85%	6/19/2020	$ 249,000			$ 249,000	$ 250,619
CD	MBS	02007GDZ3	2.70%	7/27/2020	$ 130,000			$ 130,000	$ 130,720
CD	FNC	00832KAE9	2.70%	8/16/2019	$ 243,000			$ 243,000	$ 243,119
CD	FNC	72247PAC0	2.80%	8/31/2020	$ 249,000			$ 249,000	$ 250,790
CD	FNC	286283AA4	2.80%	9/19/2020	$ 249,000			$ 249,000	$ 250,860
CD	FNC	02007GFL2	2.90%	10/13/2020	$ 88,000			$ 88,000	$ 88,801
CD	FNC	20451PWF9	3.10%	12/4/2020	$ 246,000			$ 246,000	$ 249,166

City of Bastrop
Detail of Investment Holdings
period ending June 30, 2019

Type	BANK/ BROKER	CUSIP #/ Account #	YIELD	MATURITY DATE	March 31, 2019 Book Value	Purchase/ Adjustments	Sales/Adjust/ Call/Maturity	June 30, 2019 Book Value	June 30, 2019 Market Value
CD	FNC	59013J5Q8	3.10%	12/7/2020	$ 249,000			$ 249,000	$ 252,222
CD	MBS	17294XMS2	2.85%	1/19/2021	$ 245,000			$ 245,000	$ 245,919
CD	FNC	49254FAC0	3.10%	12/21/2020	$ 249,000			$ 249,000	$ 252,304
CD	MBS	02007GHL0	2.60%	2/16/2021	$ 67,000			$ 67,000	$ 67,436
CD	FNC	21050BAE0	2.85%	2/22/2021	$ 249,000			$ 249,000	$ 251,647
CD	FNC	903572DJ1	2.40%	7/20/2020	$ -	$ 110,000		$ 110,000	$ 110,259
CD	FNC	723605AT8	2.40%	10/19/2020	$ -	$ 249,000		$ 249,000	$ 249,695
CD	FNC	7954502G9	2.45%	4/19/2021	$ -	$ 247,000		$ 247,000	$ 248,099
CD	FNC	17294XRM0	2.45%	4/15/2021	$ -	$ 247,000		$ 247,000	$ 247,521
CD	FNC	33847E2G1	2.45%	5/24/2021	$ -	$ 246,000		$ 246,000	$ 247,141
CD	FNC	12547CAF5	2.50%	11/23/2020	$ -	$ 246,000		$ 246,000	$ 247,063
CD	FNC	649447SR1	2.45%	5/22/2020	$ -	$ 244,000		$ 244,000	$ 244,583
CD	FNC	29367SJH8	2.45%	11/27/2020	$ -	$ 249,000		$ 249,000	$ 249,331
CD	FNC	59101LGM3	2.45%	5/28/2021	$ -	$ 249,000		$ 249,000	$ 249,060
CD	FNC	3495FTCJ6	2.45%	5/29/2020	$ -	$ 244,000		$ 244,000	$ 244,600
		TOTAL			$ 31,444,168	$ 2,331,000	$ 5,509,112	$ 33,141,635	$ 33,171,779

DATES: 4/01/2019- 6/30/2019

		BEGINNING BALANCE	TOTAL DEBITS	TOTAL CREDITS	ENDING BALANCE	AVERAGE DAILY BALANCE
WATER/WASTEWATER FUND						
202-00-00-1010	XS RANCH WELL MI	250,442.37	279.58	61.01CR	250,660.94	250,496.40
	FUND 202 TOTAL	250,442.37	279.58	61.01CR	250,660.94	250,496.40
2019 REVENUE BOND						
261-00-00-1000	CLAIM ON CASH 20	0.00	112,759.68	112,759.68CR	0.00	13,663.22CR
261-00-00-1100	TEX TERM	0.00	1,921,539.87	112,759.68CR	1,808,780.19	1,293,021.90
	FUND 261 TOTAL	0.00	2,034,299.55	225,519.36CR	1,808,780.19	1,279,358.68
FAIRVIEW CEMETERY-PERMAN						
526-00-00-1142	CERT OF DEPOSIT-	251,776.54	675.31	0.00	252,451.85	252,051.12
526-00-00-1148	CD - FNB	0.00	0.00	0.00	0.00	0.00
526-00-00-1149	CERT OF DEPOSIT-	130,000.00	0.00	0.00	130,000.00	130,000.00
	FUND 526 TOTAL	381,776.54	675.31	0.00	382,451.85	382,051.12
2013 COMB REV/TAX BOND						
724-00-00-1100	TEXAS TERM	1,330,126.80	7,254.03	40,810.36CR	1,296,570.47	1,323,986.62
	FUND 724 TOTAL	1,330,126.80	7,254.03	40,810.36CR	1,296,570.47	1,323,986.62
CO 2014 SERIES						
725-00-00-1100	TEXAS TERM	193,090.52	5,925.54	166,121.00CR	32,895.06	82,565.59
	FUND 725 TOTAL	193,090.52	5,925.54	166,121.00CR	32,895.06	82,565.59
CO 2018 SERIES						
726-00-00-1100	TEXAS TERM CO 20	3,491,662.62	19,255.87	34,260.00CR	3,476,658.49	3,493,890.76
	FUND 726 TOTAL	3,491,662.62	19,255.87	34,260.00CR	3,476,658.49	3,493,890.76
POOLED CASH FUND						
991-00-00-1000	POOLED CASH ACCO	862,299.40	9,109,315.99	9,284,442.35CR	687,173.04	758,469.13
991-00-00-1100	TEX POOL	2,058,236.07	1,512,565.56	0.00	3,570,801.63	2,128,455.02
991-00-00-1105	TEXAS CLASS	8,143,396.67	161,019.42	1,500,000.00CR	6,804,416.09	8,053,689.02
991-00-00-1135	DREYFUS MM ACCT	602,639.69	1,070,328.91	853,000.00CR	819,968.60	178,537.46
991-00-00-1136	MULTI-BANK SECUR	16,779.00	1,527,778.03	1,530,112.36CR	14,444.67	415,885.98
991-00-00-1140	CERTIFICATE OF D	0.00	0.00	0.00	0.00	0.00

		BEGINNING BALANCE	TOTAL DEBITS	TOTAL CREDITS	ENDING BALANCE	AVERAGE DAILY BALANCE
991-00-00-1141	CERTIFICATE OF D	9,781,000.00	2,331,000.00	2,471,000.00CR	9,641,000.00	10,231,208.79
991-00-00-1146	CERTIFICATES OF	807,000.00	750,000.00	998,000.00CR	559,000.00	206,076.92
991-00-00-1147	U.S. AGENCY	3,525,717.62	1,531,315.48	1,260,219.58CR	3,796,813.52	3,738,365.75
	FUND 991 TOTAL	25,797,068.45	17,993,323.39	17,896,774.29CR	25,893,617.55	25,710,688.07
	REPORT TOTALS	31,444,167.30	20,061,013.27	18,363,546.02CR	33,141,634.55	32,523,037.24

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 6B

TITLE:
Receive presentation on the unaudited Monthly Financial Report for the period ending June 30, 2019.

STAFF REPRESENTATIVE:
Tracy Waldron, Chief Financial Officer

BACKGROUND/HISTORY:
The Chief Financial Officer provides the City Council a monthly financial report overview for all funds to include detailed analysis for General Fund, Water-Wastewater Fund, Bastrop Power & Light and the HOT Tax Fund.

POLICY EXPLANATION:
This reporting requirement is set forth by the City of Bastrop Financial Management Policies, Chapter IV. Operating Budget, Section D. Reporting, adopted in conjunction with the FY2019 budget on September 25, 2018.

FUNDING SOURCE:
N/A

ATTACHMENTS:
- Unaudited Monthly Financial Report for the period ending June 30, 2019

CITY OF BASTROP

Comprehensive Monthly Financial Report

June 2019



Performance at a Glance as of June 30, 2019

	YEAR TO DATE	REFERENCE
ALL FUNDS SUMMARY	POSITIVE	Page 4-5
GENERAL FUND REV VS EXP	POSITIVE	Page 6
SALES TAXES	POSITIVE	Page 7
PROPERTY TAXES	POSITIVE	Page 8
WATER/WASTEWATER FUND REV VS EXP	POSITIVE	Page 9
WATER/WASTEWATER REVENUES	WARNING	Page 10
ELECTRIC FUND REV VS EXP	POSITIVE	Page 11
ELECTRIC REVENUES	WARNING	Page 12
HOT TAX FUND REV VS EXP	POSITIVE	Page 13
HOTEL OCCUPANCY TAX REVENUES	POSITIVE	Page 14
Legal fees	N/A	Page 15

PERFORMANCE INDICATORS

POSITIVE	= Positive variance or negative variance < 1% compared to seasonal trends
WARNING	= Negative variance of 1-5% compared to seasonal trends
NEGATIVE	= Negative variance of >5% compared to seasonal trends

COMPREHENSIVE MONTHLY FINANCIAL REPORT – June 2019

ECONOMIC INDICATORS

ECONOMY

National:

Real gross domestic product (GDP) increased at an annual rate of 3.2% in the 1st quarter of 2019. This is up from 2.2% from 4th quarter 2018. The personal income increased by .5% in Apr. 2019 after increasing in Mar. 2019 by .1%. (All of these reported by the Bureau of Economic Analysis.)

U.S. Retail Sales:

Down .2% in Apr. 2019

Texas Leading Index:

This index is a single summary statistic that sheds light on the future of the state's economy. The index is a composition of eight leading indicators. The index is at 128.70 in Apr. 2019, up .72% from Mar. 2019 and down 1.18% from one year ago.

UNEMPLOYMENT

State-wide:

The state unemployment is 3.7% in Apr. 2019 which is down from Mar. 2019.

Bastrop:

Bastrop County has an unemployment rate of 2.5% in Apr. 2019 which is down from 3.0% in Mar. 2019.

June 30, 2019– NEWS FOR YOU

Attached is the Comprehensive Monthly Financial report for June 2019. This is 9 month of FY2019, or 75% of the fiscal year is complete.

Revenues: Overall, the City has earned $27,763,213. This amount is 71% of the approved budget of $39,325,5377 and is .5% higher than the amount forecasted through the month of June.

Expense: Overall, the City has spent 12% less than forecasted.

Noteworthy

N/A

BUDGET SUMMARY OF ALL FUNDS

	FY2019 Budget	FY2019 Forecast	FY2019 YTD	Variance
Revenues:				
General	$ 11,510,702	$ 9,301,421	$ 9,338,808	0.4%
Designated	58,100	40,250	43,695	8.6%
Innovation	928,825	347,868	359,585	3.4%
Street Maintenance	1,106,000	1,104,500	1,118,841	1.3%
Debt Service	2,637,663	1,956,262	1,976,765	1.0%
Water/Wastewater	5,707,190	4,032,609	3,958,225	-1.8%
Water/Wastewater Debt	2,235,643	1,250,963	1,260,219	0.7%
Water/Wastewater Capital Proj	155,000	116,250	135,475	16.5%
Impact Fees	509,600	346,200	301,620	-12.9%
Vehicle & Equipment Replacement	611,563	502,797	516,220	2.7%
Electric	7,721,040	5,414,056	5,343,989	-1.3%
HOT Tax Fund	3,614,246	2,494,214	2,651,159	6.3%
Library Board	20,550	13,413	14,958	11.5%
Park/Trail Land Dedicaiton (1)	102,791	375	1,880	401.3%
Cemetery	113,700	75,750	66,914	-11.7%
Capital Bond Projects	75,000	56,250	93,038	65.4%
Grant Fund	1,644,576	53,500	54,171	1.3%
Hunter's Crossing PID	573,348	527,065	527,651	0.1%
TOTAL REVENUES	$ 39,325,537	$ 27,633,743	$ 27,763,213	0.5%

POSITIVE	= Positive variance or negative variance < 1% compared to forecast
WARNING	= Negative variance of 1-5% compared to forecast
NEGATIVE	= Negative variance of >5% compared to forecast

Expense:

(1) Budgeted revenue was received at end of FY18

BUDGET SUMMARY OF ALL FUNDS

	FY2019 Budget	FY2019 Forecast	FY2019 YTD	Variance
Expense:				
General	$ 11,520,703	$ 8,324,045	$ 7,919,567	-4.9%
Designated	535,150	270,113	67,871	-74.9%
Innovation	2,375,488	1,279,306	1,059,808	-17.2%
Street Maintenance	566,797	141,699	43,314	-69.4%
Debt Service	2,716,641	648,337	646,832	-0.2%
Water/Wastewater	5,821,984	4,229,427	4,140,630	-2.1%
Water/Wastewater Debt	1,425,805	402,430	385,862	-4.1%
Water/Wastewater Capital Proj.	2,857,105	796,753	796,075	-0.1%
Impact Fees	972,647	79,115	77,707	-1.8%
Vehicle & Equipment Replacement	423,764	178,500	86,552	-51.5%
Electric	8,344,778	5,866,193	5,527,556	-5.8%
HOT Tax Fund	3,972,045	2,447,775	2,274,615	-7.1%
Library Board	21,475	16,106	6,571	-59.2%
Park Dedication	107,977	-	-	0.0%
Cemetery	97,480	69,585	55,981	-19.6%
Hunter's Crossing PID	142,720	113,290	114,592	1.1%
Capital Projects (Bond)	5,551,132	3,692,849	1,797,694	-51.3%
Grant Fund	1,644,576	268,052	260,882	-2.7%
TOTAL EXPENSES	$ 49,098,267	$ 28,823,575	$ 25,262,109	-12.4%
Surplus/(Shortfall)	$ (9,772,730)	$ (1,189,832)	$ 2,501,108	-310.2%

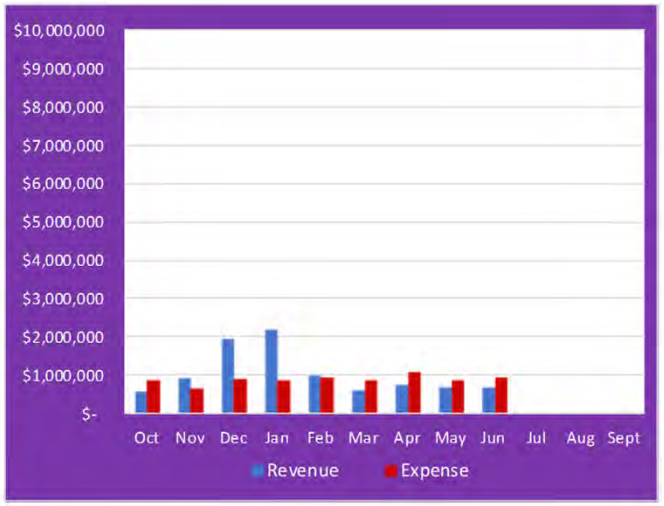
POSITIVE	= Negative variance or positive variance < 1% compared to forecast
WARNING	= Positive variance of 1-5% compared to forecast
NEGATIVE	= Positive variance of >5% compared to forecast

COMPREHENSIVE MONTHLY FINANCIAL REPORT –June 2019

OVERALL FUND PERFORMANCE

GENERAL FUND REVENUES VS EXPENSES

Month	FY2019 Revenue	FY2019 Expense	Monthly Variance
Oct	$ 579,372	$ 860,860	$ (281,488)
Nov	911,134	664,939	$ 246,195
Dec	1,937,802	897,305	$ 1,040,497
Jan	2,180,486	846,227	$ 1,334,259
Feb	998,718	931,640	$ 67,078
Mar	611,908	864,243	$ (252,335)
Apr	742,215	1,079,453	$ (337,238)
May	695,602	849,171	$ (153,569)
Jun	681,571	925,729	$ (244,158)
Jul			$ -
Aug			$ -
Sept			$ -
Total	$ 9,338,808	$ 7,919,567	$ 1,419,241
Cumulative Forecast	$ 9,301,421	$ 8,324,045	$ 977,376
Actual to Forecast $	$ 37,387	$ 404,478	$ 441,865
Actual to Forecast %	0.40%	4.86%	5.26%

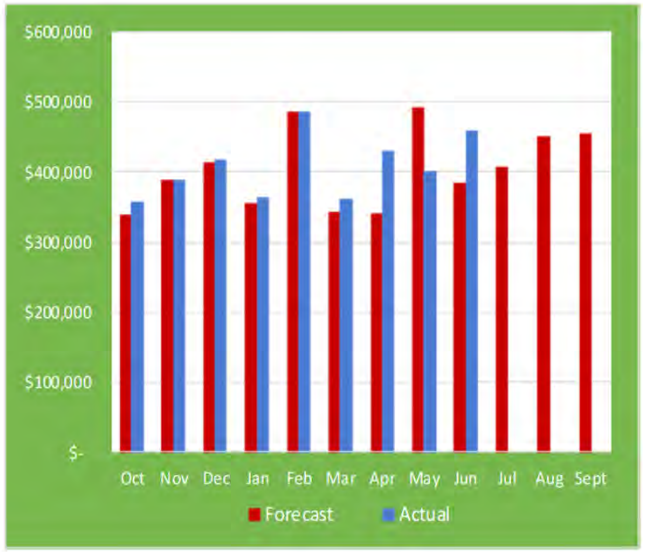


POSITIVE

Cumulatively overall, the General Fund is better than forecasted for this time of year. The fund is net positive 5%. Even though the expense shows a positive variance, there are some departments that have experienced unforeseen expenses. Staff is monitoring these budgets closely and will bring to Council a budget amendment if neccessary.

SALES TAX REVENUE

Month	FY2019 Forecast	FY2019 Actual	Monthly Variance
Oct	$ 340,507	$ 357,918	$ 17,411
Nov	389,151	389,073	$ (78)
Dec	413,473	417,882	$ 4,409
Jan	356,548	364,452	$ 7,904
Feb	485,934	485,877	$ (57)
Mar	342,660	362,397	$ 19,737
Apr	341,233	430,868	$ 89,635
May	492,115	402,469	$ (89,646)
Jun	385,827	460,236	$ 74,409
Jul	408,944		$ -
Aug	452,076		$ -
Sept	455,922		$ -
Total	$ 4,864,390	$ 3,671,172	$ 123,724
Cumulative Forecast	$ 3,547,448		
Actual to Forecast	$ 123,724	3.5%	

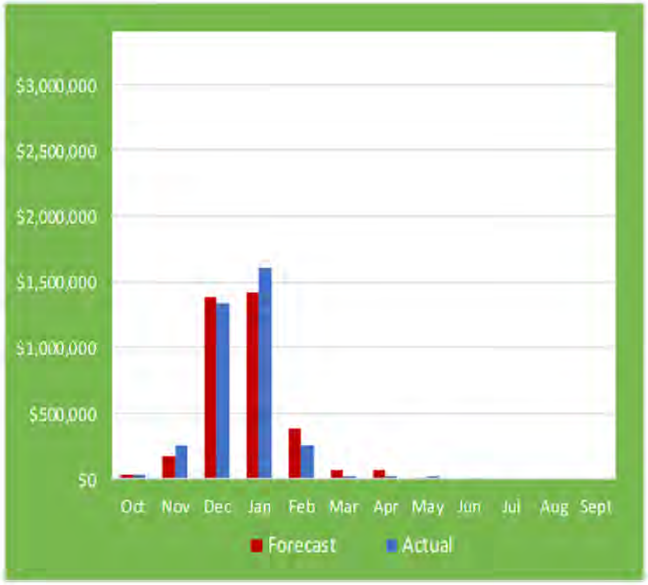


POSITIVE

Sales Tax is 42% of the total budgeted revenue for General Fund. The actual amounts for Oct. and Nov. are estimated due to the State Comptroller's two month lag in payment of these earned taxes. The actual is 3.5% greater than forecasted YTD. The June actual is higher due to several taxpayers prepaying future tax periods which may cause the actual amount for July to be lower than forecasted.

PROPERTY TAX REVENUE

Month	FY2019 Forecast	FY2019 Actual	Monthly Variance
Oct	$ 35,395	$ 39,476	$ 4,081
Nov	176,976	251,445	$ 74,469
Dec	1,380,410	1,331,743	$ (48,667)
Jan	1,415,806	1,601,144	$ 185,338
Feb	389,347	261,204	$ (128,143)
Mar	70,790	21,379	$ (49,411)
Apr	64,790	27,483	$ (37,307)
May	6,000	19,361	$ 13,361
Jun	-	10,889	$ 10,889
Jul	-		
Aug	-		
Sept	-		
Total	$ 3,539,514	$ 3,564,124	$ 24,610
Cumulative Foreca	$ 3,539,514		
Actual to Forecast	$ 24,610	0.70%	



POSITIVE

Property tax represents 31% of the total General Fund revenue budget. As you can see from the forecast, they are generally collected from December to February. The forecast to actual is almost breakeven YTD.

COMPREHENSIVE MONTHLY FINANCIAL REPORT – June 2019

OVERALL FUND PERFORMANCE

WATER/WASTEWATER FUND REVENUES VS EXPENSES

Month	FY2019 Revenue	FY2019 Expense	Monthly Variance
Oct	$ 407,528	$ 606,317	$ (198,789)
Nov	436,189	495,625	$ (59,436)
Dec	416,157	353,565	$ 62,592
Jan	425,650	372,610	$ 53,040
Feb	413,959	388,972	$ 24,987
Mar	452,893	480,740	$ (27,847)
Apr	454,547	537,405	$ (82,858)
May	471,979	410,410	$ 61,569
Jun	479,322	494,987	$ (15,665)
Jul			$ -
Aug			$ -
Sept			$ -
Total	$ 3,958,224	$ 4,140,631	$ (182,407)
Cumulative Forecas	$ 4,032,609	$ 4,229,427	$ (196,818)
Actual to Forecast $	$ (74,385)	$ 88,796	$ 14,411
Actual to Forecast %	-1.84%	2.10%	0.25%



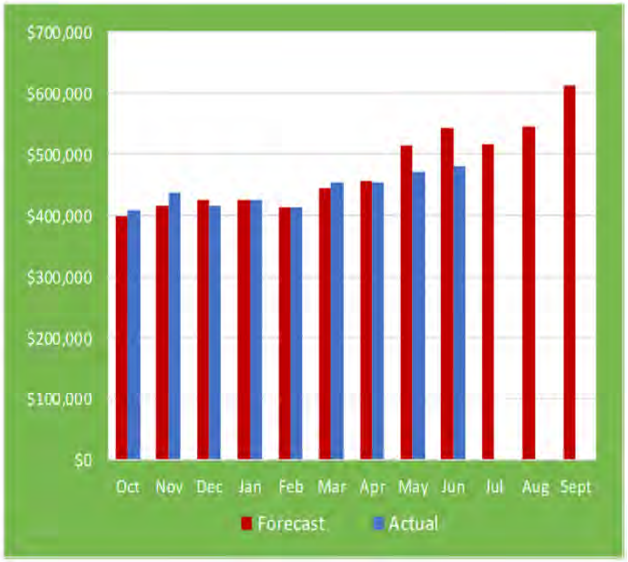
POSITIVE

Water and wastewater fund is .25% net positive. The elevated expense we experienced in Oct., due to a flood even and the purchase of extra filters, has leveled off over the last few months. Our summer months tend to generate higher revenue totals.

REVENUE ANALYSIS

WATER/WASTEWATER REVENUE

Month	FY2019 Forecast	FY2019 Actual	Monthly Variance
Oct	$ 400,030	$ 407,528	$ 7,498
Nov	414,677	436,189	$ 21,512
Dec	424,677	416,157	$ (8,520)
Jan	424,677	425,650	$ 973
Feb	412,353	413,959	$ 1,606
Mar	444,384	452,894	$ 8,510
Apr	456,707	454,547	$ (2,160)
May	513,384	471,979	$ (41,405)
Jun	541,722	479,322	$ (62,400)
Jul	517,076		
Aug	545,414		
Sept	612,091		
Total	$ 5,707,192	$ 3,958,225	$ (74,386)
Cumulative Forecas	$ 4,032,611		
Actual to Forecast	$ (74,386)	-1.84%	



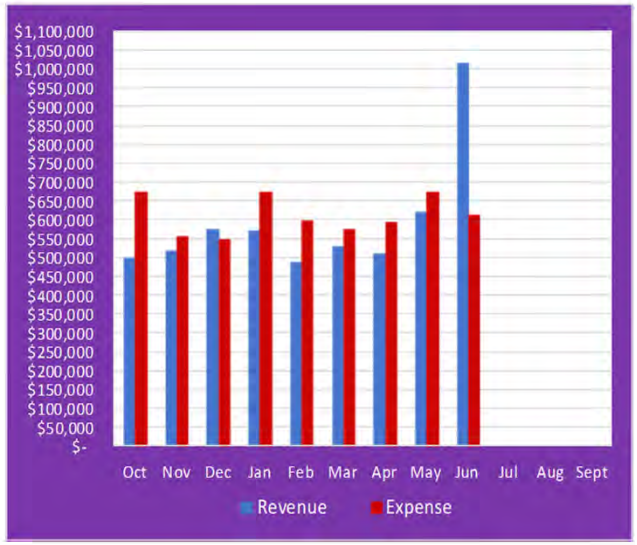
WARNING

The water and wastewater actual revenue is 1.8% net negative to forecast. We are experiencing an exceptionally wet spring which effects water usage, specifically irrigation. There was 6 new residential meter sets this month.

OVERALL FUND PERFORMANCE

ELECTRIC FUND REVENUES VS EXPENSES

Month	FY2019 Revenue	FY2019 Expense	Monthly Variance
Oct	$ 501,810	$ 675,329	$ (173,519)
Nov	519,423	559,757	$ (40,334)
Dec	578,558	550,649	$ 27,909
Jan	571,345	676,791	$ (105,446)
Feb	491,235	599,338	$ (108,103)
Mar	530,156	578,108	$ (47,952)
Apr	511,244	597,689	$ (86,445)
May	621,117	674,708	$ (53,591)
Jun	1,019,101	615,189	$ 403,912
Jul			$ -
Aug			$ -
Sept			$ -
Total	$ 5,343,989	$ 5,527,558	$ (183,569)
Cumulative Foreca:	$ 5,414,056	$ 5,866,193	$ (452,137)
Actual to Forecast	$ (70,067)	$ 338,635	$ 268,568
Actual to Forecast	-1.29%	5.77%	4.48%



POSITIVE

The Electric utility fund is 4.5% net positive. The expense is higher in October due to budgeted annual transfers that were processed during this month.

REVENUE ANALYSIS

ELECTRIC FUND REVENUE

Month	FY2019 Forecast	FY2019 Actual	Monthly Variance
Oct	$ 481,451	$ 501,810	$ 20,359
Nov	472,138	519,423	$ 47,285
Dec	610,524	578,558	$ (31,966)
Jan	598,460	571,345	$ (27,115)
Feb	453,699	491,235	$ 37,536
Mar	578,521	530,156	$ (48,365)
Apr	564,508	511,244	$ (53,264)
May	632,025	621,117	$ (10,908)
Jun	1,022,729	1,019,101	$ (3,628)
Jul	788,496		
Aug	788,496		
Sept	729,993		
Total	$ 7,721,040	$ 5,343,989	$ (70,066)
Cumulative Foreca	$ 5,414,055		
Actual to Forecast	$ (70,066)	-1.29%	



WARNING

The Electric utility revenue is 1.2% negative to forecasted revenue. There were 0 new meter sets month. The mild weather is contributing to the shortfall. There are 8 more accounts than last year but consumption is down by 290,745 Kwh. The elevated revenue in June reflects Piney Creek Phase II extension fees.

OVERALL FUND PERFORMANCE

HOT TAX FUND REVENUES VS EXPENSES

Month	FY2019 Revenue	FY2019 Expense	Monthly Variance
Oct	$ 313,999	$ 489,369	$ (175,370)
Nov	318,578	50,241	$ 268,337
Dec	263,379	89,111	$ 174,268
Jan	221,133	471,250	$ (250,117)
Feb	235,767	286,720	$ (50,953)
Mar	220,037	160,987	$ 59,050
Apr	384,575	483,210	$ (98,635)
May	379,012	108,904	$ 270,108
Jun	314,678	134,823	$ 179,855
Jul			
Aug			
Sept			
Total	$ 2,651,158	$ 2,274,615	$ 376,543
Cumulative Forecast	$ 2,569,786	$ 2,447,775	$ 122,011
Actual to Forecast $	$ 81,372	$ 173,160	$ 254,532
Actual to Forecast %	3.17%	7.07%	10.24%



POSITIVE

The HOT Tax fund is 10% net positive. For FY2019, this fund is now a combined fund of all the HOT funded programs. Visit Bastrop is paid on a quarterly basis along with community asset organizations.

REVENUE ANALYSIS

HOTEL OCCUPANCY TAX REVENUE

Month	FY2019 Forecast	FY2019 Actual	Monthly Variance
Oct	$ 241,423	$ 250,073	$ 8,650
Nov	242,303	242,469	$ 166
Dec	202,506	198,757	$ (3,749)
Jan	156,454	148,141	$ (8,313)
Feb	137,463	156,795	$ 19,332
Mar	150,729	159,156	$ 8,427
Apr	286,784	311,067	$ 24,283
May	251,767	262,551	$ 10,784
Jun	247,863	314,499	$ 66,636
Jul	265,283		
Aug	319,298		
Sept	234,127		
Total	$ 2,736,000	$ 2,043,508	$ 126,216
Cumulative Forecast	$ 1,917,292		
Actual to Forescast	$ 126,216	6.6%	



POSITIVE

So far YTD we are 6% positive actual to forecast. ***The Hotel Tax revenue YTD is $29,115 less than same time last year.***

Legal fees by Attorney/Category

FIRM	CASE	FY16-17	FY17-18	FY18-19
BUNDREN				
	Pine Forest Interlocal	$ 83,620	$ 26,612	$ 1,711
	Vandiver	$ 2,343	$ -	$ -
	Aqua CCN	$ 12,898	$ -	$ -
	Red Light Camera Suit	$ -	$ -	$ -
TERRELL LAW FIRM				
	Water permit	$ 37,630	$ 135	$ -
DAVID BRAGG, P.C.				
	General legal	$ 48,215	$ -	$ -
	Vandiver	$ 9,640	$ -	$ -
	Water Permit	$ 3,120	$ -	$ -
	Pine Forest Interlocal	$ 3,560	$ -	$ -
BOJORQUEZ LAW FIRM				
	General legal	$ 3,299	$ 245,168	$ 269,652
	Vandiver	$ 4,546	$ 5,079	$ 1,857
	Pine Forest Interlocal	$ -	$ 10,116	$ -
	Prosecutor	$ -	$ 19,633	$ 15,818
	Water/Wastewater	$ -	$ 18,425	$ 24,239
MULTIPLE FIRMS				
	XS Ranch Bankruptcy	$ 7,415	$ 11,770	$ -
RUSSEL RODRIGUEZ HYDE				
	XS Ranch Water Rights	$ 7,607	$ 27,965	$ 6,204
	Hunters Crossing PID	$ 17,927	$ 83,524	$ 42,805
	Water/Wastewater	$ -	$ 910	$ -
TAYLOR, OLSON, ADKINS, SRALLA & ELAM, LLP				
	Red Light Camera Suit	$ 443	$ 2,124	$ 657
	Total Legal	$ 242,263	$ 451,460	$ 362,943

Summary by Case/Type

Row Labels	Sum of FY16-17	Sum of FY17-18	Sum of FY18-19
Aqua CCN	$ 12,898	$ -	$ -
General legal	$ 51,514	$ 245,168	$ 269,652
Hunters Crossing PID	$ 17,927	$ 83,524	$ 42,805
Pine Forest Interlocal	$ 87,180	$ 36,728	$ 1,711
Prosecutor	$ -	$ 19,633	$ 15,818
Red Light Camera Suit	$ 443	$ 2,124	$ 657
Vandiver	$ 16,529	$ 5,079	$ 1,857
Water permit	$ 40,750	$ 135	$ -
Water/Wastewater	$ -	$ 19,335	$ 24,239
XS Ranch Bankruptcy	$ 7,415	$ 11,770	$ -
XS Ranch Water Rights	$ 7,607	$ 27,965	$ 6,204
Grand Total	**$ 242,263**	**$ 451,460**	**$ 362,943**

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 6C

TITLE:
Receive Monthly Development Update.

STAFF REPRESENTATIVE:
Matt Jones, Director of Planning and Development

BACKGROUND/HISTORY:
The Planning and Development Department's mission is preserving the past, while facilitating growth and quality of life in harmony with the vision for the City of Bastrop's future. The purpose of the department is to maximize community strengths and minimize weaknesses; protect property rights and enhance property values; anticipate growth and provide adequate public facilities and services; balance economic growth with quality of life issues; and avoid unmanageable concentrations or dispersal of population.

POLICY EXPLANATION:
Regular update for City Council and community regarding planning and development related items.

ATTACHMENT:
- PowerPoint presentation



Monthly Development Update

BASTROPTX
Heart of the Lost Pines / Est. 1832

Planning and Development

Mission and Purpose

Mission:

Preserving the past while facilitating growth and quality of life in harmony with the vision for the City of Bastrop's future.

Purpose:

To maximize community strengths and minimize weaknesses; protect property rights and enhance property values; anticipate growth and provide adequate public facilities and services; balance economic growth with quality of life issues; and avoid unmanageable concentrations or dispersal of population.

BASTROPTX
Heart of the Lost Pines / Est. 1832

June - July Activity Matrix

	June - July	FYTD
Counter Visits	187	1,719
Permits Issued	72	714
Pre-Application Meetings	23	143

BASTROPTX
Heart of the Lost Pines / Est. 1832

New Certificate of Occupancy

- Massage Place – 102 HWY 71 Ste. B
- Soteria Skin – 601 Chestnut St. Ste. B
- First Assembly of God – 609 Pecan St.
- Home Goods – 753 HWY 71 W

BASTROPTX
Heart of the Lost Pines / Est. 1832

Ongoing Commercial Projects

- Stem and Stone – 1007 Chestnut
  - Estimated Completion June 2019 - 90% complete

BASTROPTX
Heart of the Lost Pines / Est. 1832

Ongoing Commercial Projects

- Home Goods – 753 C HWY 71 W
  - Estimated Completion July 2019 – 99% complete
  - Grand Opening – Sunday, July 21st at 8:00 a.m.

BASTROPTX
Heart of the Lost Pines / Est. 1832

Ongoing Commercial Projects

- Seton Hospital – 630 HWY 71 W
  - Estimated Completion October 2019 – 65% complete

BASTROPTX
Heart of the Lost Pines / Est. 1832

Ongoing Commercial Projects

- 365 Mini Storage – 510 HWY 71 W
  - Estimated Completion December 2019 – 25% complete

BASTROPTX
Heart of the Lost Pines / Est. 1832

Ongoing Commercial Projects

- Lost Pines Professional Building – 711 Old Austin Highway
  - Estimated Completion September 2019 – 50% complete

BASTROPTX
Heart of the Lost Pines / Est. 1832

Residential Projects

- Pecan Park
  - 151 lots
- Piney Creek Bend
  - 77 lots
- The Preserve at Hunter's Crossing
  - 140 units
- Hunter's Crossing Apartment Homes
  - 182 units

BASTROPTX
Heart of the Lost Pines / Est. 1832

Training and Certifications

Matt Jones and Jennifer Bills

- Congress for the New Urbanism (CNU) Conference







BASTROPTX
Heart of the Lost Pines / Est. 1832

Events

- Daytripper filming
- B3 Open House
- New Council Orientation



BASTROPTX
Heart of the Lost Pines / Est. 1832



BUILDING BASTROP

HONORING OUR AUTHENTIC PAST.
PLANNING FOR OUR SUSTAINABLE FUTURE.

Questions or Comments?

BASTROPTX
Heart of the Lost Pines / Est. 1832

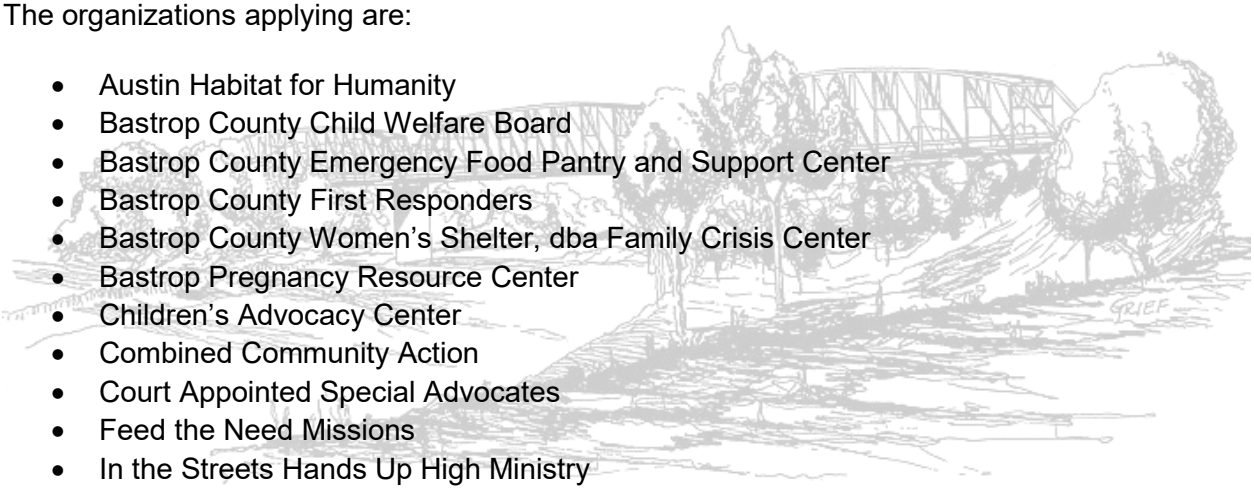
STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 6D

TITLE:
Presentation from Organizations applying for FY2020 Community Support Funding.

STAFF REPRESENTATIVE:
Tracy Waldron, Chief Financial Officer

BACKGROUND/HISTORY:
The organizations applying are:



- Austin Habitat for Humanity
- Bastrop County Child Welfare Board
- Bastrop County Emergency Food Pantry and Support Center
- Bastrop County First Responders
- Bastrop County Women's Shelter, dba Family Crisis Center
- Bastrop Pregnancy Resource Center
- Children's Advocacy Center
- Combined Community Action
- Court Appointed Special Advocates
- Feed the Need Missions
- In the Streets Hands Up High Ministry
- Literacy Volunteers of Bastrop

POLICY EXPLANATION:
Organizations providing charitable services to the citizens of Bastrop, that could be provided by the City of Bastrop, are eligible to apply for Community Support funding.

FUNDING SOURCE:
Bastrop Power & Light Fund

RECOMMENDATION:
N/A

ATTACHMENTS:
- Funding Request Recap Sheet
- Applications

CITY OF BASTROP
COMMUNITY SUPPORT FUNDING REQUESTS FY2019-2020

Organization	FY17-18 Approved Funding	FY18-19 Approved Funding	COMMUNITY SUPPORT FY2019-2020	
			FY19-20 REQUESTED FUNDING	FY19-20 PROPOSED FUNDING
Austin Habitat for Humanity, Inc.	$ 6,575.00	$ 10,000.00	$ 15,000.00	
Bastrop County Child Welfare Board	$ -	$ -	$ 2,000.00	
Bastrop County Emergency Food Pantry and Support Center, Inc.	$ 33,658.00	$ 33,658.00	$ 16,158.00	
Bastrop County First Responders	$ 20,347.00		$ 14,787.00	
Bastrop County Women's Shelter, Inc.-Family Crisis Center	$ 8,000.00	$ 9,200.00	$ 10,000.00	
Bastrop Pregnancy Resource Center	$ 6,483.33	$ 7,500.00	$ 17,540.00	
Boys and Girls Club of Austin	$ -	$ 2,500.00	Did not apply	
Children's Advocacy Center of Bastrop County	$ 5,558.00	$ 6,400.00	$ 14,000.00	
Combined Community Action, Inc.	$ 5,567.00	$ 6,400.00	$ 8,000.00	
Court Appointed Special Advocate of Bastrop County (CASA)	$ 5,558.00	$ 6,400.00	$ 8,000.00	
Feed The Need	$ 5,992.00	$ 6,500.00	$ 9,823.20	
In the Streets-Hands Up High Ministry	$ 5,692.00	$ 6,200.00	$ 12,000.00	
Literacy Volunteers of Bastrop	$ 10,000.00	$ 10,000.00	$ 10,000.00	
TOTAL	**$ 113,430.33**	**$ 104,758.00**	**$ 137,308.20**	**$ -**

Community Support Funding Application Requirements Checklist

Austin Habitat for Humanity

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes-Entire Home Repair Program Budget
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED June 17, 2019

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Austin Habitat for Humanity, Inc.			June 17, 2019
Official Name of Organization			Date
500 West Ben White Boulevard	Austin	TX	78704-7030
Address	City	State	Zip
Kate Reznick		kreznick@ahfh.org	
Contact Person		E-mail	
512-472-8788 x 117		512-476-1304	
Phone Number		Fax Number	
74-2373217		73651401	
Federal ID #		State ID #	

$ 15,000
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 10,000 Amount Funded: $ 10,000

Provide a brief summary of your organization and the program you are requesting funds for:

Austin Habitat for Humanity helps low-income Central Texans obtain and maintain affordable, stable housing. We have built 470 homes for hardworking families; repaired 340 homes for seniors, people with disabilities and other low-income homeowners; and counseled 11,000 community members on housing and financial capability. We are requesting continued support from the City of Bastrop for our Home Repair program, which provides critical repairs and accessibility modifications to low-income homeowners throughout our region, including in Bastrop. We work with homeowners who cannot afford these repairs to allow them to live and age in place in safe, stable homes.

Describe the results you have experienced with this program and include statistics:

Since the Home Repair program launched in 2006, we have continued increasing the comprehensiveness of our repairs and expanding regionally, including to Bastrop. In 2018, we repaired 20 homes, impacting 31 household members. More than 90% of our homeowners were age 50+, and 60% were age 65+. Half our households had at least one member with a disability, and 25% contained at least one veteran. Results of recent client surveys show that 100% felt safe at home after our repairs; 95% could easily access and move around their homes; 100% took pride in their repaired homes and 100% believed Austin Habitat provided a valuable service.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

Funding will be used specifically to repair two homes within the City of Bastrop, assisting low-income households that require critical repairs and/or accessibility modifications but cannot afford to complete these repairs themselves. The funds will support costs directly related to home repairs including payments to contractors and other experienced professionals working on the homes and/or costs of materials and supplies. All City of Bastrop support will be leveraged with support from other funding sources (such as the Texas State Affordable Housing Corporation, the Donald D. Hammill Foundation, the Theodore P. Davis Trust, and others) to ensure that homeowners are able to receive the repairs they need to make their homes safe, stable and accessible.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

Austin Habitat is requesting a grant of $15,000 for FY2020 because we have continued to recognize the intensity of the need for critical home repairs and modifications in Bastrop. In particular, we recognize that these homeowners require significant amounts of work on their homes if they are going to continue living independently and safely in their homes and access the community. An increased grant amount will help us provide more comprehensive repairs and modifications to the households we assist in Bastrop.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

Austin Habitat is not currently receiving in-kind services from the City of Bastrop. We did receive in-kind services from the City of Bastrop in June 2015, when the City waived permit fees for new construction of a Habitat home.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

Austin Habitat's Home Repair team keeps detailed records and schedules for each household served, including qualification/eligibility documentation, client agreements, repair records, contractor invoices, and pre/post survey information. All clients are identified on our master tracking record by several indicators including their address and funding source(s) utilized for their reports, so we will have an easily-accessible record of the Bastrop clients and their support. Austin Habitat expects to positively impact two households, each likely consisting of one to four individuals; we are currently assisting two households in Bastrop this year as well.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Authorized Signature for the Applicant

06/17/2019
Date

Phyllis Snodgrass

Chief Executive Officer
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

Extended to November 15, 2018

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization: Austin Habitat for Humanity, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 500 W. Ben White Blvd. Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Austin, TX 78704

F Name and address of principal officer: Phyllis Snodgrass same as C above

D Employer identification number: 74-2373217

E Telephone number: (512) 472-8788

G Gross receipts $: 11,336,240.

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.AustinHabitat.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1985 M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Through faith in action, Austin Habitat for Humanity brings people together to build homes,

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 VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	70
6	Total number of volunteers (estimate if necessary)	6	8215
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,023,649.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-252,142.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,670,893.	5,013,678.
9	Program service revenue (Part VIII, line 2g)	1,993,000.	1,714,500.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,158,492.	-30,701.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,179,030.	1,678,484.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,001,415.	8,375,961.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,452,130.	3,615,884.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	46,005.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,002,759.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,382,630.	3,609,255.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,880,765.	7,225,139.
19	Revenue less expenses. Subtract line 18 from line 12	2,120,650.	1,150,822.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,088,049.	29,011,806.
21	Total liabilities (Part X, line 26)	18,272,688.	18,087,054.
22	Net assets or fund balances. Subtract line 21 from line 20	9,815,361.	10,924,752.

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.

Sign Here

▶ Signature of officer: Phyllis Snodgrass Date: 11/13/2018

▶ Phyllis Snodgrass, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Norman Trubee	Norman Trubee	10/31/18		P00962119

Firm's name ▶ PMB HELIN DONOVAN, LLP Firm's EIN ▶ 74-3001153

Firm's address ▶ 12301 Research Blvd Bldg 5 #160 Austin, TX 78759 Phone no. (512) 258-9670

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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Vision: A world where everyone has a decent, affordable place to live. Mission: Through faith in action, Austin Habitat for Humanity brings people together to build homes, communities and hope.

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 $ 3,939,818. including grants of $ _____) (Revenue $ 1,714,500.)
Home Construction - Home Construction Program for Austin Habitat for Humanity (AHFH) serves families earning 40% - 60% of median income. AHFH offers qualified families the opportunity to build and purchase a home at 0% interest for an average cost of $89,412. AHFH homes earn 3 stars under the Austin Green Building Program, lowering utility costs and improving the environment. Partner families donate 300 'sweat equity' hours toward the construction of other partner homes as well as their future home. Partner families also participate in 8 courses of homebuyer education and financial literacy education to prepare for the transition to homeownership. Counseling and other assistance is offered throughout their homeownership. The one-on-one housing counseling provided since 2004 has been key to sustaining the financial well-being

4b (Code: _____) (Expenses $ 1,733,193. including grants of $ _____) (Revenue $ _____)
Restore - AHFH has operated a Restore since 1991. Restore offers new and used home goods and building materials at a reduced rate for sale to the public. The recycling program has diverted 21,741,760 pounds from landfills since 1992.

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 5,673,011.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, 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*	11a	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
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*	11c	X	
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, 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	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	39		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	70		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A	
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? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 or note to any line in this Part VI X

Section 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	1a	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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			X
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			X
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:				
a	The governing body?	8a		X	
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

Section 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	X	
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	X	
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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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?			
a	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).			
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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) available for public inspection. Indicate how you made these available. Check all that apply.

[X] 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, 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: ▶

Lori Steiner - 512-472-8788

500 W. Ben White Blvd., Austin, TX 78704

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Eric Smith Chair	1.00	X		X				0.	0.	0.
(2) Ken Corby Immediate Past Chair	1.00	X		X				0.	0.	0.
(3) Mark Masten Chair-Elect	1.00	X		X				0.	0.	0.
(4) Heather Ladage Secretary	1.00	X		X				0.	0.	0.
(5) Gaylon Boyd Treasurer	1.00	X		X				0.	0.	0.
(6) Michael Golden Legal Officer	1.00	X						0.	0.	0.
(7) Curtis Page Development Officer	1.00	X						0.	0.	0.
(8) Dilum Chandrasoma Executive Committee	1.00	X						0.	0.	0.
(9) John Doucet Executive Committee	1.00	X						0.	0.	0.
(10) Sherine Thomas Executive Committee	1.00	X						0.	0.	0.
(11) Estrella Posey Director	1.00	X						0.	0.	0.
(12) Quan Cosby Director	1.00	X						0.	0.	0.
(13) Chris Engen Director	1.00	X						0.	0.	0.
(14) Valerie Salinas-Davis Director	1.00	X						0.	0.	0.
(15) Chip Dart Director	1.00	X						0.	0.	0.
(16) Joe Tracy Director	1.00	X						0.	0.	0.
(17) Anand Srinivasan Director	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Hugh Forrest Director	1.00	X						0.	0.	0.
(19) Jay Hartzell Director	1.00	X						0.	0.	0.
(20) Yvette Boatright Director	1.00	X						0.	0.	0.
(21) George Miller Director	1.00	X						0.	0.	0.
(22) David Osborn Director	1.00	X						0.	0.	0.
(23) Timothy Rosolio Director	1.00	X						0.	0.	0.
(24) Ross Sabolcik Director	1.00	X						0.	0.	0.
(25) Larry Smith Director	1.00	X						0.	0.	0.
(26) Dan Young Director	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								397,347.	0.	28,978.
d Total (add lines 1b and 1c) ▶								397,347.	0.	28,978.

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 ▶ 3

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Jerry West Concrete PO Box 41, Lockhart, TX 78644	Concrete	257,631.
Joe Bland Construction, LP 13111 Dessau Rd, Austin, TX 78754	Construction	145,627.
Wheels on Texas Special Remodeling 3227 E. 5th St, Austin, TX 78702	Remodeling	100,620.

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 ▶ 3

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Everett Plante	2.00									
Emeritus		X						0.	0.	0.
(28) Dr. George Gau	1.00									
Emeritus		X						0.	0.	0.
(29) Robbi Millest	1.00									
Emeritus		X						0.	0.	0.
(30) Jeff Serra	1.00									
Emeritus		X						0.	0.	0.
(31) Phyllis Snodgrass	45.00									
CEO				X				176,885.	0.	11,039.
(32) Lori Steiner	45.00									
CFO				X				111,106.	0.	9,066.
(33) William Stockton	45.00									
VP Retail						X		109,356.	0.	8,873.
Total to Part VII, Section A, line 1c								397,347.		28,978.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	55,009.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	345,529.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,613,140.			
	g Noncash contributions included in lines 1a-1f: $		2,025,750.			
	h **Total.** Add lines 1a-1f		5,013,678.			
Program Service Revenue		**Business Code**				
	2a					
	b Sales of homes	531390	1,714,500.	1,714,500.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		1,714,500.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,683.			9,683.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	31,520.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	31,520.				
	d Net rental income or (loss)		31,520.			31,520.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	34,846.				
	b Less: cost or other basis and sales expenses	75,230.				
	c Gain or (loss)	-40,384.				
	d Net gain or (loss)		-40,384.			-40,384.
	8a Gross income from fundraising events (not including $ 55,009. of contributions reported on line 1c). See Part IV, line 18	a 142,299.				
	b Less: direct expenses	b 78,441.				
	c Net income or (loss) from fundraising events		63,858.			63,858.
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 3,765,506.				
	b Less: cost of goods sold	b 2,806,608.				
	c Net income or (loss) from sales of inventory		958,898.		958,898.	
	Miscellaneous Revenue	**Business Code**				
	11a Other Income	900099	288,869.	288,869.		
	b Management fee	900099	270,588.	270,588.		
	c CCML Leverage II LLC	900099	39,138.		39,138.	
	d All other revenue	900099	25,613.		25,613.	
	e **Total.** Add lines 11a-11d		624,208.			
	12 **Total revenue.** See instructions.		8,375,961.	2,273,957.	1,023,649.	64,677.

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	287,991.	207,682.	35,068.	45,241.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,587,449.	1,865,910.	315,071.	406,468.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	524,032.	377,900.	63,811.	82,321.
10 Payroll taxes	216,412.	156,063.	26,352.	33,997.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	40,000.	20,841.	10,016.	9,143.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	51,223.	27,436.	11,752.	12,035.
12 Advertising and promotion	323,429.	52,536.		270,893.
13 Office expenses	211,188.	172,385.	18,141.	20,662.
14 Information technology	48,544.	29,835.	9,821.	8,888.
15 Royalties				
16 Occupancy	154,235.	141,699.	4,199.	8,337.
17 Travel	40,797.	31,395.	535.	8,867.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,601.	10,186.	5,194.	7,221.
20 Interest	269,339.	228,032.	23,100.	18,207.
21 Payments to affiliates	53,000.	53,000.		
22 Depreciation, depletion, and amortization	251,949.	214,558.	20,462.	16,929.
23 Insurance	111,366.	106,720.	450.	4,196.
24 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.)				
a Cost of Homes Sold	1,505,405.	1,505,405.		
b Home Repair Program	368,791.	345,990.		22,801.
c Dues and subscriptions	41,015.	26,105.	3,172.	11,738.
d Other expenses	40,993.	23,953.	2,225.	14,815.
e All other expenses	75,380.	75,380.		
25 **Total functional expenses.** Add lines 1 through 24e	7,225,139.	5,673,011.	549,369.	1,002,759.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	512,162.	2	932,675.
	3	Pledges and grants receivable, net	170,125.	3	497,535.
	4	Accounts receivable, net	57,664.	4	41,332.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	9,067,862.	7	9,270,664.
	8	Inventories for sale or use	529,738.	8	619,453.
	9	Prepaid expenses and deferred charges	288,603.	9	253,190.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 14,036,811.			
	b	Less: accumulated depreciation — 10b: 943,637.	13,057,397.	10c	13,093,174.
	11	Investments - publicly traded securities	391,791.	11	400,080.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	2,429,247.	13	2,429,247.
	14	Intangible assets	79,821.	14	61,900.
	15	Other assets. See Part IV, line 11	1,503,639.	15	1,412,556.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	28,088,049.	16	29,011,806.
Liabilities	17	Accounts payable and accrued expenses	411,004.	17	674,262.
	18	Grants payable		18	
	19	Deferred revenue	123,275.	19	1,027,101.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	10,442,628.	23	9,434,390.
	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	7,295,781.	25	6,951,301.
	26	**Total liabilities.** Add lines 17 through 25	18,272,688.	26	18,087,054.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,248,535.	27	9,809,386.
	28	Temporarily restricted net assets	566,826.	28	1,115,366.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,815,361.	33	10,924,752.
	34	Total liabilities and net assets/fund balances	28,088,049.	34	29,011,806.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,375,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,225,139.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,150,822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,815,361.
5	Net unrealized gains (losses) on investments	5	-945.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-40,485.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,924,753.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	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	2b	X	
c	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.	2c	X	
3a	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
Austin Habitat for Humanity, Inc.	74-2373217

Part I 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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4402537.	4593611.	3772073.	5670893.	5013678.	23452792.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4402537.	4593611.	3772073.	5670893.	5013678.	23452792.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						23452792.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4402537.	4593611.	3772073.	5670893.	5013678.	23452792.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,645.	9,694.	13,136.	37,409.	41,203.	108,087.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						23560879.

12 Gross receipts from related activities, etc. (see instructions)	12	12,419,731.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.54 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.68 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* **Part VI.**	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V | **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See Instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Austin Habitat for Humanity, Inc.

Employer identification number

74-2373217

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[redacted]	$ 249,259.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	[redacted]	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	[redacted]	$ 102,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
Austin Habitat for Humanity, Inc.

Employer identification number
74-2373217

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 a 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 the organization's 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.

b 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 ▶ $

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on 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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%.

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,590,621.		6,590,621.
b Buildings		6,763,658.	857,141.	5,906,517.
c Leasehold improvements				
d Equipment		414,603.	52,542.	362,061.
e Other		267,929.	33,954.	233,975.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				13,093,174.

Schedule D (Form 990) 2017

732052 10-09-17

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in Joint		
(2) Ventures	2,429,247.	Cost
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	2,429,247.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) Intercompany Payable	6,661,380.
(3) Capital Lease Liability	289,921.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	6,951,301.

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 [X]

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.

1	Total revenue, gains, and other support per audited financial statements			1	6,920,251.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-945.		
b	Donated services and use of facilities	2b	858,894.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	78,441.		
e	Add lines 2a through 2d			2e	936,390.
3	Subtract line 2e from line 1			3	5,983,861.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,392,100.		
c	Add lines 4a and 4b			4c	2,392,100.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	8,375,961.

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.

1	Total expenses and losses per audited financial statements			1	5,810,860.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	858,894.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	78,441.		
e	Add lines 2a through 2d			2e	937,335.
3	Subtract line 2e from line 1			3	4,873,525.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,351,615.		
c	Add lines 4a and 4b			4c	2,351,615.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	7,225,140.

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.

Part X, Line 2:

AHFH is a non-profit organizations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, except with respect to any unrelated business income. The Organization is subject to federal income taxes on unrelated business income, which consists of ReStore sales of purchased materials. As of December 31, 2017 and 2016, the Organization has incurred cumulative net operating losses of approximately $1,929,000 and $1,943,000, respectively, for federal income tax purposes. These net operating losses may be used to offset future taxable unrelated business income. If not utilized, these losses will expire in the years 2027 through 2036. A full valuation allowance has been recorded as utilization is uncertain. The net change in the total valuation allowance for the

Part XIII Supplemental Information *(continued)*

years ended December 31, 2017 and 2016 was approximately $5,000 and $110,000, respectively. The Board assesses uncertainties in income taxes in its consolidated financial statements and uses a threshold of more-likelythan-not for recognition and derecognition of tax positions taken. AHFH files a Form 990 tax return in the U.S. federal jurisdiction and are subject to routine examinations of its returns. However, there are no examinations currently in progress. The Board's management believes it is no longer subject to income tax examinations for years prior to 2014.

Part XI, Line 2d - Other Adjustments:

Reclassed Fundraising Expenses

Part XI, Line 4b - Other Adjustments:

Book/Tax Difference in Flow-Through Investments

Reclassed expense from the sale of homes

Part XII, Line 2d - Other Adjustments:

Reclassed Fundraising Expenses

Part XII, Line 4b - Other Adjustments:

Reclassed expense from the sale of homes

Part IV, Line 1B:

Homebuyer clients are required to participate in financial literacy courses to prepare for the transition to homeownership. Financial counseling is also offered throughout their homeownership. Financial and credit counseling are provided for other families who enter the Homebuyer Program.

Part XIII Supplemental Information *(continued)*

Austin Habitat for Humanity services the mortgages they hold for homes sold to homeowner/clients in the program through a contract with Amerinational. The homeowners remit their mortgage payment, including escrow for taxes and insurance, to Amerinational who retains the funds and remits the payments for taxes and interest on behalf of the homeowner.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

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.

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [ ] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [X] Solicitation of government grants
- g [X] Special fundraising events

2 a 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? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Mission Advancement - 2313 Shoal Creek Blvd, Austin, TX	Developing content, graphics, mailing, advice		X	255,539.	19,000.	236,539.
Beyond Direct Marketing, LLC - 2928 4th St. #37, Santa	Developing content, graphics, mailing, advice		X	110,592.	35,437.	75,155.
Total ▶				366,131.	54,437.	311,694.

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.

See Part IV for continuations

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.

		(a) Event #1 Blue Prints and Blue Jea (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	197,308.			197,308.
	2 Less: Contributions	55,009.			55,009.
	3 Gross income (line 1 minus line 2)	142,299.			142,299.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	78,441.			78,441.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				78,441.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				63,858.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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 ▶ $ _____

c 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 to be 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 provide any additional information. See instructions.

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: Mission Advancement

(i) Address of Fundraiser: 2313 Shoal Creek Blvd, Austin, TX 78705

(i) Name of Fundraiser: Beyond Direct Marketing, LLC

(i) Address of Fundraiser: 2928 4th St. #37, Santa Monica, CA 90405

Part IV **Supplemental Information** *(continued)*

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Austin Habitat for Humanity, Inc.

Employer identification number

74-2373217

Part I Questions Regarding Compensation

			Yes	No
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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
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?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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 nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Phyllis Snodgrass	(i)	150,635.	26,250.	0.	5,310.	5,729.	187,924.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	1	15,000.	Appraisal
18	Collectibles				
19	Food Inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Inventory)	X	17,273	1,910,324.	Estimated FMV
26	Other ▶ (Bldg Material)	X	81	100,426.	Estimated FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

Form 990, Part I, Line 1, Description of Organization Mission:

communities and hope.

Form 990, Part III, Line 4a, Program Service Accomplishments:

of our partner families. AHFH homeownership and financial/credit counseling services are also provided for families who enter the program but aren't qualified at the time of application.

Home Repair - AHFH offers a home repair program, providing an average of $15,000 in exterior and/or interior home repair for qualified non-habitat homeowners. As with the Home Construction Program, AHFH engages community volunteers to provide construction labor, thus reducing the cost of the repairs and maximizing the use of contributed or granted dollars.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by the CEO, CFO, and Finance Committee and then provided to the entire board.

Form 990, Part VI, Section B, Line 12c:

New board members receive a copy of the policy in their initial package of governing documents at orientation. The board also reviews every covenant arrangement with Habitat for Humanity International before signing the covenants.

Form 990, Part VI, Section B, Line 15:

Name of the organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

Compensation of the CEO is determined by the Compensation Committee of the Board of Directors. They perform a 360 performance review and compare compensation against other for profit and not for profit business leaders. Compensation of the key employees is determined by the CEO, who compares compensation against other for profit and not for profit employees in similar roles.

Form 990, Part VI, Section C, Line 19:

The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part XI, line 9, Changes in Net Assets:

Book/Tax Difference in Flow-Through Investments -40,485.

Form 990, Part XI, Line 2C:

The Finance Committee of the Board of Directors serves as the Audit Committee that makes the selection of the auditor for Austin Habitat for Humantity, Inc. The selection process has not changed from the prior year.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Austin Habitat for Humanity, Inc.

Employer identification number: 74-2373217

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

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

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
Austin Neighborhood Alliance for Habitat - 20-3364281, 310 Comal, Suite 100, Austin, TX 78702	Low Income Housing	Texas	501(c)(3)	509(A)(3) Type I	Austin Habitat for Humanity, Inc.		X
HomeBase Texas - FKA Austin People Trust - 20-4467651, 310 Comal, Suite 100, Austin, TX 78702	Low Income Housing	Texas	501(c)(3)	509(A)(3) Type I	Austin Habitat for Humanity, Inc.		X

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HomeBase Texas - FKA Austin People Trust	Q	270,588.	Cost
(2)			
(3)			
(4)			
(5)			
(6)			

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Home Repair Expense Budget 2020

Personnel	$	150,027
Professional Fees	$	3,180
Occupancy Expenses	$	5,836
Warranty Work	$	1,572
Tools & Equipment	$	204
Other, includes contractors/professionals	$	407,232
Depreciation & Amortization	$	2,697
Interest Expense	$	2,217
Total	$	572,965

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248164798
Feb. 07, 2019 LTR 4168C 0
74-2373217 000000 00
00010005
BODC: TE

AUSTIN HABITAT FOR HUMANITY INC
500 W BEN WHITE BLVD
AUSTIN TX 78704-7030

016930

Employer ID number: 74-2373217
Form 990 required: YES

Dear Taxpayer:

We're responding to your request dated Jan. 29, 2019, about your tax-exempt status.

We issued you a determination letter in August 1985, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248164798
Feb. 07, 2019 LTR 4168C 0
74-2373217 000000 00
00010006

AUSTIN HABITAT FOR HUMANITY INC
500 W BEN WHITE BLVD
AUSTIN TX 78704-7030

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Kim A. Billups, Operations Manager
Accounts Management Operations 1

Austin Habitat for Humanity -- Donors of $5,000 and Above -- 2018	
Name	**Total Amount**
Wells Fargo	$210,100.00
Austin Board Of Realtors	$90,000.00
Realty Austin	$85,000.00
Bank Of America Charitable Foundation, Inc	$50,000.00
Entrepreneurs Foundation Of Central Texas	$50,000.00
Habitat For Humanity International	$47,593.25
Texas Veterans Commission	$37,615.77
Burdine Johnson Family Foundation	$30,000.00
The Roy F. & Joann Cole Mitte Foundation	$30,000.00
Cisco	$25,000.00
CJIG Management	$25,000.00
JKS Family Foundation	$25,000.00
Silicon Labs	$25,000.00
Home Depot Foundation	$24,995.00
LimeBike	$23,007.96
Thrivent Financial	$20,895.00
The Moody Foundation	$20,000.00
State Farm	$19,664.81
Texas State Affordable Housing Corporation	$19,468.75
McCoy's Building Supply	$17,752.20
ARM	$15,000.00
Episcopal Church Of The Good Shepherd	$15,000.00
Georgia B. Lucas Foundation Fund	$15,000.00
Lola Wright Foundation	$15,000.00
RetailMeNot	$15,000.00
Atlassian	$14,730.00
St. Vincent de Paul Catholic Church	$12,311.00
Five Stone Tax Advisors	$12,235.00
American Endowment Foundation	$10,000.00
BBVA Compass Bank	$10,000.00
CBRE	$10,000.00
Donald D. Hammill Foundation	$10,000.00
Equinor	$10,000.00
HID Global	$10,000.00
Joe Bland Construction	$10,000.00
Leaman Team Powered by New Amerian Funding	$10,000.00
NXP Semiconductors	$10,000.00
Parsley Energy	$10,000.00
Pinthouse Pizza	$10,000.00
Synopsys	$10,000.00
Points of Light	$8,000.00
Theodore P. Davis Charitable Trust	$8,000.00
City of Bastrop	$7,431.25
ABGB	$6,858.00

Urbane Design	$6,358.00
Zip Car	$6,000.00
Frost Bank	$5,500.00
First Baptist Church of Austin	$5,350.00
Applied Materials	$5,212.00
Salesforce.com Foundation	$5,153.00
Alex and Kim Smith Family Foundation	$5,000.00
Brian Garbarini Memorial Fund	$5,000.00
Capital One Services, LLC	$5,000.00
Capstone Title	$5,000.00
CoreLogic	$5,000.00
Foundation for Financial Planning	$5,000.00
GiveBack Homes	$5,000.00
Hancock And Mcgill Attorneys	$5,000.00
Hildebrand Fund	$5,000.00
Hilton Austin	$5,000.00
Popp Hutcheson PLLC	$5,000.00
Rhode Partners	$5,000.00
Shepherd Of The Hills Lutheran Church	$5,000.00
St. John Neumann Catholic Church	$5,000.00
Texas Craft Brewers Guild	$5,000.00
Texas Disposal Systems	$5,000.00
Texas Mutual Insurance	$5,000.00
The Posey Foundation	$5,000.00
Topfer Family Foundation	$5,000.00
Valerie Miller Events, LLC	$5,000.00
Vida Capital Inc.	$5,000.00
Wilson Sonsini Goodrich & Rosati Foundation	$5,000.00

Austin Habitat for Humanity - Board of Directors 2019

Name	Board Position	Gender	Ethnicity	Employer	Position Title	City
Barnes, Robert (Bob)	Board Member	Male	White	International Bank of Commerce (IBC)	President & CEO	Austin
Bland, Joe	Board Member	Male	White	Joe Bland Construction	Owner	Austin
Boatwright, Yvette	Development Officer	Female	Hispanic	Realty Austin	Owner	Austin
Boyd, Gaylon	Board Member	Male	White	JP Morgan Chase	Executive Director/Banker/CFP	Austin
Corby, Ken	Board Member	Male	White	KTC Advisors	Finance & Accounting Consultant	Austin
Cunningham, Kevin	Board Member	Male	White	Sailpoint	Chief Strategy Officer & Co-Founder	Austin
Doucet, John	Chair, Land Dev't Committee	Male	White	Doucet & Assoc.	Executive VP	Austin
Engen, Chris	Chair, ReStore Expansion	Male	White	Engen Contractors Inc. (ECI)	President & CEO	Austin
Forrest, Hugh	Board Member	Male	White	SXSW Interactive	Director	Austin
Gau, Dr. George	Board Member Emeritus	Male	White			Westlake Hills
Golden, Michael, Esq.	Legal Officer	Male	White	Boulette Golden & Marin	Partner	Austin
Hartzell, Jay	Board Member	Male	White	UT McCombs School of Business	Dean	Austin
Hoskins, Kyle	Ex-Officio	Male	White	Apex Process Consultants	Senior BPM Consultant	Austin
Hutchinson, Phil	Board Member	Male	White	McCoy Corporation	Real Estate Manager	San Marcos
Ladage, Heather	Board Chair	Female	White	Austin Business Journal	Publisher	Austin
Leaman, Dana	Board Member	Female	White	Leaman Team at New American Funding	Marketing Manager	Austin

Neff, John	Treasurer	Male	White	UBS	Sr. Vice President	Austin
O'Neil, David	Board Member	Male	White	Wells Fargo	Regional Bank President	Bryan
Osborn, David	Secretary	Male	White	Keller Williams	Principal Owner	Austin
Page, Curtis	Board Member	Male	White	Higginbotham	Managing Director	Austin
Posey, Estrella	Board Member	Female	Hispanic			Austin
Rhodes-Patterson, Cynthea	Board Member	Female	African American	The Home Depot	Corporate Human Resource Manager	Austin
Sabolcik, Ross	Chair, Advocacy Committee	Male	White	Silicon Labs	VP & General Mgr. of Power Products	Austin
Salinas-Davis, Valerie	Chair, Marketing Committee	Female	White			Buda
Serra, Jeff	Board Member Emeritus	Male	White	Vida Capital	President & CEO	Austin
Smith, Larry	Board Member and Chair-Elect	Male	White	Tokyo Electron	President, Tokyo Electron US Holdings	Austin
Srinivasan, Anand	Board Member	Male	South Asian	Michael & Susan Dell Foundation	Chief Business Officer	Austin
Taylor, Shelli	Board Member	Female	White	United PF Partners	President & COO	Austin
Thomas, Sherine	Board Member	Female	Middle Eastern	Travis County Attorney's Office	Director of Litigation	Austin
Tracy, Joe	Chair, Real Estate Committee	Male	White	Capital Project Management	Principal	Austin
Young, Dan	Board Member	Male	White	Vida Capital	Senior Managing Director	Austin

Community Support Funding Application Requirements Checklist

Bastrop County Child Welfare Board

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	No-Governmental Entity-Not 501 (c) (3)
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes-Including other sources of funding
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	No-Governmental Entity-Not 501 (c) (3)
Provide a list of other sources of funding	Yes-within the proposed budget
List of all Board Members	Yes

RECEIVED
JUN 07 2019
CITY OF BASTROP
FINANCE DEPARTMENT

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Bastrop County Child Welfare Board — Official Name of Organization
06/07/2019 — Date

804 Pecan Street — Address
Bastrop — City
TX — State
78602 — Zip

Randy Fritz — Contact Person
rnfritz@austin.rr.com — E-mail
512-985-6271 — Phone Number
Fax Number
80-0714683 — Federal ID #
State ID #

$2,000.00 — Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ _____ Amount Funded: $ _____

Provide a brief summary of your organization and the program you are requesting funds for:

The Bastrop County Child Welfare Board (CWB) is a governmental entity rather than a 501(c)(3). It is authorized by the commissioners court under state law. CWB raises and allocates funds for children who need basic supplies after they are removed from a dangerous home situation. These expenditures usually are for placements with a relative (as opposed to a foster parent). This mission does not overlap with CASA support of families in emergency financial situations. Unlike CWB, CASA does not provide funds in connection with startup situations. We also provide gift cards for school supplies, birthdays, and Christmas presents, assuming sufficient funds are available.

Describe the results you have experienced with this program and include statistics:

In 2018, the CWB spent $12,404 in 2018 for 62 foster children with start-up needs following their removal from abusive family situations. CWB also provided birthday gift cards to 19 children and allocated almost $3,000 for Christmas presents and $1,325 for school supplies for children under DFPS care in Bastrop County. The state does not provide funds for these kinds of needs for the relatives of children in DFPS care (also known as "kinship care"). CWB plays a critical role in ensuring these children have clothing, bedding, backpacks, and other basic necessities that cannot be retrieved when they are forcibly removed from a dangerous situation.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

25% of the removals and placements in Bastrop County occur in the 78602 zip code (data specific to the city limits are not currently available from DFPS). The requested funds will support children in kinship care who are living within the City of Bastrop as well as those removed from abusive situations in the city. We believe our request is reasonable relative to the estimated $15,075 CWB income for FY2020 (13%). The funds will primarily support start-up situations but will also be used for birthday and Christmas gifts as well as school supplies for Bastrop children in kinship care.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

N/A; did not receive funding from the City of Bastrop for 2018-19.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

None.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

We will work with DFPS to identify the most cost-effective way of tracking the allocation of start-up funds and birthday cards to children within the city limits of Bastrop, given the agency's data reporting limitations and privacy requirements. We understand the importance of demonstrating that city funds are spent on children within Bastrop (rather than the 78602 zip code). If we receive funding, we will arrange a meeting with DFPS local leadership, the CWB treasurer, and city staff to finalize a plan that is consistent with city goals and DFPS privacy requirements/data capabilities.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Authorized Signature for the Applicant

6-7-19
Date

RANDY FRITZ

BOARD MEMBER
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

REQUIRED ATTACHMENTS FOR BASTROP COUNTY CHILD WELFARE BOARD COMMUNITY SUPPORT FUNDING APPLICATION

Bastrop County Child Welfare Board (CWB) status as non-profit organization

The CWB is authorized under Section 264.005 of the Family Code. Its designation as a governmental unit is found in Section 264.005(e).

Under Section 170(b)(1)(A) of the Internal Revenue Service Code, individuals who make a contribution to a "governmental unit" are eligible for a tax deduction. Accordingly, there is no need for CWB to apply for 501(c)(3) status nor is the CWB responsible for filing the annual 990 reporting with the IRS. Based on this section of the IRS Code, CWB should be considered a charitable organization even though it is not organized under Section 501(c) of the Code.

Bastrop County Child Welfare Board Members

Willie Pina, Chair
Yolanda Morales, Treasurer
Charlotte Collins
Randy Fritz
PK Barnett
Rosemary Krause
Richard Hutchins

BASTROP COUNTY CHILD WELFARE BOARD
PROPOSED FY 2020 BUDGET (INCLUDING OTHER SOURCES OF FUNDING)

INCOME				
	CITY	BASTROP	$	2,000.00
	CITY	ELGIN	$	2,000.00
	CITY	SMITHVILLE	$	1,500.00
	COUNTY		$	3,500.00
	CHARITABLE ORGANIZATIONS		$	2,000.00
	INTEREST		$	75.00
	INDIVIDUAL DONATIONS		$	4,000.00
	TOTAL INCOME		**$**	**15,075.00**
EXPENSES				
	CPS STARTUP REQUESTS		$	8,500.00
	BIRTHDAY GIFTS		$	600.00
	CHRISTMAS GIFTS		$	3,200.00
	SCHOOL SUPPLIES		$	1,500.00
	POSTAGE, PRINTING, AND OTHER ROUTINE EXPENSES		$	350.00
	TOTAL EXPENSES		**$**	**14,150.00**
	BALANCE		**$**	**925.00**

Community Support Funding Application Requirements Checklist

Bastrop County Emergency Food Pantry

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	No-Form 8868-Extension Application
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED June 25, 2019

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Bastrop County Emergency Food Pantry & Support Center Inc. — Official Name of Organization

June 19, 2019 — Date

806 Fayette Street — Address

Bastrop — City

Texas — State

78602 — Zip

Tresha Silva — Contact Person

director@bastropfoodpantry.org — E-mail

512 303-0033 — Phone Number

512 321-4544 — Fax Number

742485884 — Federal ID #

NA — State ID #

$ 16,158.00 — Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 33,658

Amount Funded: $ 33,658

Provide a brief summary of your organization and the program you are requesting funds for:

The Bastrop County Emergency Food Pantry & Support Center (BCEFP) respectfully requests $16,158..00 from the City of Bastrop to provide food, basic needs, and emergency assistance to the most impoverished and disadvantaged in our city. Your support will be actively used for programming, direct services, and operational support so we can provide for the disabled, homeless, and low-income families who need our assistance the most.
Last year more than 21,025 people across more than12,000 households needed access to our services, this is an 14% increase in the number of households served compared to our 2017 data.(the data reflects duplicated households) With this increased need for our programs and services, our team works tirelessly to provide healthy foods, personal hygiene items and resources to our community's most vulnerable populations. With an estimated 12.6% of our county being food insecure. That's equal to approximately 10,535 people. By comparison, the food insecurity rate is 15.4% for the state of Texas. (Source: Map the Meal Gap, Feeding America 2016) There is a 22% gap between the amount of food low-income residents need, and what they can actually obtain. These are our people that depend on BCEFP.
Our Emergency Food Assistance Program (EFAP) gives food to insecure individuals and families a 45 day supply of healthy diet made up from the USDA My Plate as this is the most current daily food recommendation. In addition to providing emergency food, EFAP helps clients in need with referral information, counseling, system navigation, and financial literacy. Our Brown Bag and Open Arms Programs help low-income elderly citizens (Brown Bag Program) and children and adults who have physical or mental disabilities (Open Arms Program). Brown Bag and Open Arms members receive a monthly supplement of a nutritious bag of food. Members also gain access to healthy whole grain, protein and fresh produce three times a week through our Whole Grains distribution.
Transportation is provided to our senior program participants weekly. Our Senior Education Program provides social, health, and nutritional activities and transportation twice a month to at-risk elder clients in our community. Our Stronger Families Today Program (SFT) provides financial education workshops, case management, and financial assistance to low-income individuals. SNAP application assistance. Our Fresh Food for Families Program gives all Bastrop residents access to fresh fruits and vegetables once a month.

Describe the results you have experienced with this program and include statistics:

BCEFP assisted 12, 255 households and distributed over 332,102 pounds of food in FY18. When you take that data and translate it into meals provided the number is 265,681healthy meals. We have provided information and referrals to 363 to households. Assisted 13 City of Bastrop residents with utility payments through the Good Neighbor fund. Free transportation was provided to seniors on our program for a total of 961trips for 2018. The City of Bastrop residents has benefited from those programs.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

Empowered with City of Bastrop Community Funds, BCEFP will use the funding to directly impact the 22% gap in access and availability of healthy foods. The funds if awarded will support the day to day operational cost for the following programs. Emergency Assistance, Brown Bag & Open Arms and Senior Education Programs. 35% of the City of Bastrop Citizen utilize these programs and services.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

NA

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

The City of Bastrop has always been an essential partner to the Bastrop County Emergency Food Pantry's mission. The most recent in-kind support that BCEFP received was in 2019 the City provided the Food Pantry in-kind support by allowing us to host or Empty Bowl Project in the Bastrop Convention Center. We experienced huge success with the donation of the beautiful space. The City of Bastrop employees have volunteered more than 208 hours from October 2018 to June 2019.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

The Food Pantry staff track client data through their Food Bank Manager data entry program, and program tracking logs, which are tracked on a daily and monthly basis. Reports are reviewed and maintained by the Program Intake Coordinator. Clients also help to measure success by doing client survey after receiving services.
The success of the program will be shared through reports generated from our program software.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Tresha Silva Digitally signed by Tresha Silva Date: 2019.06.25 14:02:10 -05'00'

Authorized Signature for the Applicant

June 19, 2019

Date

Tresha Silva

Name Printed or Typed

Executive Director

Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

Form **8868**

(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to *www.irs.gov/Form8868* for the latest information.**

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	**Enter filer's identifying number, see instructions** Employer identification number (EIN) or
	Bastrop County Emergency Food Pantry & Support Center	74-2485884
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1201 Pine Street PO Box 953	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Bastrop TX 78602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

COPY

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Tresha Silva, Executive Director

Telephone No. ▶ 512-303-0033 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until November 15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☑ calendar year 20 18 or
▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Bastrop County Emergency Food Pantry and Support Center
City of Bastrop Grant Budget
Oct 2019 - Sept 2020

Program Costs

Intake Coordinator

Salary		$ 15,000.00
Payroll taxes	FICA	1,105.20
	SUTA	52.80
		-
Total		$ 16,158.00

* Special Budget note

BCEFP allocate City Funding to Intake Coordinator salary due to the fact that our staff are all tied to d

irectly serving clients. Which makes there function a program expense not an admin. expense.

INTERNAL REVENUE SERVICE
District Director

DEPARTMENT OF THE TREASURY
1100 Commerce St., Dallas, TX 75242

BASTROP COUNTY EMERGENCY FOOD
PANTRY,INC
1201 PINE ST
BASTROP,TX 78602-0953

Person to Contact:
Vivian Randle

Telephone Number:
(214)767-1682

Refer Reply to:
EP/EO:MC:4940 DAL

Date:SEPTEMBER 23,1993

EIN:74-2485884

Dear Sir or Madam:

Our records show that BASTROP COUNTY EMERGENCY FOOD PANTRY INC is exempt from Federal Income Tax under section 501(c)(3) of the Internal Revenue Code. This exemption was granted JUNE,1989 and remains in full force and effect. Contributions to your organization are deductible in the manner and to the extent provided by section 170 of the Code.

We have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 170(b)(1)(A)(vi).

If we may be of further assistance, please contact the person whose name and telephone number are shown above.

Sincerely Yours,

Vivian Randle

EP/EO Correspondence Examiner
Customer Service Section

Other Sources of Revenue or Funding

1. St. David's Foundation
2. Bastrop County
3. Moody Foundation
4. Anderson Foundation
5. Individual Donations
6. Churches, Business and Organizations
7. CAPCOG
8. Three Annual Fundraisers

Funding Request $16,158

To be allocated for the Pantry's Programs and day to day operation.

Bastrop County Emergency Food & Support Center, Inc.
Board of Directors 2019

Name	Address	Phone	Term End
Steve Dunn President	725 Annika Way Bastrop, TX 78602 Sdunn@aquawsc.com	C: 512-304-5260	12/2019
Rene Flores Vice President	178 Ulupau Circle Bastrop, TX 78602 RFlores@woodforest.com	W: 512-332-2984 C: 512-785-0404	12/2019
Tonda Owens Board Member	138 Haliimaile Lane Bastrop, TX 78602 Tondalier1114@yahoo.com	C: 512-799-4359	Ametrias
Stephanie Wood Board Member	272 Plum Street Bastrop, TX 78602 Stephanie.wood@edwardjones.com	C:512-718-2153 W: 512-281-5867	Ametrias
Roy Blanco Treasurer	114 Murchison Drive Cedar Creek, TX. 78612 **rblanco@aplusfcu.org**	C: 512-669-9111 W: 512-421-2740	12/2021
Evan M. Moilan, Jr. Board Member	125 Fallow Way Bastrop, TX. 78602 **evanmoilan@gmail.com**	C: 979-702-0406	6/2020
Deflora Thornes Board Member	143 Mt. Olive Road Cedar Creek, TX. 78612 **philipann2@yahoo.com**	512-922-2415	7/2019
Gina Ohara Secretary	376 Colorado Dr. Cedar Creek, Texas 78602 ginadooohara@gmail.com	512-415-6480	12/2020
Lestant Flake Board Member	194 Trailblazer Dr. Bastrop, TX 78602 **Lflake@austin.rr.com**	C: 512-557-5297	10/2020
Tresha Silva Executive Director	1201 Pine Street Bastrop, TX 78602 **director@bastropfoodpantry.org**	W: 512-303-0033 C: 512-203-8570	Staff

Revised

Community Support Funding Application Requirements Checklist

Bastrop County First Responders

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

BASTROPTX
Heart of the Lost Pines
Est. 1832

2020 COMMUNITY SUPPORT FUNDING APPLICATION

BASTROP COUNTY
FIRST RESPONDERS

RECEIVED
JUN 28 2019
CITY OF BASTROP
FINANCE DEPARTMENT

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Bastrop County First Responders			June 21, 2019
Official Name of Organization			Date
P.O. Box 888	Bastrop	TX	78602
Address	City	State	Zip
James Green		president@bc-fr.org	
Contact Person		E-mail	
512-387-0911		512-800-7846	
Phone Number		Fax Number	
74-2491063		0108178601	
Federal ID #		State ID #	

$ 14,787.00
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 0 Amount Funded: $ 0

Provide a brief summary of your organization and the program you are requesting funds for:

The Bastrop County First Responders was formed in 1988 and is a registered First Responder Organization with the Texas Department of State Health Services that provides emergency and non-emergency medical services to the citizens and visitors of the city of Bastrop and Bastrop County. One way we support the community is providing medical stand-bys at large gatherings and events such as the Bastrop Patriotic Festival, parades, and other festivals. In order to be more effective responding and transporting Pt.s to access points, we acquired an ATV last year, however we do not have a method of transporting or storing / protecting this asset. We are requesting funding to purchase an enclosed trailer that will double as a Mobile Medical Unit that is environmentally controlled that can be used to provide emergency medical care in a controlled environment while protecting the patient's privacy.

Describe the results you have experienced with this program and include statistics:

This will be a new additional capability that we have had to rely on shared assets that have not always been immediately available in the past. This asset will have an approximate 15 year lifespan.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

This funding will go directly to the purchase price of a 24' enclosed trailer with the following functions:

1. Storing / Protecting the ATV with stretcher.
2. Transporting the ATV and medical equipment used at Medical Stand-Bys
3. Providing a mobile environmentally controlled / private Medical Unit to provide patient care
4. Can be used in emergencies / disaster incidents

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

N/A

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

We received $20,347 in the 2018 BP&L Community Support Grant for the purchase of 5 AEDs and 5 portable radios. Additionally, we were loaned 6 portable radios in 2017 from the City of Bastrop.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

We report the numbers of emergency calls in the city of Bastrop as well as the number of patients contacted during medical stand-by's at community events. Last year we responded to 167 calls within the city limits of Bastrop, and an untold number of Bastrop citizens located outside the city limits at the time of their emergency.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

J M. G

Authorized Signature for the Applicant

4/21/19

Date

James M. Green

Name Printed or Typed

President

Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BASTROP COUNTY FIRST RESPONDERS

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO BOX 888

City or town, state or province, country, and ZIP or foreign postal code
BASTROP TX 78602

D Employer identification number
74-2491063

E Telephone number
(512) 629-2330

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 49,095

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	27,261
	2	Program service revenue including government fees and contracts	2	21,084
	3	Membership dues and assessments	3	
	4	Investment income	4	312
	5a	Gross amount from sale of assets other than inventory — 5a		
	b	Less: cost or other basis and sales expenses — 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) — 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) — 6b		
	c	Less: direct expenses from gaming and fundraising events — 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances — 7a		
	b	Less: cost of goods sold — 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	438
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	49,095
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	2,356
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	8,806
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	70
	16	Other expenses (describe in Schedule O)	16	19,806
	17	**Total expenses.** Add lines 10 through 16 ▶	17	31,038
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,057
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	21,196
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-3,032
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	36,221

Form Software Copyright 1996 - 2019 HRB Tax Group, Inc.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	7,381	22	22,406
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	13,815	24	13,815
25	**Total assets**	21,196	25	36,221
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	21,196	27	36,221

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III .....

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? PROVIDE EMS CARE AND EDUCATIO

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE ATTACHMENT #2

(Grants $) If this amount includes foreign grants, check here ..... ▶ 28a

29

(Grants $) If this amount includes foreign grants, check here ..... ▶ 29a

30

(Grants $) If this amount includes foreign grants, check here ..... ▶ 30a

31 Other program services (describe in Schedule O) .....

(Grants $) If this amount includes foreign grants, check here ..... ▶ 31a

32 **Total program service expenses** (add lines 28a through 31a) ..... ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV .....

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 - MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶			
	Located at ▶ ZIP + 4 ▶			
b	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)?	42b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** -- Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A.	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		X

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		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 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	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☒ No

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.

Sign Here

▶ Signature of officer Date

▶ CHRIS LIVELY TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WANNA PHILLIPS	Wanna Phillips	6/20/19		P00116057

Firm's name ▶ H AND R BLOCK Firm's EIN ▶ 742444235

Firm's address ▶ 447 HWY 71W Phone no. 512-303-0134

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

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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.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
BASTROP COUNTY FIRST RESPONDERS	74-2491063

Part I 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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27,137	15,250	48,634	32,428	27,261	150,710
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	6,000	6,000	6,000	6,000	6,000	30,000
4 **Total.** Add lines 1 through 3	33,137	21,250	54,634	38,428	33,261	180,710
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						180,710

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	33,137	21,250	54,634	38,428	33,261	180,710
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			195	308	312	815
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	19,392	26,984	15,940	29,854	21,084	113,254
11 **Total support.** Add lines 7 through 10						294,779

12 Gross receipts from related activities, etc. (see instructions) ▶ 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 61.30 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 64.69 %

16a **33 1/3% support test -- 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test -- 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test -- 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test -- 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization
BASTROP COUNTY FIRST RESPONDERS

Employer identification number
74-2491063

PART I, LINE 8:OTHER REVENUE - REIMBURSEMENTS:438

PART I, LINE 16: OTHER EXPENSES - ACCOUNTING FEES: 616

PART I, LINE 16: OTHER EXPENSES - BCFR ACADEMY EXPENSES: 7058

PART I. LINE 16: OTHER EXPENSES - BUSINESS EXPENSES: 62

PART I. LINE 16: OTHER EXPENSES - BOOKS SUBSCRIPTIONS AND REFERENCE: 2106

PART I, LINE 16: OTHER EXPENSES - SUPPLIES: 4376

PART I, LINE 16: OTHWR EXPENSES - UNIFORMS: 776

PART I, LINE 16: OTHER EXPENSES - LIABILITY INSURANCE: 4480

PART I, LINE 16: OTHER EXPENSES - MEMBERSHIPS/DUES: 300

PART I, LINE 16: OTHER EXPENSES - OTHER COSTS: 32

PART II, LINE 24: OTHER ASSETS - RADIOS: 13815

PART I, LINE 20: - BALACING ADJUSTMENT: -3032

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2018 FORM 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization

BASTROP COUNTY FIRST RESPONDERS

Employer Identification Number

74-2491063

Primary Purpose
PROVIDE EMS CARE AND EDUCATION

2018 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2018, or tax period beginning , and ending .

Name of Organization	Employer Identification Number
BASTROP COUNTY FIRST RESPONDERS	74-2491063

Part III - Statement of Program Service Accomplishments

Grants and allocations | Amount includes foreign grants ☐ | Program service expenses

Exempt Purpose Achievements

BASTROP COUNTY FIRST RESPONDERS PROVIDES EMS SERVICES TO BASTROP COUNTY TEXAS . BCFR IS FIRST ON SCENE AND PROVIDES MEDICAL CARE UNTIL TRANSFER CARE ARRIVES. ALL OF BASTROP COUNTY BENEFITS FROM THESE SERVICES

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2018 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization	Employer Identification Number
BASTROP COUNTY FIRST RESPONDERS	74-2491063

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants ☐	Program service expenses

Exempt Purpose Achievements

BCFR PROVIDES EDUCATION AND TRAINING FOR FIRST RESPONDERS. THIS OPEN TO ANY WHO APPLY. BASTROP COUNTY IS MAIN BENEFACTOR OF THESE SEVICES.

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2018 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2018, or tax period beginning , and ending .

Name of Organization
BASTROP COUNTY FIRST RESPONDERS

Employer Identification Number
74-2491063

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
JAMES GREEN PRESIDENT	0.00	0	0	0
KATHY BIRDWELL VICE PRESIDENT	0.00	0	0	0
LYNN DEMARTINI SECRETARY	0.00	0	0	0
CHRIS LIVELY TREASURER	6.00	0	0	0
RICK SNELL TRAINING OFFICER	0.00	0	0	0

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2018 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2018, or tax period beginning , and ending

Name of Organization	Employer Identification Number
BASTROP COUNTY FIRST RESPONDERS	74-2491063

Part V - Line 42a

Individual Name ..... CHRIS LIVELY

or

Business Name:

Street Address ..... 240 PINE VALLEY DR

U.S. Address:

Zip code 78659 City PAIGE State TX

or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (512)629-2330

Fax Number .....

Bastrop County First Respo
Budget vs. Actuals: 2019 Budget
January - December 2019

	Jan 2019				Feb 2019				Mar 2019				Apr 2019				May 2019				Jun 2019				
	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual
Revenue																									
43400 Direct Public Support			0.00				0.00				0.00				0.00				0.00				0.00		
43480 Volunteer Services - Non-GAAP	640.00		640.00				0.00		100.00		100.00				0.00		100.00		100.00				0.00		
Total 43400 Direct Public Support	$ 640.00	$ 0.00	$ 640.00		$ 0.00	$ 0.00	$ 0.00		$ 100.00	$ 0.00	$ 100.00		$ 0.00	$ 0.00	$ 0.00		$ 100.00	$ 0.00	$ 100.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00
44400 Government Contracts			0.00				0.00				0.00				0.00				0.00				0.00		
44410 Agency (Government) Contracts		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%	
44430 Local Government Contracts	12,500.00	1,041.67	11,458.33	1200.00%		1,041.67	-1,041.67	0.00%		1,041.67	-1,041.67	0.00%	2,000.00	1,041.67	958.33	192.00%		1,041.67	-1,041.67	0.00%		1,041.67	-1,041.67	0.00%	
Total 44400 Government Contracts	$ 12,500.00	$ 1,875.00	$ 10,625.00	666.67%	$ 0.00	$ 1,875.00	-$ 1,875.00	0.00%	$ 0.00	$ 1,875.00	-$ 1,875.00	0.00%	$ 2,000.00	$ 1,875.00	$ 125.00	106.67%	$ 0.00	$ 1,875.00	-$ 1,875.00	0.00%	$ 0.00	$ 1,875.00	-$ 1,875.00	0.00%	$ 0.00
44500 Government Grants			0.00				0.00				0.00				0.00				0.00				0.00		
44530 Local Government Grants			0.00				0.00				0.00				0.00				0.00				0.00		
Total 44500 Government Grants	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00
44800 Indirect Public Support			0.00				0.00				0.00				0.00				0.00				0.00		
44810 Affiliated Org. Contributions			0.00				0.00				0.00				0.00				0.00		999.00		999.00		
Total 44800 Indirect Public Support	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 999.00	$ 0.00	$ 999.00		$ 0.00
47200 Program Income			0.00				0.00				0.00				0.00				0.00				0.00		
47201 Academy Tuition			0.00				0.00				0.00				0.00		13,300.00		13,300.00				0.00		
47230 Membership Dues			0.00		80.00		80.00				0.00				0.00				0.00				0.00		
Total 47200 Program Income	$ 0.00	$ 0.00	$ 0.00		$ 80.00	$ 0.00	$ 80.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 13,300.00	$ 0.00	$ 13,300.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00
49000 Special Events Income			0.00				0.00				0.00				0.00				0.00				0.00		
49010 Special Events Contributions	150.00		150.00				0.00				0.00				0.00				0.00				0.00		
Total 49000 Special Events Income	$ 150.00	$ 0.00	$ 150.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00
Services			0.00		350.00		350.00				0.00				0.00				0.00				0.00		
Total Revenue	$ 13,290.00	$ 1,875.00	$ 11,415.00	708.80%	$ 430.00	$ 1,875.00	-$ 1,445.00	22.93%	$ 100.00	$ 1,875.00	-$ 1,775.00	5.33%	$ 2,000.00	$ 1,875.00	$ 125.00	106.67%	$ 13,400.00	$ 1,875.00	$ 11,525.00	714.67%	$ 999.00	$ 1,875.00	-$ 876.00	53.28%	$ 0.00
Gross Profit	$ 13,290.00	$ 1,875.00	$ 11,415.00	708.80%	$ 430.00	$ 1,875.00	-$ 1,445.00	22.93%	$ 100.00	$ 1,875.00	-$ 1,775.00	5.33%	$ 2,000.00	$ 1,875.00	$ 125.00	106.67%	$ 13,400.00	$ 1,875.00	$ 11,525.00	714.67%	$ 999.00	$ 1,875.00	-$ 876.00	53.28%	$ 0.00
Expenditures																									
62100 Contract Services			0.00				0.00				0.00				0.00				0.00				0.00		
62110 Accounting Fees	96.00		96.00		96.00		96.00		96.00		96.00		36.00		36.00		36.00		36.00		36.00		36.00		
Total 62100 Contract Services	$ 96.00	$ 0.00	$ 96.00		$ 96.00	$ 0.00	$ 96.00		$ 96.00	$ 0.00	$ 96.00		$ 36.00	$ 0.00	$ 36.00		$ 36.00	$ 0.00	$ 36.00		$ 36.00	$ 0.00	$ 36.00		$ 0.00
62200 BCFR Academy			0.00				0.00				0.00				0.00				0.00				0.00		
62201 Instructor Fees	740.00		740.00		1,510.00		1,510.00				0.00				0.00		1,100.00		1,100.00		950.00		950.00		
62202 Student Expenses			0.00				0.00				0.00				0.00		818.55		818.55				0.00		
62203 Class Supplies	108.55		108.55		120.98		120.98				0.00				0.00		444.80		444.80				0.00		
Total 62200 BCFR Academy	$ 848.55	$ 0.00	$ 848.55		$ 1,630.98	$ 0.00	$ 1,630.98		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 2,363.35	$ 0.00	$ 2,363.35		$ 950.00	$ 0.00	$ 950.00		$ 0.00
62800 Facilities and Equipment			0.00				0.00				0.00				0.00				0.00				0.00		
62841 Equipment Repair & Maintenance			0.00		2,955.91		2,955.91				0.00		95.00		95.00				0.00				0.00		
62842-0 UTV			0.00				0.00				0.00				0.00				0.00				0.00		
62842-3 UTV Build			0.00				0.00				0.00		600.00		600.00		49.71		49.71				0.00		
Total 62842-0 UTV	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 600.00	$ 0.00	$ 600.00		$ 49.71	$ 0.00	$ 49.71		$ 0.00	$ 0.00	$ 0.00		$ 0.00
Total 62800 Facilities and Equipment	$ 0.00	$ 0.00	$ 0.00		$ 2,955.91	$ 0.00	$ 2,955.91		$ 0.00	$ 0.00	$ 0.00		$ 695.00	$ 0.00	$ 695.00		$ 49.71	$ 0.00	$ 49.71		$ 0.00	$ 0.00	$ 0.00		$ 0.00
65000 Operations			0.00				0.00				0.00				0.00				0.00				0.00		
65010 Books, Subscriptions, Reference			0.00				0.00				0.00		60.00		60.00		60.00		60.00		60.00		60.00		
65020 Postage, Mailing Service			0.00				0.00				0.00				0.00		88.95		88.95				0.00		
65030 Printing and Copying			0.00				0.00				0.00		387.64		387.64		344.95		344.95				0.00		
65040 Supplies	640.50		640.50				0.00		2,265.02		2,265.02		286.30		286.30				0.00		325.25		325.25		
65050 Capital Expenses			0.00				0.00				0.00				0.00				0.00				0.00		
65070 Uniforms	145.95		145.95				0.00				0.00		569.99		569.99				0.00				0.00		
Total 65000 Operations	$ 786.45	$ 0.00	$ 786.45		$ 0.00	$ 0.00	$ 0.00		$ 2,265.02	$ 0.00	$ 2,265.02		$ 1,303.93	$ 0.00	$ 1,303.93		$ 493.90	$ 0.00	$ 493.90		$ 385.25	$ 0.00	$ 385.25		$ 0.00
65100 Other Types of Expenses			0.00				0.00				0.00				0.00				0.00				0.00		
65120 Insurance - Liability, D and O			0.00				0.00				0.00		108.00		108.00				0.00				0.00		
65160 Memberships and Dues			0.00				0.00		-50.00		-50.00				0.00				0.00				0.00		
65170 Staff Development			0.00				0.00				0.00		250.00		250.00				0.00				0.00		
Total 65100 Other Types of Expenses	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		-$ 50.00	$ 0.00	-$ 50.00		$ 358.00	$ 0.00	$ 358.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00
66300 Travel and Meetings			0.00				0.00				0.00				0.00				0.00				0.00		
66320 Travel			0.00		47.03		47.03		120.00		120.00				0.00				0.00				0.00		
Total 66300 Travel and Meetings	$ 0.00	$ 0.00	$ 0.00		$ 47.03	$ 0.00	$ 47.03		$ 120.00	$ 0.00	$ 120.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00
QuickBooks Payments Fees	15.91		15.91				0.00				0.00				0.00				0.00				0.00		
Total Expenditures	$ 1,746.91	$ 0.00	$ 1,746.91		$ 4,729.92	$ 0.00	$ 4,729.92		$ 2,431.02	$ 0.00	$ 2,431.02		$ 2,392.93	$ 0.00	$ 2,392.93		$ 2,942.96	$ 0.00	$ 2,942.96		$ 1,371.25	$ 0.00	$ 1,371.25		$ 0.00
Net Operating Revenue	$ 11,543.09	$ 1,875.00	$ 9,668.09	615.63%	-$ 4,299.92	$ 1,875.00	-$ 6,174.92	-229.33%	-$ 2,331.02	$ 1,875.00	-$ 4,206.02	-124.32%	-$ 392.93	$ 1,875.00	-$ 2,267.93	-20.95%	$ 10,457.04	$ 1,875.00	$ 8,582.04	557.71%	-$ 372.25	$ 1,875.00	-$ 2,247.25	-19.85%	$ 0.00
Net Revenue	$ 11,543.09	$ 1,875.00	$ 9,668.09	615.63%	-$ 4,299.92	$ 1,875.00	-$ 6,174.92	-229.33%	-$ 2,331.02	$ 1,875.00	-$ 4,206.02	-124.32%	-$ 392.93	$ 1,875.00	-$ 2,267.93	-20.95%	$ 10,457.04	$ 1,875.00	$ 8,582.04	557.71%	-$ 372.25	$ 1,875.00	-$ 2,247.25	-19.85%	$ 0.00

nders
- FY19 P&L

Jul 2019				Aug 2019				Sep 2019				Oct 2019				Nov 2019				Dec 2019				Total			
Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget	Actual	Budget	over Budget	% of Budget
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		840.00	0.00	840.00	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 840.00	$ 0.00	$ 840.00	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.33	-833.33	0.00%		833.37	-833.37	0.00%	0.00	10,000.00	-10,000.00	0.00%
1,041.67	-1,041.67	0.00%		1,041.67	-1,041.67	0.00%		1,041.67	-1,041.67	0.00%		1,041.67	-1,041.67	0.00%		1,041.67	-1,041.67	0.00%		1,041.63	-1,041.63	0.00%	14,500.00	12,500.00	2,000.00	116.00%
$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 14,500.00	$ 22,500.00	$ -8,000.00	64.44%
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00			14,797.00	-14,797.00	0.00%			0.00				0.00		0.00	14,797.00	-14,797.00	0.00%
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 14,797.00	$ -14,797.00	0.00%	$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 14,797.00	$ -14,797.00	0.00%
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		999.00	0.00	999.00	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 999.00	$ 0.00	$ 999.00	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		13,300.00	0.00	13,300.00	
	0.00				0.00				0.00				0.00				0.00				0.00		80.00	0.00	80.00	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 13,380.00	$ 0.00	$ 13,380.00	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		150.00	0.00	150.00	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 150.00	$ 0.00	$ 150.00	
	0.00				0.00				0.00				0.00				0.00				0.00		350.00	0.00	350.00	
$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 16,662.00	$ -16,662.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 30,219.00	$ 37,287.00	$ -7,068.00	81.04%
$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 16,662.00	$ -16,662.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 30,219.00	$ 37,287.00	$ -7,068.00	81.04%
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		398.00	0.00	398.00	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 398.00	$ 0.00	$ 398.00	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		4,300.00	0.00	4,300.00	
	0.00				0.00				0.00				0.00				0.00				0.00		818.55	0.00	818.55	
	0.00				0.00				0.00				0.00				0.00				0.00		674.33	0.00	674.33	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 5,792.88	$ 0.00	$ 5,792.88	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		3,050.91	0.00	3,050.91	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		649.71	0.00	649.71	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 649.71	$ 0.00	$ 649.71	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 3,700.62	$ 0.00	$ 3,700.62	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		150.00	0.00	150.00	
	0.00				0.00				0.00				0.00				0.00				0.00		88.95	0.00	88.95	
	0.00				0.00				0.00				0.00				0.00				0.00		732.59	0.00	732.59	
	0.00				0.00				0.00				0.00				0.00				0.00		3,517.07	0.00	3,517.07	
	0.00				0.00				0.00			14,797.00	-14,797.00				0.00				0.00		0.00	14,797.00	-14,797.00	
	0.00				0.00				0.00				0.00				0.00				0.00		715.94	0.00	715.94	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 5,234.55	$ 0.00	$ 5,234.55	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		108.00	0.00	108.00	
	0.00				0.00				0.00				0.00				0.00				0.00		-50.00	0.00	-50.00	
	0.00				0.00				0.00				0.00				0.00				0.00		250.00	0.00	250.00	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 308.00	$ 0.00	$ 308.00	
	0.00				0.00				0.00				0.00				0.00				0.00		0.00	0.00	0.00	
	0.00				0.00				0.00				0.00				0.00				0.00		157.03	0.00	157.03	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 157.03	$ 0.00	$ 157.03	
	0.00				0.00				0.00				0.00				0.00				0.00		15.91	0.00	15.91	
$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 0.00	$ 0.00	$ 0.00		$ 15,614.99	$ 0.00	$ 15,614.99	
$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 16,662.00	$ -16,662.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 14,604.01	$ 37,287.00	$ -22,682.99	39.17%
$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 16,662.00	$ -16,662.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 0.00	$ 1,875.00	$ -1,875.00	0.00%	$ 14,604.01	$ 37,287.00	$ -22,682.99	39.17%

rual Basis

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 16 2014

BASTROP COUNTY FIRST RESPONDERS INC
C/O KATHY BIRDWELL
PO BOX 888
BASTROP, TX 78602

Employer Identification Number:
74-2491063
DLN:
17053014338013
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(iv)
Form 990 Required:
YES
Effective Date of Exemption:
MAY 15,2010
Contribution Deductibility:
YES
Addendum Applies:
YES

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Tamera Ripperda

Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947

Bastrop County First Responders
Revenue by Customer Summary
January - December 2018

	Revenue	
Bastrop County	10,000.00	
Bastrop Chamber of Commerce	1,000.00	
Bastrop County ESD #1	2,000.00	
BTESD#1	8,485.80	
Public Support	3,238.00	
Koch Companies	9,000.00	*Grant
TOTAL	$ 33,723.80	

Friday, Jun 21, 2019 09:00:03 PM GMT-7 - Accrual Basis

Bastrop County First Responders

2019 Board of Directors

*all offices are held annually starting in January each year

Name:	Green, James, Michael	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	President	P.O. Box 888
Phone:	512-387-0911	Bastrop, TX 78602-0888
Fax:	512-800-7846	
Email:	president@bc-fr.org	
Name:	Birdwell, Kathy, A.	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Vice President	P.O. Box 888
Phone:	512-988-0121	Bastrop, TX 78602-0888
Fax:	512-800-7846	
Email:	vicepresident@bc-fr.org	
Name:	Lively, Christopher	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Treasurer	P.O. Box 888
Phone:	512-629-2330	Bastrop, TX 78602-0888
Fax:	512-800-7846	
Email:	treasurer@bc-fr.org	
Name:	Ogilvie, Wes	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Secretary	P.O. Box 888
Phone:	512-426-9244	Bastrop, TX 78602-0888
Fax:	512-800-7846	
Email:	secretary@bc-fr.org	
Name:	Crankshaw, Jimi	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Training Officer	P.O. Box 888
Phone:	512-774-2071	Bastrop, TX 78602-0888
Fax:	512-800-7846	
Email:	trainingofficer@bc-fr.org	

LARK UNITED MFG. OF TEXAS, LLC
P.O. BOX 132 *Phone #254-840-2321 ext. 207*
Mc GREGOR, TEXAS 7 *Fax # 254-237-5371*

FORM # 033007- 8.5TA **Sales Confirmation**
Tandom Axle

Vin#_____ Approx. Delivery Date_____
Date 2-May
Phone #
Dealer QUALITY
Address

☑ Model # VT 8.5 X 24TA $6,500.00

☐
☐
☐
☐
☐
☑ **Silver Mod's**

Standard Features	White Alum. Metal	White Spoke Wheel	5200lbs Drop Leaf Spring Axles W/ E.B.
16" O.C. Cross Members	Screwed Exterior	ST205 15" Radial Tires	E-Z Lube Hubs
24" O.C. Bowed Roof Members	Interior Height 78"	(4) 5000lb D-Rings	7 Way Bargman Plug
16" O.C. Sidewalls	3/4" Plywood Floors	Galvalume Roof	No Show Beavertail (EXCEPT 14 FT.)
2000lb A-Frame Jack	3/8" Plywood Walls	Aluminum Fenders	Heavy Duty Ramp Door
2 5/16" Coupler	(1) 12vt Dome Lite	Non-Powered Roof Vent	16" Flap On Ramp Door
36" Side Door	Side Door Handle	24" Stone Guard	Anodized Front Corners
Door Hold Back	(1) Alum. Ramp Door Handle		LED Lights

8 inch I-Beam Steel Frame (Double I-Beam Over Axle Area **----****30ft and above comes with a one piece roof**

Structure ***E.B. = Electric Brakes***

	$10	L.T.F 6" Additional Height (any color)	
24	$16	**L.T.F 12" Additional Height (any color)**	$ 384
	$23	L.T.F 18" Additional Height (any color)	
☐	$59	60" Triple Tube Tongue	
☐	$340	3500lb Torsion W/ E.B.	
☐	$500	5200lb Drop Spring w/ E.B.	
☑	$340	**5200lb Torsion W/ E.B.**	$ 340
☐	$525	7000lb Torsion W/ E.B., W/TTT	
☐	$1	V-Nose	
☐	$50	Spare Tire Mount	
☐	$55	StepWell Trimmed W/A.T.P.	
☐	$65	2 5/16 " Bulldog Coupler	

Tie Downs & Stabilizers

☑	$225	**electricTongue Jack**	$ 225
1	$165	**12V Battery**	$ 165
	$14	Floor Mount D-Rings (steel backer)- ea	
	$45	Removable Motorcycle Wheel Chock/ea.	
	$7	PER FT. E-Track Wall	
	$9	PER FT. E-Track Floor W/ Steel Backer	
☑	$7	**Sand Foot on Jack**	$ 7
☐	$20	Tongue Jack Caster Wheel	

Doors & Tires & Wheels For ST 205 15" Wheel

☐	$150	Upgrade to 15" Radial White Spoke	
☐	$260	Upgrade to 15"Radial/Chrome	
☐	$320	Upgrade to 15" Radial/Star Mag	
	$85	15" Radial White Spoke Spare (each)	
☐	$65	Up-Grade To A 48" Side Door	
☐	$45	Flush Lock W/ Bar Lock Side Door	
☑	$60	**Barnett Door w/Flushlock & Bar Lock**	$ 60

Vents & A/C

	$30	Non-powered Roof vent	
☐	$20	Brace for A/C.	
☑	$30	**Wire and Brace for A/C**	30
☑	$2,995	**special option pkg**	2995
☐	$50	2-Way Sidewall Vents Alum / White	
☑	$900	**15BTU A/C W/Heat Strip**	900

Exterior

		0.024	
24	$9	**L.T.F .030 Color WHITE**	$216
	$12	L.T.F .030 __ ORANGE / __YELLOW	
☐	$250	R/S Escape Door 48"x58"	
	$12	L.T.F 24" ATP Trim (Sides & Rear)	
1	$15	**Color Match Screws**	$15
	$90	Per Section Ladder Rack	
	$18	L.T.F Smooth, Screw-less Exterior	
☐	$30	A.T.P. on V-Nose	

Interior:

	$20	L.T.F Black & White - Floor Tile	
	$22	L.T.F ATP on Floor	
	$22	L.T.F White Metal on Walls	
	$20	L.T.FWhite Metal on Ceilings	
	$12	L.T.F White Vinyl Ceiling	
	$14	L.T.F White Vinyl Walls	
	$9	*L.T.F Raw Luan Ceiling*	
24	$10	**L.T.F Bead Board Ceiling Insulation**	$ 240
24	$14	**L.T.FBead Board Wall Insulation**	$ 336
☐	$140	Tread Plate Ramp & Flap	

Electrical

1	$15	**12 volt dome light with switch**	$ 15
1	$25	**ea. 110 volt Int. receptacle**	$ 25
1	$35	**ea. 110 volt GFI. Receptacle (int./ext.)**	$ 35
	$20	each 110 volt int. switch	
	$170	60 Amp Panel Box with life line	
2	$65	**each - 4' Fluorescent light**	$ 130
☐	$355	Electric Pkg. - 2 recepts, 1 switch	
		2 - 4' lights 30 Panel Box & Life line	

Additional Specification:

qty	price	discription	total
2		REAR LOADING LIGHTS	$ 84
2		SIDE MOUNT LED FLOOD LIGHTS	$ 245
1		20' ELECTRIC AWNING	$ 1,840

Base Price	$	6,500.00
Options	$	8,287.00
Total	$	14,787.00

- 30 AMP SERVICE
- CURBSIDE EXTERIOR OUTLET
- R/V STEP FOR SIDE DOOR

James Green <president@bc-fr.org>

Fwd: Website - Build Your Trailer Submission

Chris Lively <chris.lively@bc-fr.org>
To: Scooter Green <president@bc-fr.org>

Tue, Jan 8, 2019 at 10:44 AM

From: "Steve Richardson" <sales2@magnumtrailers.com>
Date: January 2, 2019 at 11:29:39 CST
To: <chris.lively@bc-fr.org>
Subject: RE: Website - Build Your Trailer Submission

On a Continental Cargo AM8520TA3 with the below options will be $19515.00 plus TT&L.

8.5 x 20 box
5200# axles w brakes
full finished interior
base and overhead cabinets
exterior lights 500w (2)
low profile AC
50 amp electric pkg w extra lights (2) 48" lights, (2) int. outlets
rubber floor w metal walls
awning (18')
8' interior height
triple tube tongue w 7k jack
HD drop leg jack
all LED lights
radial tires
aluminum 6 lug wheels
16" on center floors and walls
upgrade to NASCAR hat post walls and ceiling (Heavy-Duty Cage Pkg.)
ramp door
side door with RV lock
semi screwless exterior (screwless sides)
3/4 plywood floor covered in rubber tread
3/8 plywood walls covered in white aluminum
dome lights
4 Drings 5k capacity
3 yr warranty

Thank you,

Steve Richardson

Magnum Trailers - Sales

10806 Hwy. 620 N

Austin, Texas 78726

512-258-4101 - Office

Quotation

MILLENNIUM TRAILERS, INC.

12 FACTORIES LOCATED ACROSS THE U.S. TO SERVE YOU, CALL FOR YOUR NEAREST LOCATION
800/978-7223

Proposal ID: 253055

Buyer(s): James Green **ID:** E8930 **Loc:** 001	**Telephone :** (512)387-0911 **Telephone :**
Address: , TX 78602	**Salesperson:** Lincoln Germana **Date:** Monday, December 31, 2018 **Email Addr:** president@bc-fr.org

Make: Millennium Silver Tag	**Model:** 8.5X20TA2	
	Stock # W	**Type:** RT
Year: 19	**Color:** WHITE **Size:** 8 x 20	

PROPOSED ITEM DETAIL

Qty	Item Description		Unit Price	Extended Price
1	Millennium Silver Tag	8.5X20TA2		10,965.00

Features

1	102" Body Width	-Standard-
1	6'6" Interior Height	-Standard-
1	96" Interior Width	-Standard-
1	82" Between Wheel Wells	-Standard-
1	Bull Nose Front: Cast Alum. Corners, Bright Anodized Cap	-Standard-
1	Brite Anodized Radius Corners	-Standard-
1	1 Piece Aluminum Roof	-Standard-
1	.030 Aluminum Exterior	-Standard-
1	2" X 6" Tube Main Frame	-Standard-
1	Wall Construction: 1" X 1 1/2" Steel Box Tube Sidewalls With Dust Shield	-Standard-
1	White Vinyl Walls & Ceiling	-Standard-
1	3/4" Plywood Floor W/ Darco Moisture Barrier	-Standard-
1	16" On Center Walls, Ceiling and Floor	-Standard-
1	All Wheel Electric Brakes	-Standard-
1	Dexter E-Z Lube Torsion Axles	-Standard-
1	15" Radial Tires W/ Silver Mod Wheels	-Standard-
1	Chrome Center Caps	-Standard-
1	48" Side Door W/ Flush Lock, Deadbolt & Piano Hinge (not Included With LQ Option)	-Standard-
1	Side Door Not Standard In Living Qtrs	-Standard-
1	Tear Drop Aluminum Fenders	-Standard-
1	Turn Signals Over Fenders	-Standard-
1	L.E.D.Tail Lights In Uprights	-Standard-
1	Painted Undercarriage - Z-Tech Undercoating	-Standard-
1	Spring Asst. Ramp Door With A.B.S. Spring Cover & 16" Flap	-Standard-
1	Cambars With 2 Grab Handles	-Standard-
1	Ramp Door Trimmed W/ Mill Finish Aluminum	-Standard-
1	4' Sculpted Beavertail	-Standard-

Quotation

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Make: Millennium Silver Tag	**Model:** 8.5X20TA2 **Stock #** W	**Type:** RT
Year: 19	**Color:** WHITE **Size:** 8 x 20	

PROPOSED ITEM DETAIL

Qty	Item Description	Unit Price	Extended Price
1 M-TDRL-I	Heavy Duty D-Rings: 4-Loose Installed	58.00	58.00
1 M-GDR3630	36"x30" Generator Door W/ Vent (Used for 5KW & 7KW Generators Only. Large size available upon request)	152.25	152.25
1 M-CLWSCW	Cabinet Package #4 (White) - L-Shape Workbench, 16" Straight Overhead Cabinet	1,326.75	1,326.75
1 SHIP-MIL	Shipping Charges Not Included.. F.O.B. Elkhart Indiana.	0.00	0.00
1	OPT: Flooring to cover ramp and flaps	0.00	0.00

IMPORTANT NOTE:
Your custom trailer will be built with the above specified items only. Please carefully review before signing. Please note, any item not listed will not be included on your custom trailer order.
This proposal requires Management Approval before it is binding. All proposed prices are subject to change without notice.

CHANGE ORDERS:
Verbal, text msg. or emailed changes will not be honored. Any changes will require new signed documents from both parties to be valid. Without new signed documents the trailer will be built as initially proposed.

INT_____

Base Price:	**$10,965.00**
Total Factory Options:	**$6,446.70**
Total Living Quarters:	**$0.00**
Total Dealer Options:	**$0.00**
Total Quotation:	**$17,411.70**

_____ _____ _____ _____
James Green Date MILLENNIUM TRAILERS, INC. Date

Community Support Funding Application Requirements Checklist

Bastrop Pregnancy Resource Center

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

2:11 PM

Received
6-27-19

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Bastrop Pregnancy Resource Center — June 26, 2019
Official Name of Organization — Date

3971 Hwy 71 E, Suite 104 PO BOX 2192 — Bastrop — TX — 78602
Address — City — State — Zip

Cheli Cook — cheli@bastropprc.org
Contact Person — E-mail

512-748-4785 — Fax Number
Phone Number

27-0665145 — State ID #
Federal ID #

$ 17,540.00
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 20,000.00 Amount Funded: $ 7,500.00

Provide a brief summary of your organization and the program you are requesting funds for:

BPRC educates individuals and families experiencing sudden or unexpected life changes. All services are provided free of charge. We are requesting funds so we can continue to expand our services and education within our community. BPRC has acquired land in Smithville that will allow us to build a third future location such as a Maternity home. As BPRC continues to grow, we would like to expand upon our educational curriculum and programs offered within the center as well as the community. Our goal is to teach families to provide loving, nurturing, caring homes where children can be led by parents healthy examples. BPRC services and educational programs include prenatal, parenting, breastfeeding, childbirth, life skills, and much more. We also educate about abstinence, risk of sex and sexually transmitted disease or illnesses. We want our community to become one where all of its people are independent and healthy. Other services provided are pregnancy testing, limited ultra sounds, Counseling, material items (diapers, formula, clothing, car seats, cribs, playpens, etc.). Our ability to provide these material items gives peace of mind to the expectant mothers, caregivers and family units that otherwise may not have had the resources to get these preventing concerns of child welfare within Bastrop TX.

Describe the results you have experienced with this program and include statistics:

We have watched teen pregnancy decline through Texas Health and Human Services. Our clients attending parenting classes become more relaxed and confident parents. We have assisted and educated our clients in continuing education, work related skills, finding employment, including finishing High school & GED programs so they can become and remain to be independent. Our abortion-vulnerable clients have returned throughout their pregnancies and through their children's toddler years to attend offered classes and services. Clients and their families still drop by just to give us a hug, share pictures, and thank us for helping them through some low points in their lives. As a result these children are learning and receiving the nurturing love and sustaining family unit they might not have ever known.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

The funds will be used to further expand our resources and programs, including the following;
Upon the relocation of our Bastrop Center July 2019 our new facility will provide a larger space to teach larger classes. We intend to use the funds towards our educational programs including equipment such as TV, DVD player, Projector, Computers/laptops/tablets, Etc. These funds will assist towards the much needed capital expenses of expanded curriculum, printed materials, and class materials. By increasing interaction with local schools, non profits, and related organizations or agencies within the community providing more classes, programs, and workshops utilizing various teaching programs we intend to broaden and expand our services throughout Bastrop County. The desired and intended technology will allow us the ability to do so.

RECEIVED
JUN 27 2019
CITY OF BASTROP
FINANCE DEPARTMENT

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

Please see our proposed budget of funding for the 2020 fiscal year, we are increasing our educational programs and services to include and expand upon Child welfare, decreasing the likelihood of child related deaths due to improper car seat installation, as well as the grief experienced from the sudden or unexpected death of a child that otherwise families sometimes experience in a car accident or unexpected life event. We are requesting larger funding amounts to purchase the equipment and technology necessary to expand upon our curriculum and larger class rooms providing a larger class attendance.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

Bastrop Power and Light 11/2014 to current

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

We track our center's activities and effectiveness using eKryos, an on-line program specifically created for Pregnancy Resource Centers across the nation. Attached is a document providing our client statistics by zip code. Although over 1/3 of our clients reside in the 78602 zip code, in order to better track our effectiveness with the city of Bastrop, we have recently changed our process to have clients specify if they reside within the city limits. In addition, in July 2019, our center's location will be moving to a more visible and centrally located facility at Faith Baptist Church on Main Street in Bastrop. With the new facility's increased size of 3x and large teaching classroom, we expect the number of clients within the city of Bastrop to be greatly be increased over the next 12 months. Our request for 2019/2020 funds will allow us to better target, market, and meet these needs of many additional residents, specifically withing the city of Bastrop.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Cheli Cook
Authorized Signature for the Applicant

06/26/2019
Date

Cheli Cook
Name Printed or Typed

BPRC Council President
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

BPRC Copy

Form **990-EZ**

Short Form
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.

▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BASTROP PREGNANCY RESOURCE CENTER

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
494 HWY 71 W SUITE ~~140-153~~ 104 PO Box 2192

City or town, state or province, country, and ZIP or foreign postal code
BASTROP TX 78602

D Employer identification number
270665145

E Telephone number
512-629-8780

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

I Website: ▶ WWW.BASTROPPREGNANCYRESOURCECENTER.COM

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	157011.84
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	0
	4	Investment income		4	8.36
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0		
	b	Gross income from fundraising events (not including $ 21425.26 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0		
	c	Less: direct expenses from gaming and fundraising events	6c 5408.27		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	-5408.27
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less: cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	151611.93
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	1318.39
	12	Salaries, other compensation, and employee benefits		12	29097.58
	13	Professional fees and other payments to independent contractors		13	4170.31
	14	Occupancy, rent, utilities, and maintenance		14	29571.79
	15	Printing, publications, postage, and shipping		15	7005.45
	16	Other expenses (describe in Schedule O)		16	10096.70
	17	**Total expenses.** Add lines 10 through 16 ▶		17	81260.22
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	70351.71
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	12581
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-2821.9
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	80110.81

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	10281	22	80110.81
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2300	24	
25	**Total assets**	12581	25	
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	12581	27	80110.81

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? PROVIDE COUNCELING, SUPPORT AND RESOURCES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 PREGNANCY COUNCELING, TESTING, NON-MEDICAL ULTRA SOUNDS, RESOURCE MATERIALS AND ITEMS INCLUDING FORMULA, DIAPERS, MATERINITY/BABY CLOTHES, CAR SEATS AND CRIBS. THE CENTER PROVIDES CLASSES ON CHILD BIRTH, BREAST FEEDING, AND PARENTING.
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **28a** 81260.22

29
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32**

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CELESTE HOFFMAN, DIRECTOR	30	850		
CHELI COOK, PRESIDENT	1	0		
MARY ANN GREEN, SECRETARY	1	0		
LYN SHIRK, TREASURER	1	0		
STELLA HILL, COUNCIL MEMBER	8	0		
DANA THORTON, EMPLOYEE	30	7677.10		
LINDA QUIROZ, TECHNICIAN EMPLOYEE	30	3480.10		
TONIE REESE, ASSISTANT TO DIRECTOR EMPLOYEE	30	12890.38		
KATHY ETHRIDGE, BOOKKEPER	8	0		
LYNDA SPARKS, EMPLOYEE	30	3295.00		
ADELLA SMITH, OFFICE ASSISTANT	30	600		
STEPHANIE TULLES, VICE PRESIDENT	1	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✔
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		✔
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✔
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✔
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✔
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✔
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✔
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✔
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✔
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶ Located at ▶ ZIP + 4 ▶			
b	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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		✔
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		✔
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✔
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✔
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✔
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		✔
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		✔

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	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	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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.

Sign Here

▶ Signature of officer Chili Cook Board President Date

▶ Type or print name and title Chili Cook, Board President Kearney Masonic Center 5.15.19

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
BASTROP PREGNANCY RESOURCE CENTER

Employer identification number
270665145

PART 1, LINE 16 OTHER EXPENSES

PAYROLL TAX EXPENSE CURRENT & PRIOR YR ASSESSED

PART 1, LINE 20 CHANGES IN ASSET

DESCREPENCY BETWEEN PRIOR YEAR BEGINNING CASH BALANCE

DESCREPENCY OF PAYROLL TAX LIABILITY

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
BASTROP PREGNANCY RESOURCE CENTER	270665145

Part I **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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	83152	56500	58745	82113	85020	365530
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	83152	56500	58745	82113	85020	365530
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						365530

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	83152	56500	58745	82113	85020	365530
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27	27	34	35	8	131
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	50		133		194	377
11 **Total support.** Add lines 7 through 10						366038

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.9 %
15	Public support percentage from 2017 Schedule A, Part II, line 14	15	95.5 %

16a **33⅓% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 . . . . . ▶ ☐

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

BASTROP PREGNANCY RESOURCE CENTER

Employer identification number

270665145

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.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ 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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

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.

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.

		(a) Event #1 GOLF (event type)	(b) Event #2 TEA (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	17200	4225		21425
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4809	599		5408.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5408
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				16017

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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 ▶ $ _____

c 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 to be 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 provide any additional information. See instructions.

Bastrop Pregnancy Resource Center

2019/2020 City of Bastrop Grant Request
10/1/2019 to 9/30/2020

Education Programs for Parent / Children's Welfare		
Item	**Purpose**	**Amount**
Curriculum	Materials in Support of Various Parenting Classes (Pre-natal, breastfeeding, childbirth, life skills, abstinence, etc.)	$ 3,500
Printed Materials	Materials in Support of Various Parenting Classes (Pre-natal, breastfeeding, childbirth, life skills, abstinence, etc.)	$ 1,500
Infant Car Seat Safety Program	Prevention of childhood car accident mortality	$ 2,500
Kid's Car Seat Safety Program	Prevention of childhood car accident mortality	$ 2,500
	Total Education Expenses	**$ 10,000**

Boutique Program Supplies (to augment donated items)		
Item	**Purpose**	**Amount**
Boutique Supplies	Diapers, formula and other supplies. Provided to clients in need, free of charge.	$ 2,465
	Total Boutique Expenses	**$ 2,465**

Operational Expenses		
Item	**Purpose**	**Amount**
70" LCD TV	Instruction / Education	$ 800
TV Wall Mount and HDMI Cable	Instruction / Education	$ 85
DVD Player	Instruction / Education	$ 65
Laptop 1	Instruction / Education	$ 495
Travel Projector & Case	Offsite Instruction / Education	$ 460
Laptop 2	Offsite Instruction / Education	$ 495
Software and Virus Protection for 2 laptops	Instruction / Education	$ 475
	Total Operational Expenses	**$ 2,875**

Overhead Expenses		
Insurance	Liability Insurance for Educational Programing	$ 2,200
	Total Overhead Contribution	**$ 2,200**

	Total Budget / Request	**$ 17,540**
	Operational + Overhead Expenses (% of Request)	28.9%

Bastrop Pregnancy Resource Center

BPRC Statistics

Categories	06/01/18—5/31/19
Unique Clients	379
Total Client Visits	761
Pregnancy Tests	110
Ultrasounds	31
Boutique Visits	574
Items Given	4144
Classes Taken	230

Clients by Top 5 Zip Codes in Bastrop County

Zip Codes	6/01/18—5/31/19
78602 Bastrop	36.75%
78621 Elgin	37.53%
78612 Cedar Creek	11.02%
78957 Smithville	9.45%
78659 Paige	5.25%

Note Our Elgin Center opened December 2017

Bastrop Pregnancy Resource Center

Volunteers Serving and Total Hours

06/01/18—05/31/19	**53 Volunteers**	**2352 Hours Served**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: FEB 08 2018

BASTROP PREGNANCY RESOURCE CENTER
494 HWY 71 W STE 140-153
BASTROP, TX 78602

Employer Identification Number:
27-0665145
DLN:
17053291305047
Contact Person:
MS. TRUSTY ID# 31657
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 15, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar

BASTROP PREGNANCY RESOURCE CENTER

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

Stephen a. Martin

Director, Exempt Organizations
Rulings and Agreements

Bastrop Pregnancy Resource Center

Additional Sources of Funding: June 2019

Born Again Emporium: Smithville, TX

Grant of $2500 per quarter

Remaining Funds for Operations and Program Expenses

Provided through several annual public fundraisers, as well as private donations from local churches, individuals and families.

Bastrop Pregnancy Resource Center

Board Members: June 2019

Cheli Cook—President

Texas General Land Office / Legal Services (27 years); **Police/ Guard** (4 years): University of Texas; **Substitute Teacher**: Christian school (7 years)

Stephanie Tullos—Vice President

Licensed Insurance Agent / Account Executive (4 years): Farmers Insurance; **Office Manager** (6 years): Miracle Ear; **Teacher** (1 year): Prince of Peace Lutheran School, Bastrop, TX

Mary Ann Green—Secretary

Real Estate Broker (23 years); **Texas Realtor** (25 years); **Past President, VP and Secretary**: Bastrop County Board of Realtors; **Outside Plant Engineer** (14 years): Southwestern Bell; **Board of Trustees**: (24 years) Cedar Creek United Methodist Church

Lynn Shirk—Treasurer

Owner/Chief Appraiser (35 years): JTL Appraisers, Bastrop, TX; **Development Director:** Hope West Hospice; **Chamber for Commerce Ambassador**: Bastrop, TX

Kathy Etheredge--Bookkeeper

Church Office Administrator (7 years): Grace Presbyterian Church, Woodlands, TX; **Office Administrator**: Oil and Gas Company: Woodlands, TX

Hal Langley

Financial Planner (35 Years); Retired **USAF Officer** (20 years); **Bank Supervisor; Baptist Deacon**;

Debra Francis

Certified Public School Counselor (20 years); **Adjunct Professor** (3 years): Austin Community and Virginia College; **Trustee** (6 years): Bastrop ISD; Coordinator (3 years): Bastrop County Victim Services;

Jarrett Namken

Probationary Texas Educator: Social Studies and Special Ed; **Precinct Chairperson**: Bastrop County Republican Party (3 years); **Chairperson** (7 years): Bastrop County Young Republicans; **Mission Advocacy Chair** (1 Year): Bastrop/Smithville Relay for Life

Bastrop Pregnancy Resource Center

Board Members (continued): June 2019

Wren Wickliffe

Sales (8 years): Quickrete Companies; **Director / Board Member** (8 years): Hope and Victory Christian Ministries, Bastrop, TX; **Board Member** (2 years): Bastrop Education Foundation; **Dave Ramsey Financial Instructor** (5 years): Bastrop, TX

Janie Smith

Texas Realtor (15 years); **Accounting** (8 years): Texas Attorney General Office; **Accounting** (5 years): First Interstate Bank, Colorado

Max Bricka

Master Financial Coach: self-employed; **Dave Ramsey Financial Instructor** (7 years): Bastrop, TX; **Executive Pastor** (8 years): Celebration Community Church, Bastrop, TX; **Founder and Executive Director** (8 years): Hope and Victory Christian Ministries, Bastrop, TX; **Board Member**: Bastrop Prayer and Healing Room; **Purchasing / Supply Chain Management** (22 years)

Community Support Funding Application Requirements Checklist

Children's Advocacy Center

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED MAY 2 2 2019

The Children's Advocacy Center serving
Bastrop, Lee, and Fayette Counties

May 22, 2019

Tracy Waldron
Chief Financial Officer
City of Bastrop
1311 Chestnut Street
Bastrop, TX 78602

Dear Ms. Waldron,

Please accept the enclosed application and attachments for the funding opportunity through the City of Bastrop for fiscal year 2020.

We are respectfully requesting $14,000 for this upcoming year. We are headquartered in the City of Bastrop and the need for our services in this community is significant and growing. Our model is built on partnerships and collaboration. Federal and State funding requires matching commitments from our community, and we hope to continue receiving generous support from the city.

Please do not hesitate to call me at 512-321-6161 if you have any questions or concerns.

Sincerely,

Mikey Betancourt
Executive Director

1002 Chestnut Street, Bastrop, TX 78602
Phone (512) 321-6161 ☺ Fax (512) 321-6164
www.childrensadvocacycenter.org

A 501(c)(3) Non-Profit Corporation, Federal Tax ID #74-263301

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Children's Advocacy Center serving Bastrop, Lee and Fayette Counties — May 22, 2019
Official Name of Organization — Date

1002 Chestnut St. | Bastrop | TX | 78741
Address | City | State | Zip

Mikey Betancourt — directorcacbastrop@gmail.com
Contact Person — E-mail

512-321-6161 — 512-321-6164
Phone Number — Fax Number

74-2633011 — 123669001
Federal ID # — State ID #

$14,000
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $9,000 Amount Funded: $9,000

Provide a brief summary of your organization and the program you are requesting funds for:

The Children's Advocacy Center mission is to partner with community agencies to provide intervention and therapeutic services to child abuse victims and their non-offending family members to minimize the impact of abuse. Our primary goal is to break the cycle of abuse with the immediate goal to minimize the impact of child abuse trauma on the children and their family members. The CAC uses a Multi-Disciplinary Team (MDT) approach to reduce re-victimization of the child, remove barriers to investigation and treatment, and enhances the criminal prosecution of alleged perpetrators. In 2018, there were 184 confirmed cases of child abuse and neglect in Bastrop County. Child abuse extorts an enormous toll on children, families, and the citizens of Bastrop. Child abuse and neglect has been cited by the Centers for Disease Control and Prevention and the U. S. Department of Health and Human Services (HHS) as a priority health problem. The CAC provides critical comprehensive services for abused children, including: Forensic Interviews, Victim Advocacy, Crisis Counseling, Therapy, Crime Victims Compensation assistance, Court Accompaniment, and on-site Forensic Medical Exams. The Center also coordinates the MDT for the county twice a month to review cases and ensuring that victims don't "fall between the cracks" because of the different agencies working on their cases. Our request of $14,000 will assist the Center in providing essential services for the year, and assist in maintaining our Federal and State funding by showing local government support.

Describe the results you have experienced with this program and include statistics:

In fiscal year 2018, the Center provided 409 forensic interviews of children (138 children from the city of Bastrop), 1,041 hours of free counseling sessions to children from the city of Bastrop, and 315 hours of free counseling to their caregivers. 33% of total clients were City of Bastrop residents.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

The City of Bastrop funding will provide the additional help needed to continue operating our facility, and programs that reach out to Bastrop residents, which make up the largest percentage of clients seen by the CAC. In authorizing the creation of Children's Advocacy Centers in Texas, the state legislature envisioned a partnership with state, federal, and local governments partnering with local communities and community support to combat child abuse in each local jurisdiction. Our federal grant funding requires matching funds. As such, we are able to leverage the use of funding from the City of Bastrop.

Recently, our multidisciplinary team investigated a case of a 4 year old child that had been seen at the hospital with a rash in the emergency room, and then had been referred to her primary care physician. The 4 year old child had been diagnosed with genital herpes, but no outcry or allegation had been disclosed by the child. As per our working protocols, the child was brought in to speak with one of our specially trained Forensic Interviewers. The 4 year old child outcried that her father had been sexually abusing her. Our team of family advocates, law enforcement, Child Protective Services case worker worked together to ensure that the child, her siblings, and their mother, the non-offending parent, were provided with crisis counseling, support and assistance with their transition. Law enforcement were diligent in obtaining a confession and eventually arresting the father.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

We are asking for an additional $5,000 from the City of Bastrop to support services for children whom are identified as having a Problematic Sexualized Behavior. Our belief is that every child should receive vital comprehensive services that result in the restoration of a child and their family unit. There are few to none clinicians in our area that provide treatment, Problematic Sexualized Behavior-Cognitive Behavioral Therapy (PSB-CBT), to children that present with Problematic Sexualized Behaviors. Problematic sexual behaviors (PSB) in youth are defined as child or adolescent initiated behaviors typically involving sexual body parts that are: developmentally inappropriate, potentially harmful to self or others, and/or illegal. Children and adolescents are usually classified as perpetrators in these situations, and are not treated to correct behaviors. This can fragment the family and puts the child/adolescent and community at risk. PSB-CBT, when accomplished effectively, can better sustain the safety, health, and well-being for the children and families in the community. Our goal is to provide a family-oriented, cognitive-behavioral, psycho-educational, and supportive treatment group model to eliminate problematic sexual behaviors and improve pro-social behavior and adjustment in children, while reducing stress and enhancing skills in parents and other caregivers. Thus, successfully healing the family unit.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

We have respectfully requested the use of the Bastrop Convention Center October 29, 2019 for our 18th Annual Interventions and Investigations conference. The one-day conference provides our local law enforcement, Child Protective Services, prosecutors, and other partner agencies with knowledge of best practices in investigations. This year our topic will focus on Child Death Investigations. Our conference has grown over the last 18 years, and last year we trained 209 investigators from our local and surrounding areas. Our request has been approved by the City, and a majority of our volunteers are residents of the city of Bastrop. We also receive in-kind support from Bastrop businesses and organizations such as the Bastrop Rotary Club and Bluebonnet Electric.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

The Children's Advocacy Center uses the Collaborate system hosted by the Children's Advocacy Centers of Texas, our statewide 71 center member association. Collaborate collects all client information and demographics that allow us to generate statistical reports. Last year, we provided 138 forensic interviews for City of Bastrop children. Children who are interviewed and their family members are also offered therapy and advocacy services. Last year, we served a total of 178 children and family members from the City of Bastrop who received therapy, advocacy, and other support services. Our services are available to our clients for an indeterminate amount of time. Each person's trauma is different, as are their needs during this journey of hope and healing. This is a process that no one can put a time limit on, and the CAC supports them throughout their involvement in the criminal, civil, and therapeutic systems.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Authorized Signature for the Applicant

5/22/2019
Date

Executive Director
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

City of Bastrop

Proposed Budget FY2020

Organization Name: Children's Advocacy Center serving Bastrop, Lee and Fayette Counties

Amount Requesting $14,000

Anticipated Expenditures:

Supplies:	$1,500
Operating Costs	$7,500
Therapy- PSB-CBT Supplies:	$5,000

Total Expenses **$14,000**

Attachment

Financial Statements

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties

Financial Statements

Year Ended June 30, 2018

JAMES A. ROBERTSON
CERTIFIED PUBLIC ACCOUNTANT
391 LANDA STREET
NEW BRAUNFELS, TX 78130
830-625-6073

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
The Chidren's Advocacy Center Serving
Bastrop, Lee and Fayette Counties

I have audited the accompanying financial statements of The Childrens Advocacy Center Serving Bastrop, Lee and Fayette Counties (a nonprofit organization) which comprise the statement of financial position as of June 30, 2018, and the related statements of activities, functional expenses and cash flows for the year then ended, and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to, express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Childrens Advocacy Center Serving Bastrop, Lee and Fayette Counties as of June 30, 2018, and the changes in its net assets and its cash flow for the year then ended in accordance with accounting principles generally accepted in the United States of America.

October 23, 2018

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties
Statement of Financial Position
June 30, 2018

Assets	
Current Assets	
Cash	$ 228,232
Receivables	72,308
Total Current Assets	300,540
Property and Equipment	226,539
Total Assets	$ 527,079
Liabilities	
Current Liabilities	
Accounts payable	$ 4,024
Accrued vacation payable and insurance	13,511
Payroll taxes payable	-
Current portion of long-term debt	12,963
Total Current Liabilities	30,498
Long-term debt	19,921
Total Liabilities	50,419
Net Assets	
Unrestricted	476,660
Total Liabilities and Net Assets	$ 527,079

See accompanying notes to financial statements.

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties
Statement of Activities
Year Ended June 30, 2018

Revenues	
Contributions - Individuals and corporate	$ 149,378
- Governments and foundations	65,618
Government contracts	612,924
Fund-raising	52,819
Interest income	735
Other	3,121
Total Revenues	884,595
Expenses	
Program services	719,883
Supporting services	
Management and general	81,153
Fund-raising	30,067
Total Expenses	831,103
Increase (Decrease) in Net Assets	53,492
Net Assets at beginning of year	423,168
Net Assets at end of year	$ 476,660

See accompanying notes to financial statements.

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties
Statement of Functional Expenses
Year Ended June 30, 2018

	Program Services	Supporting Services: Management & General	Supporting Services: Fund-raising	Total
Compensation	$ 350,093	$ 45,245	$ 19,786	$ 415,124
Payroll taxes	26,676	3,493	1,588	31,757
Employee benefits	49,889	6,533	2,970	59,392
Contract therapy	76,104	-	-	76,104
Community outreach	3,969	-	-	3,969
Training, travel	22,181	-	-	22,181
Supplies	6,920	-	-	6,920
Accounting	-	7,613	-	7,613
Office expenses	12,220	1,600	728	14,548
Audit	-	6,000	-	6,000
Utilities	5,546	726	331	6,603
Lease	5,785	758	344	6,887
Insurance	8,823	1,155	525	10,503
Telephone	5,043	660	300	6,003
Janitorial	5,519	723	328	6,570
Repairs & maintenance	7,224	946	430	8,600
Dues & subscriptions	7,206	944	429	8,579
Fundraising	-	-	1,485	1,485
In kind expense	107,667	-	-	107,667
Conference	4,485	-	-	4,485
Interest expense	-	1,595	-	1,595
Miscellaneous	1,055	1,397	21	2,473
Depreciation	13,478	1,765	802	16,045
	$ 719,883	$ 81,153	$ 30,067	$ 831,103

See accompanying notes to financial statements.

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties
Statement of Cash Flows
Year Ended June 30, 2018

Cash Flows Provided by (Used by) Operating Activities	
Increase (Decrease) in net assets	$ 53,492
Adjustments to reconcile increase in net assets to net cash provided by (used by) operating activities:	
Depreciation	16,045
(Increase) Decrease in accounts receivable and other	(28,674)
Increase (Decrease) in accounts payable	1,678
Increase (Decrease) in vacation payable and insurance	1,013
Increase (Decrease) in current portion of long-term debt	414
Net Cash Provided by (Used by) Operating Activities	43,968
Cash Flows Provided by (Used by) Investing Activities	
Fixed asset additions	(29,823)
Net Cash Provided by (Used by) Investing Activities	(29,823)
Cash Flows Provided by (Used by) Financing Activities	
Reduction of long-term debt	(12,860)
Net Cash Provided by (Used by) Financing Activities	(12,860)
Net Increase (Decrease) in Cash	1,285
Beginning Cash	226,947
Ending Cash	$ 228,232

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties
Notes to Financial Statements
June 30, 2018

Note 1 - Nature of Activities and Significant Accounting Policies

Nature of Activities

The Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties (the Center) is a non-profit corporation whose mission is to help protect victims of child abuse from further trauma and to enhance the investigation and prosecution of child abuse cases through the collaborative efforts of the community. The Center operates in Bastrop, Lee and Fayette Counties in Texas. The Center is supported primarily through contributions, government contracts, and special events.

Donated Materials and Services

The Center reports donated materials and services received at fair value. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Center, but these services do not meet the criteria for recognition as contributed services.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Property and Equipment

It is the Center's policy to capitalize property and equipment over $1,000. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions. Property and equipment are depreciated using the straight-line and double declining method over the estimated useful lives, which is generally five to forty years.

Financial Statement Presentation

The Center is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. As permitted by the statement, the Center does not use fund accounting.

Note 1 - Nature of Activities and Significant Accounting Policies (continued)

Income Taxes

The Center is a not-for-profit Organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation.

Cash and Cash Equivalents

For purposes of the statements of cash flows, the Center considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Concentration of Credit Risk

Financial instruments that potentially subject the Center to concentrations of credit risk consist principally of accounts receivable. Accounts receivable are due from several governmental units and have been 100% collectible to date.

Date of Management's Review

Subsequent events have been evaluated through October 23, 2018, which is the date the financial statements were available to be issued.

Note 2 - Property and Equipment

Property and equipment as of June 30, 2018 consisted of the following:

Land	$ 31,225
Building and improvements	281,975
Equipment and furniture	70,635
	383,835
Accumulated depreciation	(157,296)
	$ 226,539

Note 3 - Long-Term Debt

The Center's long-term debt consists of the following:

Note payable to bank, due in monthly installments of $733 including interest, at a variable interest rate of 4.25% at year end, due December 5, 2020, secured by land and building.	$ 20,517
Note payable to bank, due in monthly installments of $422 including interest, at a variable interest rate of 4.50% at year end, due January 20, 2021, secured by land and building.	12,367
	32,884
Less current portion	(12,963)
	$ 19,921

Future scheduled maturities of long-term debt are as follows:

Years ending June 30:	
2018	12,963
2019	13,412
2020	6,409

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 07-01-2017 , and ending 06-30-2018

▶ Do not send to the IRS. Keep for your records.

▶ Go to *www.irs.gov/Form8879EO* for the latest information.

OMB No. 1545-1878

2017

Name of exempt organization

CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number

74-2633011

Name and title of officer

CHRIS CARTWRIGHT, TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ [X]	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 884,595
2a	Form 990-EZ check here ▶ [ ]	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶ [ ]	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ▶ [ ]	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ▶ [ ]	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[ ] I authorize _____ to enter my PIN _____ as my signature
ERO firm name — Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.
11111

Officer's signature ▶ Date ▶ 10-18-2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

748190 12345
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ JIM ROBERTSON Date ▶ 10-04-2018

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions. Form 8879-EO (2017)

EEA

JIM ROBERTSON

391 LANDA ST
New Braunfels, TX 78130

Phone: (830)625-6073 | Fax:

October 04, 2018

CHILDREN'S ADVOCACY CENTER OF BASTR
1002 CHESTNUT ST
Bastrop, TX 78602

CHILDREN'S ADVOCACY CENTER OF BASTR:

Enclosed is the 2017 federal return for a tax-exempt organization, prepared for CHILDREN'S ADVOCACY CENTER OF BASTR from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (830) 625-6073.

Sincerely,

JIM ROBERTSON
JIM ROBERTSON

JIM ROBERTSON

391 LANDA ST
New Braunfels, TX 78130

Phone: (830)625-6073 | Fax:

October 04, 2018

CHILDREN'S ADVOCACY CENTER OF BASTR
1002 CHESTNUT ST
Bastrop, TX 78602

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (830)625-6073.

Sincerely,

JIM ROBERTSON
JIM ROBERTSON

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01 , 2017, and ending 06-30 , 2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CHILDREN'S ADVOCACY CENTER OF BASTR

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1002 CHESTNUT ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Bastrop, TX 78602

D Employer identification no. 74-2633011

E Telephone number (512)321-6161

G Gross receipts $ 884,595

F Name and address of principal officer: CONNIE BEHRHORST
Same as C above

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CHILDRENSADVOCACYCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992

M State of legal domicile: TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE A NEUTRAL, CHILD FRIENDLY ORGANIZATION THAT FACILITATES A MULTI-DISCIPLINARY APPROACH TO THE INVESTIGATION, PROSECUTION, INTERVENTION AND TREATMENT OF CHILD ABUSE

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 VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	216,016	214,996
9	Program service revenue (Part VIII, line 2g)	539,194	612,924
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	518	735
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	93,744	55,940
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	849,472	884,595

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	453,882	506,273
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,067		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	306,594	324,830
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	760,476	831,103
19	Revenue less expenses. Subtract line 18 from line 12	88,996	53,492

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	483,342	527,079
21	Total liabilities (Part X, line 26)	60,174	50,419
22	Net assets or fund balances. Subtract line 21 from line 20	423,168	476,660

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.

Sign Here

▶ CHRIS CARTWRIGHT
Signature of officer

Date

▶ CHRIS CARTWRIGHT, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JIM ROBERTSON	JIM ROBERTSON	10-04-2018		P01215787

Firm's name ▶ JIM ROBERTSON

Firm's address ▶ 391 LANDA ST
New Braunfels TX 78130

Firm's EIN ▶

Phone no. 830-625-6073

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

OUR MISSION IS TO PROVIDE A NEUTRAL, CHILD FRIENDLY ORGANIZATION THAT FACILITATES A MULTI-DISCIPLINARY APPROACH TO THE INVESTIGATION, PROSECUTION, INTERVENTION AND TREATMENT OF CHILD ABUSE

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 $ 719,883 including grants of $) (Revenue $)
PROVIDE A NEUTRAL, CHILD FRIENDLY ORGANIZATION THAT FACILITATES A MULTI- DISCIPLINARY APPROACH TO THE INVESTIGATION, PROSECUTION, INTERVENTION AND TREATMENT OF CHILD ABUSE

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 719,883

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, 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*	11a	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
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*	11c		X
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	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	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

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 . . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	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?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 or note to any line in this Part VI . . . . . ☒

Section 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	1a 9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		X
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		X
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:			
a	The governing body?	8a	X	
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

Section 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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?			
a	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).			
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		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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: ▶

CHRIS CARTWRIGHT (512)321-6161, 1002 CHESTNUT ST, Bastrop, TX 78602

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAUREEN STANEK PAST PRESIDENT	2.00	X						0	0	0
(2) JACK NELSON 2ND VP	2.00	X						0	0	0
(3) ZIA LOWE OFFICER AT LARGE	2.00	X						0	0	0
(4) BRYAN GOERTZ BOARD	2.00	X						0	0	0
(5) BRIAN WEBB BOARD	2.00	X						0	0	0
(6) CONNIE BEHRHORST PRESIDENT	2.00			X				0	0	0
(7) CHRIS CARTWRIGHT TREASURER	2.00			X				0	0	0
(8) EHRIKKA HODGE 1ST VP	2.00			X				0	0	0
(9) LINDSAY HANSEN SECRETARY	2.00			X				0	0	0
(10) TERRY BEATTIE EXECUTIVE DIRECTOR	40.00					X		71,158	0	0
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								71,158	0	0

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 ▶ 0

		Yes	No
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*	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	65,618				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	149,378				
	g Noncash contributions included in lines 1a-1f: $						
	h Total. Add lines 1a-1f ▶			214,996			
Program Service Revenue		Business Code					
	2a STATE CONTRACTS	900099		612,924	612,924		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			612,924			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			735	735		
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a		52,819				
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶			52,819			52,819
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less: cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a MISC	900099		3,121	3,121		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d ▶			3,121			
	12 Total revenue. See instructions ▶			884,595	616,780	0	52,819

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	71,158	59,773	7,827	3,558
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	343,966	290,320	37,418	16,228
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	59,392	49,889	6,533	2,970
10 Payroll taxes	31,757	26,676	3,493	1,588
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,613		13,613	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	80,073	80,073		
12 Advertising and promotion				
13 Office expenses	14,548	12,220	1,600	728
14 Information technology				
15 Royalties				
16 Occupancy	35,580	30,994	3,153	1,433
17 Travel	22,181	22,181		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,485	4,485		
20 Interest	1,598		1,598	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,045	13,478	1,765	802
23 Insurance	10,503	8,823	1,155	525
24 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.)				
a TELEPHONE	6,003	5,043	660	300
b DUES AND SUBSCRIPTIONS	8,579	7,206	944	429
c IN KIND EXPENSE	107,667	107,667		
d MISC	3,955	1,055	1,394	1,506
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	831,103	719,883	81,153	30,067
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	226,947	1	228,232
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	43,634	4	72,308
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 383,835			
	b	Less: accumulated depreciation — 10b: 157,296	212,761	10c	226,539
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	483,342	16	527,079
Liabilities	17	Accounts payable and accrued expenses	27,393	17	30,498
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,781	23	19,921
	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	Total liabilities. Add lines 17 through 25	60,174	26	50,419
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	423,168	27	476,660
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	423,168	33	476,660
	34	Total liabilities and net assets/fund balances	483,342	34	527,079

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	884,595
2	Total expenses (must equal Part IX, column (A), line 25)	2	831,103
3	Revenue less expenses. Subtract line 2 from line 1	3	53,492
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	423,168
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	476,660

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	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	2b	X	
c	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.	2c	X	
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number

74-2633011

Part I **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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ☒ 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.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	516,139	495,233	718,089	845,587	880,739	3,455,787
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	516,139	495,233	718,089	845,587	880,739	3,455,787
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,258
6 Public support. Subtract line 5 from line 4						3,441,529

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	516,139	495,233	718,089	845,587	880,739	3,455,787
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254	399	438	518	735	2,344
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,213		5,377	3,367	3,121	26,078
11 Total support. Add lines 7 through 10						3,484,209
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.78 %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	98.29 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 8						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to *www.irs.gov/Form990 for the latest information.*

OMB No. 1545-0047

2017

Name of the organization
CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number
74-2633011

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization
CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number
74-2633011

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FAYETTE COUNTY 151 N WASHINGTON La Grange, TX 78945	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	LEE COUNTY 200 S MAIN Giddings, TX 78942	$ 10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	GIBSON FOUNDATION PO BOX 1501 Kilgore, TX 75663-1501	$ 7,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	ROBERT NITSCHE 145 E AUSTIN Giddings, TX 78942	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	TW WOMEN'S LEAGUE PO BOX 1114 La Grange, TX 78945	$ 5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number

74-2633011

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 the organization's 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.

b 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 ▶ $ _____

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on 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 on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%.

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

	Yes	No
3a(i) (i) unrelated organizations		
3a(ii) (ii) related organizations		
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,225		31,225
b Buildings		281,975	157,296	124,679
c Leasehold improvements				
d Equipment		70,635		70,635
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				226,539

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements		1	884,595
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	884,595
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*		5	884,595

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.

1	Total expenses and losses per audited financial statements		1	831,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	831,103
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*		5	831,103

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number

74-2633011

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.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ 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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

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.

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.

		(a) Event #1 VARIOUS (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	52,819			52,819
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	52,819			52,819
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				52,819

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: ☐ Yes ☐ No

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:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number

74-2633011

01. Amended return information

TO INCLUDE FUNDRAISING EXPENSES OF $105530 IN LINE 8B OF PART VIII AND EXCLUDE IT FROM PART IX

02. Form 990 governing body review (Part VI, line 11)

POLICY IS IN PLACE TO ALLOW THE ORGANIZATION'S GOVERNING BODY TO REVIEW THE FORM 990.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES CONFLICT OF INTEREST POLICY THROUGH REVIEW EXECUTIVE BOARD MEMBERS IN CONJUCTION WITH ANNUAL EXTERNAL AUDIT

04. CEO, executive director, top management comp (Part VI, line 15a)

DETERMINED BY BOARD

05. Other officer or key employee compensation (Part VI, line 15b

DETERMINED BY EXECUTIVE DIRECTOR

06. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE TO PUBLIC UPON REQUEST

07. List of other fees for services expenses (Part IX, line 11g)

CONTRACT THERAPY 28393, PROFESSIONAL FEES 38741, COMMUNITY OUTREACH 1324 38741

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CHILDREN'S ADVOCACY CENTER OF BA	FORM 990 - 1	74-2633011

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation** (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	9,004

Part III **MACRS Depreciation** (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	2,257
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		9,157	5	HY	200 DB	1,831
c	7-year property Statement 1567						2,953
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	16,045
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

	Federal Supporting Statements	2017 PG01
Name(s) as shown on return		FEIN
CHILDREN'S ADVOCACY CENTER OF BASTR		74-2633011

Form 4562 - Line 19c

Statement #567

Basis	RP	CV	Method	Deduction
17,189	7	HY	200 DB	2,456
3,475	7	HY	200 DB	497
Total				2,953

JIM ROBERTSON

391 LANDA ST
New Braunfels, TX 78130

Phone: (830)625-6073 | Fax:

November 27, 2018

CHILDREN'S ADVOCACY CENTER OF BASTR
1002 CHESTNUT ST
Bastrop, TX 78602

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

* Interviews regarding your tax situation

* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data

* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (830)625-6073.

Sincerely,

JIM ROBERTSON
JIM ROBERTSON

Change of Accounting Period

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01 , 2017, and ending 09-30 , 2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization CHILDREN'S ADVOCACY CENTER OF BASTR

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1002 CHESTNUT ST

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Bastrop, TX 78602

D Employer identification no. 74-2633011

E Telephone number (512)321-6161

G Gross receipts $ 266,021

F Name and address of principal officer: CONNIE BEHRHORST
Same as C above

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CHILDRENSADVOCACYCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1992

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO PROVIDE A NEUTRAL, CHILD FRIENDLY ORGANIZATION THAT FACILITATES A MULTI-DISCIPLINARY APPROACH TO THE INVESTIGATION, PROSECUTION, INTERVENTION AND TREATMENT OF CHILD ABUSE

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 VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	214,996	86,514
9	Program service revenue (Part VIII, line 2g)	612,924	170,712
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	735	507
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,940	8,288
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	884,595	266,021
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	506,273	138,235
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,016		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	324,830	67,320
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	831,103	205,555
19	Revenue less expenses. Subtract line 18 from line 12	53,492	60,466

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	527,079	588,648
21	Total liabilities (Part X, line 26)	50,419	51,521
22	Net assets or fund balances. Subtract line 21 from line 20	476,660	537,127

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.

Sign Here

Signature of officer — Date

MIKEY BETANCOURT, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JIM ROBERTSON	Jim Robertson	11-27-2018		P01215787

Firm's name ▶ JIM ROBERTSON — Firm's EIN ▶

Firm's address ▶ 391 LANDA ST — Phone no.

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:

OUR MISSION IS TO PROVIDE A NEUTRAL, CHILD FRIENDLY ORGANIZATION THAT FACILITATES A MULTI-DISCIPLINARY APPROACH TO THE INVESTIGATION, PROSECUTION, INTERVENTION AND TREATMENT OF CHILD ABUSE

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 $ 178,455 including grants of $ _____) (Revenue $ _____)

PROVIDE A NEUTRAL, CHILD FRIENDLY ORGANIZATION THAT FACILITATES A MULTI- DISCIPLINARY APPROACH TO THE INVESTIGATION, PROSECUTION, INTERVENTION AND TREATMENT OF CHILD ABUSE

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, 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*	11a	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
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*	11c		X
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	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		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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	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?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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 or note to any line in this Part VI . . . . . [X]

Section 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	1a 9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		X
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		X
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:			
a	The governing body?	8a	X	
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

Section 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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?			
a	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).			
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		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAUREEN STANEK PAST PRESIDENT	2.00	X						0	0	0
(2) JACK NELSON 2ND VP	2.00	X						0	0	0
(3) ZIA LOWE OFFICER AT LARGE	2.00	X						0	0	0
(4) BRYAN GOERTZ BOARD	2.00	X						0	0	0
(5) BRIAN WEBB BOARD	2.00	X						0	0	0
(6) CONNIE BEHRHORST PRESIDENT	2.00			X				0	0	0
(7) CHRIS CARTWRIGHT TREASURER	2.00			X				0	0	0
(8) EHRIKKA HODGE 1ST VP	2.00			X				0	0	0
(9) LINDSAY HANSEN SECRETARY	2.00			X				0	0	0
(10)MIKEY BETANCOURT EXECUTIVE DIRECTOR	40.00					X		0	0	0
(11)										
(12)										
(13)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	0	0

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 ▶ 0

		Yes	No
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*		X
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*		X
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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	86,514			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f ▶		86,514			
Program Service Revenue		Business Code				
	2a STATE CONTRACTS	900099	170,712	170,712		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		170,712			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		507	507		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a		4,357			
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶		4,357			4,357
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a MISC	900099	3,931	3,931		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		3,931			
	12 Total revenue. See instructions. ▶		179,509	174,650		4,357

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,264	6,942	909	413
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	102,481	86,084	11,273	5,124
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	18,830	15,817	2,071	942
10 Payroll taxes	8,660	7,274	953	433
11 Fees for services (non-employees):				
a Management				
b Legal	1,197		1,197	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	18,551	18,551		
12 Advertising and promotion				
13 Office expenses	3,411	2,865	374	172
14 Information technology				
15 Royalties				
16 Occupancy	9,036	8,297	509	230
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,245	19,245		
20 Interest	325		325	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,794	3,794		
23 Insurance	2,473	2,077	272	124
24 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.)				
a TELEPHONE	1,649	1,385	181	83
b DUES AND SUBSCRIPTIONS	3,923	3,295	432	196
c IN KIND EXPENSE	1	1		
d MISC	3,715	2,828	588	299
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	205,555	178,455	19,084	8,016
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		228,232	1	302,003
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		72,308	4	63,900
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 383,835			
	b	Less: accumulated depreciation	10b 161,090	226,539	10c	222,745
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		527,079	16	588,648
Liabilities	17	Accounts payable and accrued expenses		30,498	17	21,859
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		19,921	23	29,662
	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	**Total liabilities.** Add lines 17 through 25		50,419	26	51,521
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		476,660	27	537,127
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		476,660	33	537,127
	34	Total liabilities and net assets/fund balances		527,079	34	588,648

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	266,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	205,555
3	Revenue less expenses. Subtract line 2 from line 1	3	60,466
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	476,660
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	537,127

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	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	2b		X
c	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.	2c		
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization
CHILDREN'S ADVOCACY CENTER OF BASTR

Employer identification number
74-2633011

Part I 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 12, 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 (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ 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.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ 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.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ 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.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. . . . . ☐
f Enter the number of supported organizations . . . . . .
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	516,139	495,233	718,089	845,587	261,583	2,836,631
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	516,139	495,233	718,089	845,587	261,583	2,836,631
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,836,631

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	516,139	495,233	718,089	845,587	261,583	2,836,631
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	254	399	438	518	507	2,116
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,213		5,377	3,367	3,931	26,888
11 Total support. Add lines 7 through 10						2,865,635

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.99 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.29 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI**, *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI*** ***identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

	Current Year
Section D - Distributions	
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S ADVOCACY CENTER OF BASTR

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

74-2633011

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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 a 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 Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 the organization's 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.

b 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: ▶ $ _____

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on 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 on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%.

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,225		31,225
b Buildings		281,975	161,090	120,885
c Leasehold improvements				
d Equipment		70,635		70,635
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				222,745

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. If the organization's answer to any of the following questions is "Yes," then complete Part XIII, provide the text of the footnote to the organization's financial statements that reports the

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

74-2633011

CHILDREN'S ADVOCACY CENTER OF BASTR

01. Form 990 governing body review (Part VI, line 11)

POLICY IS IN PLACE TO ALLOW THE ORGANIZATION'S GOVERNING BODY TO REVIEW THE FORM 990.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES CONFLICT OF INTEREST POLICY THROUGH REVIEW EXECUTIVE BOARD MEMBERS IN CONJUCTION WITH ANNUAL EXTERNAL AUDIT

03. CEO, executive director, top management comp (Part VI, line 15a)

DETERMINED BY BOARD

04. Other officer or key employee compensation (Part VI, line 15b

DETERMINED BY EXECUTIVE DIRECTOR

05. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE TO PUBLIC UPON REQUEST

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return: CHILDREN'S ADVOCACY CENTER OF BA

Business or activity to which this form relates: FORM 990 - 1

Identifying number: 74-2633011

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,250

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	348
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		9,157	5	HY	200 DB	458
b	5-year property						738
c	7-year property Statement #567						
d	10-year property						
e	15-year property						
f	20-year property			25 yrs.		S/L	
g	25-year property			27.5 yrs.	MM	S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	3,794
23	For assets shown above and placed in service during the current year, enter the	23	

Federal Supporting Statements	2017 PG01
Name(s) as shown on return CHILDREN'S ADVOCACY CENTER OF BASTR	FEIN 74-2633011

Form 4562 - Line 19c

Statement #567

Basis	RP	CV	Method	Deduction
17,189	7	HY	200 DB	614
3,475	7	HY	200 DB	124
Total				738

Attachment

FY2020
Proposed
Budget

Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties
FY 2020 Budget

Description		FY 20 Income
FEDERAL	**$**	**530,942**
VOCA	$	530,942
STATE	**$**	**299,974**
OVAG	$	42,000
CACTX	$	257,974
Local Government	**$**	**59,600**
Bastrop County	$	14,000
Lee County	$	10,000
Fayette County	$	10,000
Bastrop	$	14,000
LaGrange	$	5,000
Elgin	$	3,500
Giddings	$	1,350
Flatonia	$	500
Lexington	$	500
Schulenburg	$	250
Smithville	$	500
Program Revenue	**$**	**6,500**
I & I Training Income	$	6,000
Civil Cases	$	300
Community Outreach Income	$	200
Foundations	**$**	**60,000**
Austin Community Foundation	$	50,000
Gibson Foundation	$	5,000
TX Women's League	$	5,000
Other Grants	**$**	**1,000**
Women of Courage (My Safe Space)	$	1,000
Donations	**$**	**38,000**
Civic/Corp (includes reclothing project)	$	500
Individual Donations	$	37,500
Fundraising	**$**	**68,500**
Amplify Austin	$	1,000
Coins for Kids	$	6,000
Guardian Angel	$	500
Golf Tournament	$	10,000
Gala replacement - Purse Bingo	$	30,000
Purse Bingo- Fayette	$	10,000
Misc. Fundraiser- Comedy night	$	10,000

SECC (United Way)	$	1,000
Interest	**$**	**500**
Total Income	**$**	**1,065,016**

Description	FY 20 Expenses
Accounting	$ 7,500
Attorney Fees	$ 1,500
Audit	$ 7,200
Awards and Trophies	$ 750
Bank Charges	$ 1,300
Contract Therapy	$ 86,887
Copier (Leased Equip)	$ 6,300
Computer Equipment	$ 5,500
Dues & Subscriptions	$ 9,500
Employee Benefits	$ 104,500
Fundraising	$ 30,500
Insurance	$ 15,500
IT Support	$ 5,000
I & I Conference	$ 6,500
Janitorial	$ 9,000
Marketing & Development	$ 4,000
Entertainment/Bus Meals	$ 500
Mortage	$ 14,330
Office Supplies	$ 17,000
Outreach	$ 4,000
Payroll Taxes	$ 44,700
Postage	$ 1,000
Program Supplies	$ 5,000
Repair & Maintenance	$ 15,000
Gifts & Flowers	$ 1,500
Safe Space Supplies	$ 1,000
Salaries	$ 582,600
Security System Equipment	$ 3,000
Translation	$ 150
Telephone/Internet	$ 15,000
Training/Board/Staff/MDT	$ 30,500
Travel	$ 13,000
Utilities	$ 8,500
Website Hosting	$ 300
SubTotal Expenses	**$ 1,058,516**
Addition to Cash Reserves	$ 6,500
Total Expenses	**$ 1,065,016**
Balance Remaining	**$ (0)**

Attachment

501(c)(3) IRS Letter

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248574145
Apr. 27, 2011 LTR 4168C E0
74-2633011 000000 00
00013562
BODC: TE

CHILDRENS ADVOCACY CENTER OF
BASTROP COUNTY
1002 CHESTNUT ST
BASTROP TX 78602

4141

Employer Identification Number: 74-2633011
Person to Contact: MS. COLLINS
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Apr. 18, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in OCTOBER 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Attachment

Other Sources of Funding

Children's Advocacy Center
Serving Bastrop, Lee and Fayette Counties

SOURCES OF REVENUE AND FUNDING

FY19 SOURCES OF INCOME

GRANTS: 79%

- Victims of Crime Act (VOCA)
- Children's Advocacy Centers of Texas
- OVAG (Attorney General)
- Gibson Foundation
- Women of Courage Foundation
- Texas Center for the Judiciary
- Texas Women's League

CITY AND COUNTY: 5%

- Counties of Bastrop, Lee and Fayette
- Cities of Bastrop, Giddings, Elgin, LaGrange, Smithville, Schulenburg

CIVIC, CORPORATE & INDIVIDUAL DONORS: 4%

SPECIAL EVENT FUNDRAISERS: 6%

- Guardian Angel Program
- Purse Bingo
- Law Enforcement Golf Tournament
- State Employee Charitable Campaign
- Coins for Kids

IN-KIND DONATIONS:

- Therapy Interns
- Quilts for children
- Toys, Craft and art supplies
- General Volunteer Hours

Attachment

Board of Directors

Children's Advocacy Center of Bastrop, Lee and Fayette Counties
Board of Directors 2018-2019

President (2018)	**Connie Behrhorst** St. David's Healthcare Connie.behrhorst@stdavids.com 512.426.9738 Term ends 6/2020	**Member**	**Vacant**
1st VP (2018)	**Ehrikka Hodge** Elgin ISD Ehrikka.hodge@tasb.org 512-281-4672 Term ends 6/2020	**Member**	**Anthony Adams** SenseCorp aareactor@yahoo.com 512-689-2306 Term ends 6/2020
2nd VP (2018)	**Vacant** Term ends 6/2020	**Member**	**Pam Machac** **Community Member** **pamelam@thenitschegroup.com** **(979) 540-6566 (cell)** **(979) 540-2239 (wk)** Term ends ?/?
Treasurer (2018)	**Chris Cartwright** Community Member (512) 303-9819 hm (512) 971-6683 cell txyacht@att.net Term ends 6/2020	**Member**	**Pompeyo Chavez, MD** Family Health Center of Bastrop pchavez@fhcob.com 512-772-1989 Term ends 6/2020
Secretary (2018)	**Lindsey Hansen** Community Member lmogonye@gmail.com 979-324-8197 Term ends 6/2020	**Member**	**Kristi Koch** University of Texas at Austin klkoch@austin.utexas.edu 512-897-8855 Term ends 6/2020
Past President	**Maureen Stanek** Bastrop Christian Outreach Center mstanek@bcocchurch.org 512-321-8671 Term ends 6/2020	**Member**	**Bob Barker** Community Member Barker.Robert1@gmail.com 512-427-3495 Term ends 6/2020
Member	**Robin S. Peshak** Community Member Robin_Peshak@ms.com 512-310-1977 hm 802-233-6859 cell	**Member**	**Sumai Lokumbe** Community Member sumaiblokumbe@gmail.com 512-718-9350 Term ends 6/2020
Officer At-Large	**Zia Lowe** Realtor zia@bastropforsale.com 512-303-4441 wk 512-789-3724 cell Term ends 6/2020	**MDT Partner**	**Bryan Goertz** Bastrop County District Attorney BryonGoertz@aol.com 512-581-7125
Member	**Eric Farley** A+ Federal Credit Union efarley@aplusfcu.org 512-663-0742 Term ends 6/2020	**MDT Partner**	**Maurice Cook** Bastrop County Sheriff maurice.cook@co.bastrop.tx.us 512-303-1080
Member	**Honorable Michael York** Justice of the Peace- Lee County Michael.york@co.lee.tx.us	**MDT Partner**	**Tiffany Denham** DFPS- CPS Investigations Supervisor **Tiffany.denham@dfps.state.tx.us**

Community Support Funding Application Requirements Checklist

Combined Community Action

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes-Entire budget for the Senior Nutrition Program
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

Helping People. Changing Lives.
community Action PARTNERSHIP
AMERICA'S POVERTY FIGHTING NETWORK

COMBINED COMMUNITY ACTION, INC.
165 WEST AUSTIN • GIDDINGS, TEXAS 78942
979.540.2980 800.688.9065 Fax 979.542.9565
www.ccaction.com

June 26, 2019

RECEIVED JUNE 26, 2019

Tracy Waldron
Chief Financial Officer
City of Bastrop
1311 Chestnut St.
P.O. Box 427
Bastrop, TX 78602

Dear Ms. Waldron:

Please find enclosed the 2020 Community Support Funding Application for Combined Community Action (CCA). CCA is requesting $8,000 from the City of Bastrop for the Senior Nutrition "Meals on Wheels" Program. Other programs provided by CCA include:

Weatherization Assistance – 7 homes weatherized
Case Management for At-Risk Children – CCA's Social Worker assisted 78 individuals with referrals, advocacy, counseling, etc. in 2018
Utility Assistance - $41,210.01 in payments to Bastrop Power and Light to 53 families in 2018.
Emergency Solutions Grant – Collaboration between Advocacy Outreach, Family Crisis Center and CCA to assist with Rapid Re-housing and Homeless Prevention.
Bastrop County Cares – Currently serve on committee to address housing needs in Bastrop and a new committee addressing senior issues.
Bastrop Community Support Group - currently serve on this group, meet quarterly.

We would like to thank the city of Bastrop for their continued support. If you have any questions, please feel free to contact me at 979/540-2980 or via email at KJFranke@ccaction.com.

Sincerely,

Kelly Franke
Executive Director

COMMUNITY SUPPORT FUNDING APPLICATION

RECEIVED JUNE 26, 2019

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Combined Community Action, Inc.			June 26, 2019
Official Name of Organization			Date
165 W. Austin St.	Giddings	TX	78942
Address	City	State	Zip
Kelly Franke		KJFranke@ccaction.com	
Contact Person		E-mail	
979/540-2980		979/542-9565	
Phone Number		Fax Number	
74-1548511		N/A	
Federal ID #		State ID #	

$8,000.00
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $8,000.00 Amount Funded: $6,400.00

Provide a brief summary of your organization and the program you are requesting funds for:

Combined Community Action, Inc. is a private-non profit agency that has been providing services in Bastrop since 1966. Programs administered by CCA in Bastrop are: Senior Nutrition Program, Comprehensive Energy Assistance ($41,210.01 paid in utility bills to the City of Bastrop in 2018), Tenant Based Rental Assistance, Weatherization Assistance Program, Community Service Block Grant Case Management Program, Case Management for Children and Pregnant Women as well as rental assistance and emergency assistance.

CCA is requesting $8,000 in support for the Senior Nutrition "Meals on Wheels" Program. The Senior Nutrition Program is the only program in Bastrop providing hot noon meals, 5 days a week to seniors 60+. CCA's congregate site is located at the Settlement Apartments. Clients who are able, can come to the center to eat, socialize, play games, etc. For our homebound clients, CCA has a wonderful group of trained volunteers that deliver the meals to the seniors in the comfort of their own homes. Our caring volunteers also provide a well check on each client while delivering meals and reports any physical or mental issues back to the site manager.

Describe the results you have experienced with this program and include statistics:

CCA Senior Nutrition "Meals on Wheels" Program provided 10,475 meals to over 60 clients in 2018. This program allows seniors to remain at home and independent by providing nutritious meals. The Meals on Wheels Association reports that it cost taxpayers $41,000 a year per person for nursing home assistance versus providing meals 5 days a week at a cost less than $1,625.00 a year. The meals provide 1/3 of the daily nutrition of intake required and all menus are planned and approved by a dietician. The need for meals will increase with the increase in the elderly population. The need for in-home services will continue to grow, thus the need for the Meals on Wheels Program.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

Funds received from the City of Bastrop are used to purchase meals for the clients. The meals allow the citizens of Bastrop to remain at home and independent. CCA projects to serve over 12,000 meals in 2019 in the city of Bastrop. Currently we are working to market the program and reach out to those homebound individuals that are in need of meals but not currently aware of the program. We have recently hired a new Program Director for the Senior Nutrition Program who has a background in marketing as well as working with the public.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

CCA is requesting the same funding as in previous years.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

CCA conducts appointments with clients in Bastrop for utility and rent assistance. If the city has any space where our staff could meet with clients that would be beneficial to CCA. The city has provided links on their website to our services and we also meet quarterly to share information and ideas. These quarterly meetings have been beneficial to CCA staff.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

CCA has client tracking software that tracks the number of clients and meals served. The local site manager completes a daily nutrition report, those reports are collected twice a month and sent to the central office in Giddings. The daily nutrition reports are then input into the client tracking software to generate monthly reports by site, city and county. CCA reports monthly to the Capital Area Planning Council-Area Agency on Aging. CCA served over 60 clients through the Meals on Wheels Program in the last 12 months. Those numbers will continue to increase as new referrals are received each day.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Kelly Franke

Authorized Signature for the Applicant

June 26, 2019

Date

Kelly Franke

Name Printed or Typed

Executive Director

Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

2017 FORM 990

(2018 AUDIT SCHEDULED FOR WEEK OF JULY 8, 2019)

(415485) 11/04/2018 8:55 AM

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: COMBINED COMMUNITY ACTION, INC.

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 165 W AUSTIN ST

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: GIDDINGS TX 78942

D Employer identification number: 74-1548511

E Telephone number: 979-540-2980

G Gross receipts $: 2,827,937

F Name and address of principal officer: KELLY JO FRANKE

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CCACTION.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1966

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
To provide assistance to low-income families through various social programs related to nutrition, weatherization, utility assistance, housing, and other various programs.

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 VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	45
6 Total number of volunteers (estimate if necessary)	6	1070
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,862,314	2,175,769
9 Program service revenue (Part VIII, line 2g)	722,740	652,155
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25	13
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	580	0
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,585,659	2,827,937
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	601,989	622,446
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	738,261	741,568
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 16,857		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,317,420	1,469,320
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,657,670	2,833,334
19 Revenue less expenses. Subtract line 18 from line 12	-72,011	-5,397

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	693,948	830,257
21 Total liabilities (Part X, line 26)	451,064	592,771
22 Net assets or fund balances. Subtract line 21 from line 20	242,884	237,486

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

Sign Here

▶ Signature of officer — Date

▶ KELLY JO FRANKE — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Philip A. Jarred, CPA	Preparer's signature: Philip A. Jarred, CPA	Date: 09/04/18	Check ☐ if self-employed	PTIN: P00012189
Firm's name ▶ Jarred, Gilmore & Phillips, PA			Firm's EIN ▶	20-3906022
Firm's address ▶ P.O. Box 779 Chanute, KS 66720			Phone no	620-431-6342

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To provide assistance to low-income families through various social programs related to nutrition, weatherization, utility assistance, housing, and other various programs.

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 $ 792,315 including grants of $) (Revenue $ 576,338)

Elderly and Aging Services - Senior center operations which provides socialization, games, and hot noon meals 5 days a week to the elderly and disabled. Approximately 1,444 people served.

4b (Code) (Expenses $ 715,802 including grants of $ 606,464) (Revenue $)

Emergency Assistance - Provides utility assistance to low-income individuals to assist them with energy bills, this could be gas, electric, Propane, etc. Approximately 2,147 people served.

4c (Code) (Expenses $ 568,345 including grants of $) (Revenue $)

Weatherization Services - Provides services to help low-income people improve residential energy efficiency. Approximately 142 people served.

4d Other program services (Describe in Schedule O.)

(Expenses $ 613,164 including grants of $ 15,982) (Revenue $ 75,817)

4e Total program service expenses ▶ 2,689,626

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, 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*	11a	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
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*	11c		X
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	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		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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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 ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	45			
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)			2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
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			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			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			X
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			X
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:				
a	The governing body?	8a		X	
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

Section 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

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) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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 ▶

COMBINED COMMUNITY ACTION INC 165 W AUSTIN ST
GIDDINGS TX 78942 979-540-2980

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY REICHARDT CHAIR	1.00 0.00	X		X				0	0	0
(2) DOUG WESSELS VICE-CHAIR	1.00 0.00	X		X				0	0	0
(3) JEREMY FINCH TREASURER	1.00 0.00	X		X				0	0	0
(4) MARK MEUTH DIRECTOR	1.00 0.00	X						0	0	0
(5) NICOLE RAMIREZ DIRECTOR	1.00 0.00	X						0	0	0
(6) LAURA LUCIO DIRECTOR	1.00 0.00	X						0	0	0
(7) JANIS WOLFSHOHL DIRECTOR	1.00 0.00	X						0	0	0
(8) JULIE KARSTEDT DIRECTOR	1.00 0.00	X						0	0	0
(9) KRISTI GLASPER DIRECTOR	1.00 0.00	X						0	0	0
(10) SHANNON HANATH DIRECTOR	1.00 0.00	X						0	0	0
(11) LISA JANISH DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ALAN TURNER	1.00									
DIRECTOR	0.00	X						0	0	0
(13) JOSEPH GUERRERO	1.00									
DIRECTOR	0.00	X						0	0	0
(14) KELLY JO FRANKE	40.00									
EXECUTIVE DIRECTOR	0.00			X				66,325	0	0
(15) DARLENE STANGE MYERS	40.00									
CHIEF FINANCIAL OFFI	0.00			X				52,902	0	0
1b Sub-total							▶	119,227		
c Total from continuation sheets to Part VII, Section A							▶			
d Total (add lines 1b and 1c)							▶	119,227		

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 ▶ 0

		Yes	No
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*		X
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*		X
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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SKUNK DADDY 7894 N HIGHWAY 6 WACO TX 76712	WEATHERIZATION	460,937

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,761,336			
	f All other contributions, gifts, grants and similar amounts not included above	1f	414,433			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a–1f ▶		2,175,769			
Program Service Revenue		Busn. Code				
	2a ELDERLY & AGING SERVICES		576,338	576,338		
	b HOUSING SERVICES		38,544	38,544		
	c HEALTH SERVICES		37,273	37,273		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶		652,155			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		13	13		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d ▶					
	12 Total revenue. See instructions ▶		2,827,937	652,168	0	0

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	622,446	622,446		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,227	42,166	68,251	8,810
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	521,868	521,868		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	100,473	83,995	14,594	1,884
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,036	34,445	1,409	182
12 Advertising and promotion	7,343	6,638	624	81
13 Office expenses	30,089	28,215	1,660	214
14 Information technology				
15 Royalties				
16 Occupancy	52,607	47,700	4,346	561
17 Travel	46,474	43,013	3,065	396
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	7,543		6,681	862
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,806	4,575	17,918	2,313
23 Insurance	19,813	23,642	-3,829	
24 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.)				
a DIRECT CLIENT SERVICES	674,347	674,347		
b PROGRAM SUPPLIES	518,779	516,996	1,579	204
c MISCELLANEOUS EXPENSE	20,865	11,660	8,153	1,052
d REPAIRS & MAINTENANCE	18,044	16,391	1,464	189
e All other expenses	12,574	11,529	936	109
25 Total functional expenses. Add lines 1 through 24e	2,833,334	2,689,626	126,851	16,857
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		116,302	1	225,323
	2	Savings and temporary cash investments		7,594	2	13,101
	3	Pledges and grants receivable, net		79,831	3	119,226
	4	Accounts receivable, net		6,589	4	7,701
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 958,038			
	b	Less accumulated depreciation	10b 493,132	483,632	10c	464,906
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		693,948	16	830,257
Liabilities	17	Accounts payable and accrued expenses		180,958	17	197,417
	18	Grants payable		2,754	18	2,754
	19	Deferred revenue		5,142	19	156,528
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		261,060	23	234,772
	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		1,150	25	1,300
	26	**Total liabilities.** Add lines 17 through 25		451,064	26	592,771
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		188,032	27	174,320
	28	Temporarily restricted net assets		54,852	28	63,166
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		242,884	33	237,486
	34	Total liabilities and net assets/fund balances		693,948	34	830,257

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,827,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,833,334
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,397
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242,884
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	237,486

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	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	2b	X	
c	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.	2c	X	
3a	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

COMBINED COMMUNITY ACTION, INC.

Employer identification number

74-1548511

Part I 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 12, 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 (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state

5 ☐ 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)

6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 ☒ 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.)

8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)

9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or university

10 ☐ 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)

11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.

c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.

d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) Is the organization listed in your governing document? No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,698,615	2,452,473	1,921,688	1,862,314	2,175,769	11,110,859
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,698,615	2,452,473	1,921,688	1,862,314	2,175,769	11,110,859
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,110,859

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	2,698,615	2,452,473	1,921,688	1,862,314	2,175,769	11,110,859
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				11		11
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				580		580
11 Total support. Add lines 7 through 10						11,111,450

12	Gross receipts from related activities, etc. (see instructions)	12	652,168
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	▶	☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.99%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00%
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	X
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	☐
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	☐
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶	☐
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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D, line 7. $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

MISCELLANEOUS	$	580

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

COMBINED COMMUNITY ACTION, INC.

Employer identification number

74-1548511

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribut on in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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 mon toring, 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 the organization's 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

b 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 ▶ $

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)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on 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 on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		776,109	325,187	450,922
c Leasehold improvements				
d Equipment		118,984	105,000	13,984
e Other		62,945	62,945	
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				464,906

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2) TENANT DEPOSITS PAYABLE	1,300
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,300

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 ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	2,940,257
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	112,320		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	112,320
3	Subtract line 2e from line 1			3	2,827,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	2,827,937

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

1	Total expenses and losses per audited financial statements			1	2,945,655
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	112,320		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	1		
e	Add lines 2a through 2d			2e	112,321
3	Subtract line 2e from line 1			3	2,833,334
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	2,833,334

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.

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Book / Tax Depreciation Difference	$	1

Part XIII Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

COMBINED COMMUNITY ACTION, INC.

Employer identification number

74-1548511

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	UTILITY ASSISTANCE	2147	606,464			
2	RENT ASSISTANCE	89	15,982			
3						
4						
5						
6						
7						

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

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

CCA maintains participates files for the clients receiving utility and rental assistance. Assistance is paid directly to the utility or rental vendors.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for the latest information.	2017 Open to Public Inspection

Name of the organization	Employer identification number
COMBINED COMMUNITY ACTION, INC.	74-1548511

Form 990, Part III, Line 4d - All Other Accomplishment

Community Services - Community services programs strive to reduce poverty and empower low-income families to become self-sufficient. Approximately 3,170 people served.

Health Services - Provides health referral, advocacy and information to the public. Approximately 162 people served.

Housing Services - Provides rental assistance to help low-income families afford decent, safe, and sanitary rental housing. Approximately 89 people served.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Form 990 is prepared from audited financial statements. The return is reviewed by management and the Board prior to signing and filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board members are required to sign a Conflict of Interest Statement annually. These are reviewed and discussed by key employees.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Salaries are based on availability of funds, budget allowances, and federal minimum wage law. The Board of Directors reviews and approves all budgets.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Salaries are based on availability of funds, budget allowances, and federal minimum wage law. The Board of Directors reviews and approves all budgets.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy, and financial statements are made available to the public upon written request to management.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference	$ -1

Form 990

Two Year Comparison Report

For calendar year 2017, or tax year beginning , ending

2016 & 2017

Name

COMBINED COMMUNITY ACTION, INC.

Taxpayer Identification Number

74-1548511

			2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1.	294,926	414,433	119,507
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	1,567,388	1,761,336	193,948
	4. Program service revenue	4.	722,740	652,155	-70,585
	5. Investment income	5.	25	13	-12
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	580		-580
	12. Total revenue. Add lines 1 through 11	12.	2,585,659	2,827,937	242,278
Expenses	13. Grants and similar amounts paid	13.	601,989	622,446	20,457
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc	15.	122,418	119,227	-3,191
	16. Salaries, other compensation, and employee benefits	16.	615,843	622,341	6,498
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	51,593	36,036	-15,557
	19. Occupancy, rent, utilities, and maintenance	19.	49,912	52,607	2,695
	20. Depreciation and Depletion	20.	24,889	24,806	-83
	21. Other expenses	21.	1,191,026	1,355,871	164,845
	22. Total expenses. Add lines 13 through 21	22.	2,657,670	2,833,334	175,664
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-72,011	-5,397	66,614
Other Information	24. Total exempt revenue	24.	2,585,659	2,827,937	242,278
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	723,345	652,168	-71,177
	27. Total assets	27.	693,948	830,257	136,309
	28. Total liabilities	28.	451,064	592,771	141,707
	29. Retained earnings	29.	242,884	237,486	-5,398
	30. Number of voting members of governing body	30.	15	13	
	31. Number of independent voting members of governing body	31.	15	13	
	32. Number of employees	32.	52	45	
	33. Number of volunteers	33.	800	1070	

Form **990** | **Tax Return History** | **2017**

Name: COMBINED COMMUNITY ACTION, INC.

Employer Identification Number: 74-1548511

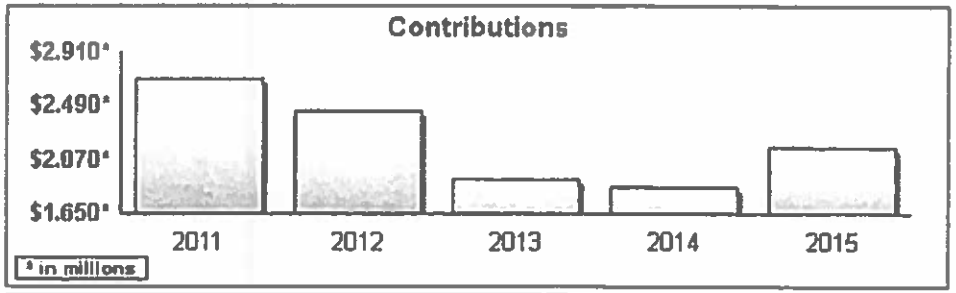
	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	2,698,615	2,452,473	1,921,688	1,862,314	2,175,769	
Membership dues						
Program service revenue	198,635	661,387	761,368	722,740	652,155	
Capital gain or loss	-547		187,947			
Investment income	80	42	44	25	13	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				580		
Total revenue	2,896,783	3,113,902	2,871,047	2,585,659	2,827,937	
Grants and similar amounts paid	1,120,737	931,167	818,118	601,989	622,446	
Benefits paid to or for members						
Compensation of officers, etc	110,869	111,871	115,444	122,418	119,227	
Other compensation	524,909	488,878	537,252	615,843	622,341	
Professional fees	45,820	46,857	54,765	51,593	36,036	
Occupancy costs	65,505	60,139	55,118	49,912	52,607	
Depreciation and depletion	47,003	43,862	28,285	24,889	24,806	
Other expenses	940,528	1,385,138	974,012	1,191,026	1,355,871	
Total expenses	2,855,371	3,067,912	2,582,994	2,657,670	2,833,334	
Excess or (Deficit)	41,412	45,990	288,053	-72,011	-5,397	
Total exempt revenue	2,896,783	3,113,902	2,871,047	2,585,659	2,827,937	
Total unrelated revenue						
Total excludable revenue	198,168	661,429	949,359	723,345	652,168	
Total Assets	1,045,066	1,191,287	929,918	693,948	830,257	
Total Liabilities	1,064,211	1,164,442	615,020	451,064	592,771	
Net Fund Balances	-19,145	26,845	314,898	242,884	237,486	

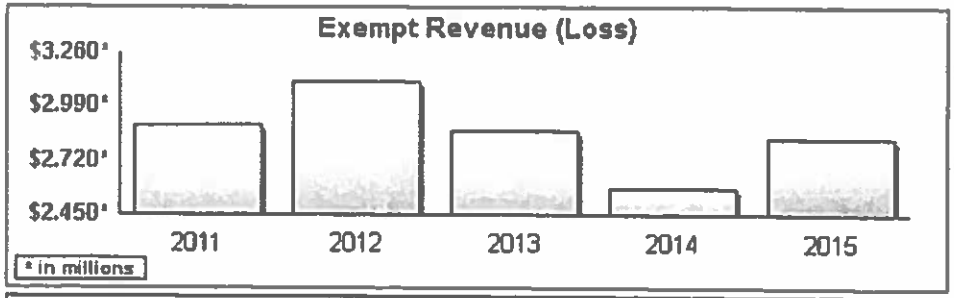
Form **990T** | **Tax Return History** | **2017**

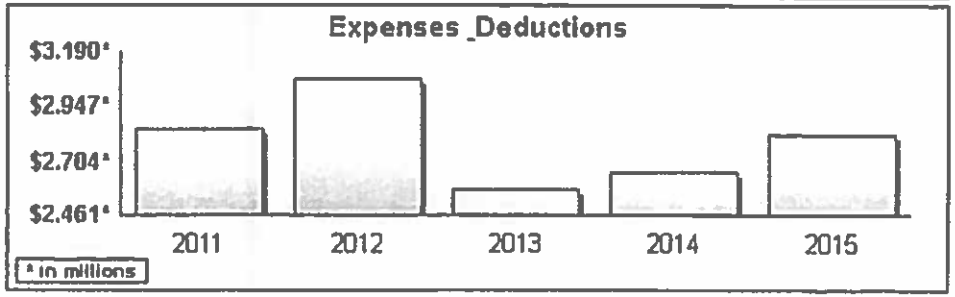
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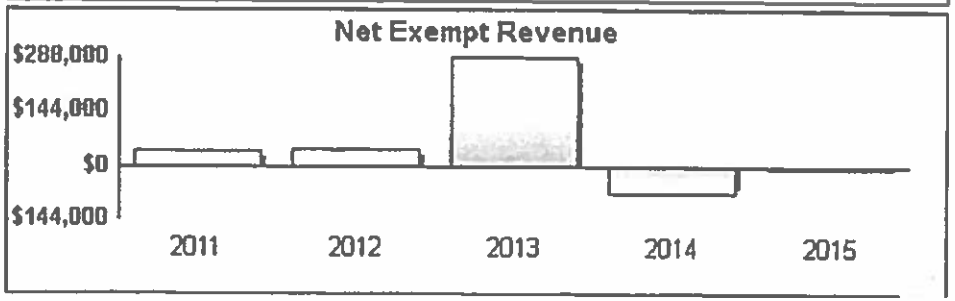
Employer Identification Number: 74-1548511

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						









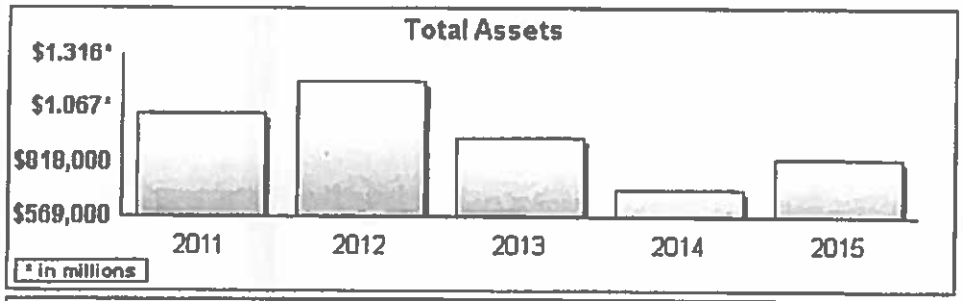
Form **990T** | **Tax Return History** | **2017**

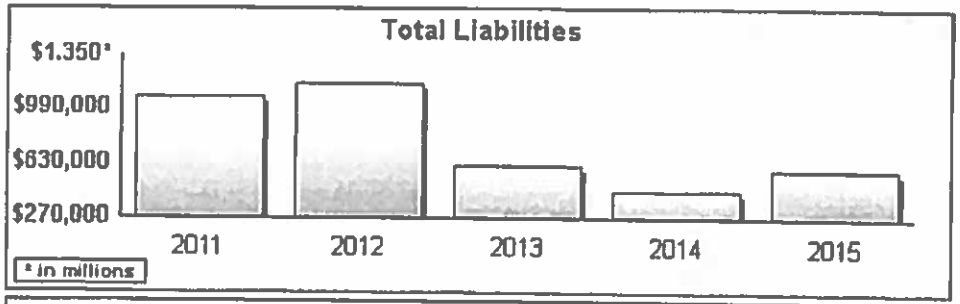
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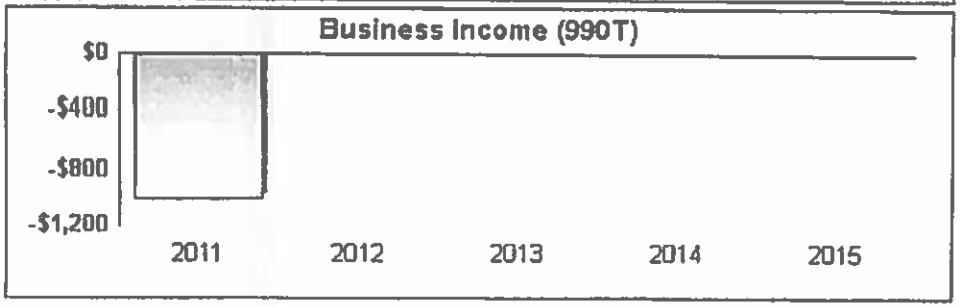
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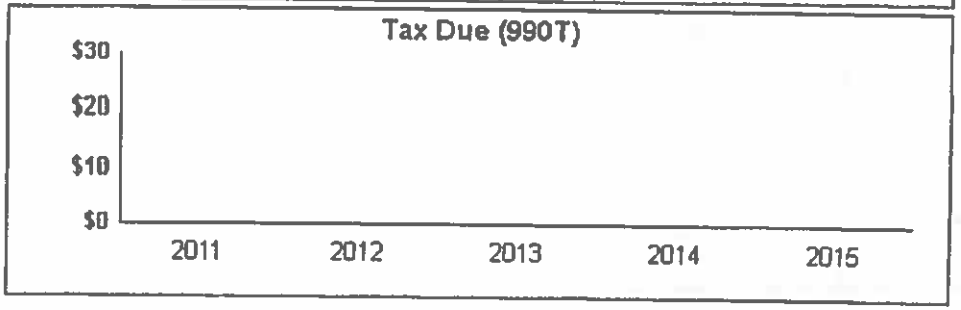
	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses









Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
	$		14			
	13					
Total	$ 13					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	$ 7,650	$ 7,650	$	$
	6,310	6,310		
	5,264	5,264		
	16,812	15,221	1,409	182
Total	$ 36,036	$ 34,445	$ 1,409	$ 182

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL DEVELOPMENT	$ 7,710	$ 6,850	$ 762	$ 98
MEMBERSHIP FEES	3,311	3,211	89	11
VEHICLE EXPENSE	1,468	1,468		
BAD DEBT EXPENSE	85		85	
Total	$ 12,574	$ 11,529	$ 936	$ 109

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Government Grants or Contributions	$ 1,761,336
Other	414,433
Total	$ 2,175,769

Schedule A, Part II, Line 8(e)

Description	Amount
	$
Total	$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
ELDERLY & AGING SERVICES	$ 576,338
HEALTH SERVICES	37,273
HOUSING SERVICES	38,544
	13
Total	$ 652,168

FY 2020 PROPOSED BUDGET

10/1/2019-9/30/2020

Senior Nutrition - Congregate
Projected 2020

Salaries	05.203.00.801	$	55,000.00
Fringe			
FICA/TUCA	05.204.00.821	$	5,000.00
Safety/OA Ins	05.204.00.823	$	2,000.00
Hosp. Ins.	05.204.00.823	$	2,500.00
Retirement	05.204.00.825	$	250.00
Life & AD Ins	05.204.00.826	$	100.00
Travel			
In-Area	05.205.00.830	$	1,000.00
Out -of-Area	05.205.00.831	$	-
Ins/Vehicle	05.205.00.873	$	-
Fuel	05.205.00.878	$	200.00
Vehicle Maint	05.205.00.879	$	200.00
License/Fee's	05.205.00.888	$	-
Other Cost			
Audit	05.207.00.803	$	1,500.00
Contractual	05.207.00.817	$	2,500.00
Postage	05.207.00.853	$	50.00
Telephone	05.207.00.867	$	750.00
Internet	05.207.00.868	$	500.00
Ins-Liability	05.207.00.871	$	1,500.00
Indirect Cost	05.207.00.999	$	9,000.00
Professional Dev.			
Training/Staff	05.208.00.884	$	750.00
Membership	05.208.00.892	$	250.00
Promotional			
Copy/Print	05.209.00.852	$	1,200.00
Recruitment	05.209.00.857	$	250.00
Equipment			
Rent/Lease	05.210.00.860	$	-
Maint/Repair	05.210.00.903	$	1,200.00
Food Cost			
Consumables	05.211.00.836	$	500.00
Contracted Meals	05.211.00.839	$	105,000.00
Raw Food	05.211.00.846	$	-
Frozen Meals	05.211.00.847	$	-

Supplies			
Maint.	05.212.00.841	$	100.00
Nut. Ed Matls	05.212.00.835	$	200.00
Office Supplies	05.212.00.844	$	250.00
Supplies/Other	05.212.00.845	$	1,000.00
Copy/Printing	05.212.00.852	$	1,000.00
Occupancy			
Rent	05.213.00.859	$	1,000.00
Utilities	05.213.00.864	$	750.00
Ins. Building	05.213.00.871	$	1,000.00
Main/Custodial	05.213.00.904	$	1,200.00
Total Cost		$	197,700.00
Revenue			
USDA	05.000.00.407	$	-
Program Income	05.000.00.408	$	17,000.00
N/E Prog.Income	05.000.00.412	$	250.00
Interest	05.000.00.413	$	-
Sale of Fixed Asset	05.000.00.414	$	-
Local Cash	05.000.00.415	$	20,000.00
United Way	05.000.00.418	$	-
Misc Income	05.000.00.440	$	10,000.00
OAA Income	05.000.00.451		$140,000.00
Total Revenue		$	187,250.00

**shortfall in revenue vs. expenses
Projected Revenue and Expenses

Senior Nutrition - Home Delivered Meals
2020 Projected

Salaries	06.203.00.801	$	130,000.00
Fringe		$	23,000.00
FICA/TUCA	06.204.00.821		
Safety/OA Ins	06.204.00.823		
Hosp. Ins.	06.204.00.823		
Retirement	06.204.00.825		
Life & AD Ins	06.204.00.826		
Travel			
In-Area	06.205.00.830	$	5,000.00
Out -of-Area	06.205.00.831	$	-
Meal Delivery	06.205.00.833	$	900.00
Ins/Vehicle	06.205.00.873	$	2,000.00
Fuel	06.205.00.878	$	400.00
Vehicle Maint	06.205.00.879	$	-
License/Fee's	06.205.00.888	$	-
Other Cost			
Audit	06.207.00.803	$	2,500.00
Contractual	06.207.00.817	$	-
Postage	06.207.00.853	$	500.00
Telephone	06.207.00.867	$	1,500.00
Internet	06.207.00.868	$	1,000.00
Ins-Liability	06.207.00.871	$	4,000.00
Indirect Cost	06.207.00.999	$	20,000.00
Professional Dev.			
Training/Staff	06.208.00.884	$	1,200.00
Membership	06.208.00.892	$	200.00
Promotional			
Copy/Print	06.209.00.852	$	-
Recruitment	06.209.00.857	$	275.00
Equipment			
Rent/Lease	06.210.00.860	$	-
Maint/Repair	06.210.00.903	$	750.00
Food Cost			
Consumables	06.211.00.836	$	-
Contracted Meals	06.211.00.839	$	325,000.00
Raw Food	06.211.00.846	$	-

Frozen Meals	06.211.00.847	$	20,000.00	
Supplies				
Maint.	06.212.00.841	$	-	
Nut. Ed Matls	06.212.00.835	$	-	
Office Supplies	06.212.00.844	$	-	
Supplies/Other	06.212.00.845	$	2,000.00	
Copy/Printing	06.212.00.852	$	3,000.00	
Occupancy				
Rent	06.213.00.859	$	4,000.00	
Utilities	06.213.00.864	$	2,900.00	
Ins. Building	06.213.00.871	$	2,000.00	
Main/Custodial	06.213.00.904	$	-	
Total Cost		$	552,125.00	
Revenue				
USDA	06.000.00.407	$	-	
Program Income	06.000.00.408	$	23,000.00	Client Donations Projected
N/E Prog.Income	05.000.00.412	$	-	
Interest	06.000.00.413	$	-	
Sale of Fixed Asset	06.000.00.414	$	-	
Local Cash	06.000.00.415	$	60,000.00	*requested
United Way	06.000.00.418	$	17,500.00	*requested
Misc Income	06.000.00.440	$	25,000.00	** TWL funding reported under Misc. funding
Amerigroup	06.000.00.442	$	16,750.00	
Evercare	06.000.00.443	$	23,240.00	
Direct Mail Campaign	06.000.00.445	$	10,000.00	
Cook off	06.000.00.446	$	15,000.00	
Sponsor A Senior	06.000.00.448	$	35,000.00	
OAA Income	06.000.00.451	$	295,000.00	
Total Revenue		$	520,490.00	

**shortfall in revenue vs. expenses

IRS DETERMINATION LETTER

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

RECEIVED
JUL 26 2001

Date: July 20, 2001

Person to Contact:
Judy Simonson 31-04016
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 9:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
74-1548511

Combined Community Action, Inc.
165 West Austin
Giddings, TX 78942

Dear Sir or Madam:

This letter is in response to your request for affirmation of your organization's exempt status with your current address. Your address has been changed as shown above.

Our records indicate that a determination letter issued in January 1996 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Combined Community Action, Inc.
74-1548511

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your organization's exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of $20 a day for each day you do not make these documents available for public inspection (up to a maximum of $10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely,

John E. Ricketts

John E. Ricketts, Director, TE/GE
Customer Account Services

OTHER SOURCES OF FUNDING

COMBINED COMMUNITY ACTION, INC.
STATE AND FEDERAL CONTRACTS

PROGRAM	AMOUNT	AGENCY
ADMIN	Cost Allocation	N/A
CCA, Inc.	N/A	N/A
Nutrition C-1	192463	CAPCOG
Nutrition C-2	540,544	CAPCOG
Senior Center Operations	42,381	CAPCOG
Texans Feeding Texans	48,419	TDA
Community Services Block Grant	204,000	TDHCA
Comp Energy Assistance	915,000	TDHCA
Central Power and Light	5,000	CPL
Weatherization	569,615	TDHCA
Tenant Based Rental Asst.	8% of rental	TDHCA
Emergency Solutions Grant	150,000	TDHCA
Case Management	Vendor	HHSC
United Healthcare	Vendor	United Healthcare
Amerigroup	Vendor	Amerigroup

COUNTY/CITY	AMOUNT REQUESTED	AMOUNT RECEIVED
Austin County	5,000	2,000
Bastrop County	15,000	10,000
Blanco County	5,000	5,000
Caldwell County	8,000	1,700
Colorado County	5,000	5,000
Fayette County	10,000	10,000
Hays County	15,000	13,000
Lee County	8,500	8,500
Smithville	6,000	1,000
Columbus	1,500	1,500
Giddings	6,000	4,000
LaGrange	6,000	6,000
Sealy	2,000	2,000

BOARD OF DIRECTORS

Name of Organization: COMBINED COMMUNITY ACTION, INC.

Board of Directors Roster

Date: 1/1/2019

Name	Appointment Date	Date Term Expires	Address: Street, City, Zip Code	Phone	Email Address
Chair/President: Doug Wessels	01/2001	Appointed by Judge	PO Box 129, Rock Island, TX 77470	979-758-4041	doug.wessels@co.colorado.tx.us
Mark Meuth	01/2017	Appointed by Judge	804 Pecan St. Bastrop, TX 78602	512-581-4000	mark.meuth@co.bastop.tx.us
Randy Reichardt	01/2009	Appointed by Judge	11014 Pless Rs., Cat Spring, TX 78933	979-877-4203	pct3@austincounty.com
Nicole Ramirez Rep of the Poor	01/2017	01/2019	2139 Oak Ridge Rd. LaGrange, TX 78945	979-966-3651	nicole.ramirez@lgisd.net
Alan Turner Vice Chair	04/2015	Appointed by Judge	200 S. Main, Rm 107, Giddings, TX 78942	979-542-6897	commissionerpct3@co.lee.tx.us
Laura Lucio Rep of the Poor	04/2018	04/2020	PO Box 124, Ledbetter, TX 78947	979-540-0558	luciol99@yahoo.com
Jeremy Finch Private Interest Treasurer	01/2018	01/2020	4026 Frank Rd., La Grange, TX 78945	979-966-2812	jeremy_finch02@yahoo.com
Tana Montgomery	4/2019	4/2021	307 S. Madison ST. Giddings, TX 78942	979-492-6288	tanakmontogomery@hotmail.com
Jason McBroon	1/2019	Appointed by Judge	151 N. Washington LaGrange TX 78945	979-966-7029	jason.mcbroom@co.fayette.tx.us
Kirk Lowe Private Interest	01/2018	01/2020	2205 Walnut St., Columbus, TX 78934	979-732-3114	klowe@fscinc.net
Lisa Janish Rep of the Poor	5/2017	2/2019 Removed	30 S. Holland Bellville, TX 77418	979/865-3136	ljanish@cityofbellville.com
Kristi Glasper Rep of the Poor	5/2017	5/2019	P.O. Box 653 Bastrop, TX 78602	512-303-2272	executivedirector@casabastrop.com
Rev. Eugene Thomas Rep of the Poor	01/2018	01/2020	816 Bonham, Columbus, TX 78934	979-732-3458	N/A
Joseph Guerrero Private Interest	04/2017	4/2021	PO Box 1226, Elgin, TX 78621	512-913-0898	guerrero@pvco.net
Shannon Hanath Private Interest	4/2017	4/2021	1 East Main Bellville, TX 77418	979-865-5911	Shannonh@austincounty.com

Community Support Funding Application Requirements Checklist

Court Appointed Special Advocates of Bastrop County (CASA)

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Not Required (not new applicant)
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED JUNE 27, 2019

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Court Appointed Special Advocates (CASA) of Bastrop County — Official Name of Organization

June 24, 2019 — Date

507 Water Street P.O. Box 623 (mailing) — Address

Bastrop — City

Tx — State

78602 — Zip

Kristi Glasper — Contact Person

executivedirector@casabastrop.com — E-mail

512-303-2272 — Phone Number

512-303-9637 — Fax Number

74-2522961 — Federal ID #

State ID #

$ 8,000 — Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 8,000 Amount Funded: $ 6,400

Provide a brief summary of your organization and the program you are requesting funds for:

Court Appointed Special Advocates (CASA) of Bastrop Counties,Inc provides advocacy for children who are removed from their homes by Child Protective Services (CPS) due to child abuse and/or neglect. CASA is appointed as the Guardian Ad-Litem by the court system. Once a child/children are removed from their homes, CPS seeks to find placement with other qualified family members, if not then the child/children are placed in licensed foster care homes. Many times family or foster care homes are not in the same community where the children were removed. Regardless of the placement of children, our organization is dedicated to serving 100% of children who are removed by CPS. Our organization is built on a foundation of recruiting community volunteers to advocate for children who are removed from the communities they live in. To ensure that CASA Staff and Advocates are effectively advocating for these children in care, funding plays a critical role. The requested funding will support Recruiting, Training and Retention of CASA Advocates, mileage to support the crucial contact needed with the children, foster families, biological families, schools, therapist and doctors so that CASA can make the best informed recommendation to the courts. In addition, the funding will be used to support a percentage of CASA operations and to assist in supporting Family/Fictive Kin placements The ultimate goal for CASA Staff and Advocates is to advocate on behalf of the children in the foster care system to ensure they are placed in a loving, safe and permanent home that is free of abuse and neglect.

Describe the results you have experienced with this program and include statistics:

For the last six years, CASA has been serving 100% of children that are in Temporary Conservatorship(TMC)of the Department of Family and Protective Services (DFPS) who have been removed from their homes due to child abuse and neglect either by CASA Volunteers or CASA Staff. Over the course of the last six years, our organization has also increased the number of volunteers. Our organization currently has a total of 87 volunteers, 74 of which are serving actively on cases. The remaining 13 are taking a leave of absence. 38 of the 87 Volunteers reside in Bastrop.
Attached is a chart showing the number of children served by our organization over a 3 year period. The chart indicates the breakout of children served in Bastrop County.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

Funding will be used to support the following: Monthly operations related to utilities and phone costs. Mileage to support CASA Staff as they serve children. Many times the children are placed out of the City of Bastrop and mileage is needed to support the travel to visit the children, and attending meetings related to the case. CASA Volunteer Training: support the 30 hour CASA training that is required for community members who want to become CASA Advocates. Printing training materials, other necessary training materials and refreshments for those attending the training. Volunteer Recruitment/Outreach Activities: activities related to recruiting new CASA Volunteers such as newspaper ads, printing of brochures and materials, Family/Fictive Kin Assistance: $50 gift cards will be available to assist in supporting family members or friends who are placement for our CASA Children. Many of the families and friends who take these children are on a fixed income. These cards can be used to assist for food, gas to take to doctors/therapy, registration for extracurricular activities, clothing/shoes. These children are our youngest most vunerable citizens, assisting them in navigating through the Foster Care system is our biggest asset. Allowing our community member to become CASA Advocates and to reach out and serve these children is a huge need and will become an even bigger need as Bastrop grows.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

We are asking for increased funding to assist in the increased number of children that are being removed from their homes due to child abuse and neglect. This funding will assist in mainly increasing the number of training provided to volunteers, increase the efforts in recruiting and retaining the current pool of volunteers. As the chart reflects, there has been a steady increase in the number of children removed in Bastrop. We have already exceeded the number last fiscal year and we still have a little over 2 months left in the current fiscal year at the writing of this application.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

Volunteer Fair last year provided a venue for our organization to recruit volunteers. There were 14 people who had indicated that they were interested in CASA, 7 of those followed through and became CASA Volunteers.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

Tracking will take plan in our OPTIMA data base system: Monthly tracking of the number of children entering the system
Monthly tracking of the number of children exiting the system and the outcome of the exit (reunification, adoption, aging out, etc)
Monthly tracking of the number of new volunteers to program and those who exit the program
Number of volunteers assigned to cases
Number of Professional Development Opportunities; number of volunteers attending Prof. Dev.
Quarterly tracking on the number of community awareness events.
Over the last 12 months: 76 Children were served; 38 Volunteers. However we have held community child abuse awareness activities in partnership with the Child Advocacy Center. (This number is not easy to track as this is available to all Bastrop County and tracking that number is difficult)

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Authorized Signature for the Applicant

6/26/2019
Date

Kristi Glasper
Name Printed or Typed

Executive Director
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 09-01 , 2017, and ending 08-31 , 2018

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) PO BOX 623

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Bastrop, TX 78602-0623

D Employer identification no. 74-2522961

E Telephone number (512) 303-2272

G Gross receipts $ 381,567

F Name and address of principal officer:

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H(c) Group exemption number ▶

J Website: ▶ WWW.CASABASTROP.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1987

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS WHO PROVIDE ADVOCACY SERVICES TO CHILD VICTIMS REMOVED BY THE STATE FROM HOMES BECAUSE OF ABUSE OR NEGLECT

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 VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	71
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	305,009	339,261
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294	268
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,258	42,038
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	339,561	381,567
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	227,764	286,334
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,483		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,432	122,737
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	341,196	409,071
19	Revenue less expenses. Subtract line 18 from line 12	(1,635)	(27,504)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	293,762	262,494
21	Total liabilities (Part X, line 26)	10,868	7,104
22	Net assets or fund balances. Subtract line 21 from line 20	282,894	255,390

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.

Sign Here

KRISTI GLASPER
Signature of officer

Date

KRISTI GLASPER, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
JIM ROBERTSON	JIM ROBERTSON	11-29-2018		P01215787

Firm's name ▶ JIM ROBERTSON — Firm's EIN ▶

Firm's address ▶ 391 LANDA ST, New Braunfels TX 78130 — Phone no 830-625-6073

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

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 ORGANIZATION RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS WHO PROVIDE ADVOCACY SERVICES TO CHILD VICTIMS REMOVED BY THE STATE FROM HOMES BECAUSE OF ABUSE OR NEGLECT

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 $ 338,741 including grants of $ _____) (Revenue $ _____)
THE ORGANIZATION RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS WHO PROVIDE ADVOCACY SERVICES TO CHILD VICTIMS REMOVED BY THE STATE FROM HOMES BECAUSE OF ABUSE OR NEGLECT. DURING THE FISCAL YEAR, THE ORGANIZATION SERVED APPROXIMATELY 331 CHILDREN WITH 71 VOLUNTEERS.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O.)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 338,741

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, 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*	11a	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
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*	11c		X
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	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	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 or note to any line in this Part VI . . . . . ☒

Section 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	1a 9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		X
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		X
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:			
a	The governing body?	8a	X	
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

Section 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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?			
a	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).			
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		X

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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: ▶

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHELINE GONZALES BOARD	2.00	X						0	0	0
(2) KAREN MAHONEY-WOODS BOARD	2.00	X						0	0	0
(3) BEBE GAINES BOARD	2.00	X						0	0	0
(4) AMBERLEY PALMER BOARD	2.00	X						0	0	0
(5) JEANETTE SHELBY BOARD	2.00	X						0	0	0
(6) DONNA JONES PRES	2.00			X				0	0	0
(7) MICHAEL YORK V PRES	2.00			X				0	0	0
(8) ANNA HARRIS BOARD	2.00			X				0	0	0
(9) PHILIP OESTREICH TREASURER	2.00			X				0	0	0
(10)KRISTI GLASPER EXECUTIVE DIRECTOR	40.00					X		72,332	0	0
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								72,332	0	0

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 ▶ 0

		Yes	No
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*		X
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*		X
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*		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	300,101			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	39,160			
	g Noncash contributions included in lines 1a-1f: $					
	h Total. Add lines 1a-1f ▶		339,261			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		268	268		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a	42,038				
	b Less: direct expenses b					
	c Net income or (loss) from fundraising events ▶		42,038			42,038
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶					
	12 Total revenue. See instructions ▶		381,567	268	0	42,038

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	66,332	33,166	16,583	16,583
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	200,529	193,666	4,766	2,097
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,473	16,552	1,558	1,363
11 Fees for services (non-employees)				
a Management				
b Legal	1,266		1,266	
c Accounting	7,000		7,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	11,667	9,917	933	817
14 Information technology				
15 Royalties				
16 Occupancy	15,227	13,804	1,092	331
17 Travel	31,117	31,117		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,641	4,177	464	
23 Insurance	5,707	5,136	571	
24 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.)				
a OTHER PROGRAM	21,848	21,848		
b TELEPHONE	8,256	7,018	660	578
c STAFF DEVELOPMENT	1,073	1,073		
d OTHER	14,935	1,267	954	12,714
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	409,071	338,741	35,847	34,483
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	47,689	1	24,762
	2	Savings and temporary cash investments	32,397	2	22,218
	3	Pledges and grants receivable, net	35,074	3	39,002
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	2,550
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 234,167; 10b: 60,205			
	b	Less: accumulated depreciation	178,602	10c	173,962
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	293,762	16	262,494
Liabilities	17	Accounts payable and accrued expenses	10,868	17	7,104
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	**Total liabilities.** Add lines 17 through 25	10,868	26	7,104
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	282,894	27	255,390
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	282,894	33	255,390
	34	Total liabilities and net assets/fund balances	293,762	34	262,494

Part XII Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	381,567
2	Total expenses (must equal Part IX, column (A), line 25)	2	409,071
3	Revenue less expenses. Subtract line 2 from line 1	3	(27,504)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	282,894
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	255,390

Part XIII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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			
c	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.	2c		X
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Employer identification number

74-2522961

Part I 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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part III **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	244,045	259,113	290,384	304,276	339,261	1,437,079
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	244,045	259,113	290,384	304,276	339,261	1,437,079
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,437,079

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	244,045	259,113	290,384	304,276	339,261	1,437,079
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,239	359	313	294	268	2,473
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	14,077	11,387	26,176	34,258	42,038	127,936
11 **Total support.** Add lines 7 through 10						1,567,488
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	91.68 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	93.01 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part VI **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify **those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

		Current Year
Section D - Distributions		
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to *www.irs.gov/Form990 for the latest information.*

OMB No. 1545-0047

2017

Name of the organization
COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Employer identification number
74-2522961

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Employer identification number: 74-2522961

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEE COUNTY 200 S MAIN ROOM 107 Giddings, TX 78942	$ 7,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	COUNTY OF BASTROP 804 PECAN ST Bastrop, TX 78602	$ 11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	FAYETTE COUNTY 230 W COLORADO ST La Grange, TX 78945	$ 12,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CITY OF BASTROP PO BOX 427 Bastrop, TX 78602	$ 5,555	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Employer identification number

74-2522961

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 the organization's 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.

b 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 ▶ $ _____

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ 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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on 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 on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%.

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,450		60,450
b Buildings		164,737	51,736	113,001
c Leasehold improvements				
d Equipment		8,980	8,469	511
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				173,962

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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 . . . . . ☐

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.

1	Total revenue, gains, and other support per audited financial statements		1	381,567
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	381,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*		5	381,567

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.

1	Total expenses and losses per audited financial statements		1	409,071
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	409,071
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*		5	409,071

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.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Employer identification number

74-2522961

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.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ 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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

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.

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.

		(a) Event #1 EVENTS (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	42,038			42,038
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	42,038			42,038
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,038

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

COURT APPOINTED SPECIAL ADVOCATES OF BASTROP COUNT

Employer identification number

74-2522961

01. Form 990 governing body review (Part VI, line 11)

REVIEWED BY EXEC DIRECTOR BEFORE FILING

02. Conflict of interest policy compliance (Part VI, line 12c)

CASA MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY. EACH DIRECTOR IS RESPONSIBLE TO REPORT ANY CONFLICTS WITH THE OPERATIONS OF THE ORGANIZATION. THE EXEC DIRECTOR OVERSEES OPERATIONS AND SCREENS ALL ORGANIZATIONS THAT CASA WORKS WITH FOR CUNFLICT.

03. CEO, executive director, top management comp (Part VI, line 15a)

CASA'S EXEC COMMITTEE ACCUMULATES THE REQUIRED INFORMATION FOR THE EXEC DIRECTOR COMPENSATION REVIEW. THIS IS PRESENTED TO THE BOARD ANNUALLY FOR REVIEW AN APPROVAL. NO OTHER DIRECTOR OR OFFICER IS COMPENSATED

04. Governing documents, etc, available to public (Part VI, line 19)

CASA MAKES THE ORGANZIATION'SGOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 OPEN TO THE PUBLIC DURING CASA'S HOURS OF OPERATIONS . THE DOCUMENTS ARE KEPT ON FILE IN CASA'S OFFICE AND ARE AVAILABLE FOR INSPECTION.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
COURT APPOINTED SPECIAL ADVOCATE	FORM 990 - 1	74-2522961

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part III Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,641

Part II MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	4,641
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

CASA
Court Appointed Special Advocates
FOR CHILDREN

CASA of Bastrop,
Fayette & Lee Counties

CITY OF BASTROP
PROPOSED BUDGET
Fiscal Year 2019-2020

Budget Category	Requested Funding
Bastrop CASA Office Monthly Operations: Utilities, office phone & cell phones ($200 x 12 months)	$2,400
Mileage for CASA Staff: Mileage for child visits, meetings related to cases (3,000 miles x .58 per mile)	$1,740
Volunteer Training Classes: Training manual & materials, refreshments ($500 x 4 classes)	$2,000
Volunteer Recruitment/Outreach Activities: Newspaper Ads, brochure printing, materials for recruitment fairs, child abuse/neglect outreach efforts ($122 x 5months)	$610
Family/Fictive Kin Assistance: Assistance to support family members or friends who are placement for children. These will be given in Gift Cards (examples: food, gas to support assisting to therapy or Doctors, registration for extracurricular activities; clothes/shoes) (25 gift cards x $50) *These will be handed out on an as needed basis and not to every placement*	$1,250
Total amount of request	**$8,000**

CASA
Court Appointed Special Advocates
FOR CHILDREN
CASA of Bastrop, Fayette & Lee Counties

OTHER SOURCES OF FUNDING

- Victims of Crimes Act (VOCA) Federal Grant
- Crime Victims Compensation (CVC) State Grant
- Other Victims Assistance Grant (OVAG) State Grant
- City/County Funding
    - Fayette County
    - Bastrop County
    - Lee County
    - City of Giddings
    - City of Elgin
    - City of LaGrange
    - City of Smithville
    - City of Bastrop
- Texas Women's League (Fayette County non-profit organization that provides financial assistance local charities)
- Individual Donations
- Fundraising Efforts

CASA
Court Appointed Special Advocates
FOR CHILDREN
CASA of Bastrop, Fayette & Lee Counties
www.caseofbastrop.org

Governing Board Member List
2018-2019 Fiscal Year
As of April 2019

Name	Board Appointment	Community Business/ Organization	Phone Number	Address	Email Address	County	TERM
Donna Jones	President	Community Member	(832) 326-9613	P.O. Box 865, Bastrop, TX 78602	djones1pmr@aol.com	Bastrop	8/2012 3rd
Michael York	Vice President	Lee County/ Justice of the Peace	(979) 540-6030	P.O. Box 263 Lincoln, TX 78948	mikeyork1424@yahoo.com	Lee	8/2014 2nd
Philip Oestreich	Treasurer	Thrivent Financial	(979) 968-8434	1903 Janssen Lane LaGrange, TX 78945	philo@cvctx.com	Fayette	8/2014 2nd
Jeanette Shelby	Board Member	Jeanette Shelby Realty	(512) 281-3412	150 Forest Dr. Elgin, TX 78621	jeanetteshelby@yahoo.com	Bastrop	1/2015 2nd
Kathleen Gonzales	Secretary	Community Member	(512)-560-5704	105 Pheasant Trail Bastrop, Tx 78602	Katastrophy04@yahoo.com	Bastrop	3/2017 1st
Karen Mahoney-Woods	Board Member	Attorney/ Community Member	(979)-639-5114	485 N. Jefferson St, LaGrange, Tx 78945	karenmahoneylaw@aol.com	Fayette	3/2017 1st
Bebe Gaines	Board Member	Community Member	(512) 422-4384	108 Fish Camp Rd Smithville, Tx 78957	bebegaines@gmail.com	Bastrop	5/2017 1st
Amberley Palmer	Board Member	Classic Bank	512-788-7594	493 Hwy 71 Bastrop, TX 78602	aplamer@classicbank.com	Bastrop	11/2017 1st
Joan Alyce Lugert	Board Member	Community Member	512-689-0655	383 Lower Red Rock Rd Bastrop Tx 78602	JA@JOANALYCE.COM	Bastrop	2/2019 1st
Mike Cannon	Board Member	CASA Volunteer	979.255.2030	619 Country Club Ct LaGrange	mkcjlc@gmail.com	Fayette	4/2019 1st

Total Number of Children Served by Fiscal Year (Fiscal Year runs from September 1- August 31)			
	Fiscal Year 17	**Fiscal Year 18**	**Fiscal Year 19***
Bastrop County			
Bastrop	68	73	76*
Smithville	33	30	29*
Elgin	30	44	34*
Cedar Creek	32	51	43*
Paige	5	5	6*
Red R0ck	3	5	6*
Del Valle	4	9	10*
Dale	2	1	0*
McDade	2	2	0*
Bastrop County Totals	**179**	**220**	**204***
TOTAL BY COUNTY			
Bastrop County	179	220	204*
Lee County	43	40	47*
Fayette County	62	50	46*
Total Children Served in 3 County Service Area	**285**	**310**	**297***

* Note Fiscal Year 2019 does not end till August 31, 2019. There are a little over 2 months left. The data shown from Sept 1, 2019 to June 24, 2019.

Community Support Funding Application Requirements Checklist

Family Crisis Center-Bastrop County Womens Shelter

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED June 24, 2018

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Bastrop County Women's Shelter, dba Family Crisis Center — June 17, 2019
Official Name of Organization — Date

P.O. Box 736 — Bastrop — TX — 78602
Address — City — State — Zip

Sherry Murphy — sherrym@familycrisiscenter.us
Contact Person — E-mail

512-321-7760 — 512-321-7771
Phone Number — Fax Number

74-2304542 — 17423045420
Federal ID # — State ID #

$ 10,000
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 10,000 Amount Funded: $ 9,200

Provide a brief summary of your organization and the program you are requesting funds for:

The Family Crisis Center requests $10,000 in funding from the City of Bastrop to help support services to individuals in Bastrop impacted by domestic or sexual violence. Programs and services provided by the Center include: community violence prevention programs for youth and adults; crisis intervention and advocacy; safety planning; emergency shelter; counseling; transitional housing; hospital and court accompaniment; assistance filing assault charges, seeking protective orders, and applying for Crime Victims' Compensation; and mandated violence intervention programs including a state-accredited Batterer's Intervention Program (BIPP) and the Protective Parenting program. The Center provides a continuum of care through its core victim service programs, which are aimed at creating sustainable change in the lives of individuals impacted by domestic violence and sexual assault.

Describe the results you have experienced with this program and include statistics:

In fiscal year 2018, the Family Crisis Center provided 337 City of Bastrop residents crisis services; 1,612 nights of emergency shelter were provided for 33 adults and 32 children; transitional housing was provided for 10 adults and 8 children; 2 adults and 2 youth were provided with SANE exams; 36 adults were provided with violence intervention and prevention services through the Adult Intervention Violence Program (AVIP); 9 adults were provided with parenting education through the Protective Parenting Program; 159 anti-violence & anti-victimization presentations were made to 1,650 elementary and 1,505 middle and high school students, and 511 community members. The agency also coordinates and secures funding for the local Sexual Assault Nurse Examiners (SANE) Program, a collaborative initiative with Children's Advocacy Center that provides forensic medical examinations for victims of sexual assault. Additionally, the Center collaborates with other social service agencies and organizations, representatives of local government, the criminal justice system, and community groups and participates in several community initiatives aimed at increasing victim safety and maintaining offender accountability.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

By providing comprehensive victim services, the Family Crisis Center works to ensure victim safety, reduce the number of individuals who experience re-victimization, and empower survivors to move beyond crisis and develop new skills that will help them reach their goals. Crisis intervention services focus on victim safety and providing clients with support, information and options. Counseling services meet a critical need for individuals in rural communities to overcome the challenges resulting from violence. Emergency shelter services are a vital resource for individuals and families fleeing their homes due to domestic or sexual violence. Transitional housing provides families with the time and support necessary to begin rebuilding their lives free from violence. Additionally, agency staff provides Spanish-language services for underserved, immigrant clients including translation, advocacy, accompaniment, and counseling services.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

Funds will support access to core victim services for City of Bastrop residents including crisis intervention services including a 24/7 crisis hotline and on-call Advocates; emergency shelter; transitional housing; and counseling for individuals impacted by domestic and sexual violence and their families.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

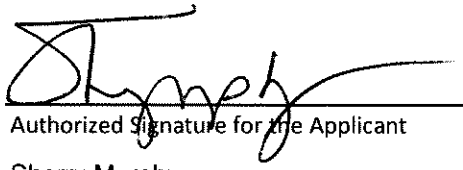
The City of Bastrop provided the agency with use of the Covention Center for a community luncheon in 2018; waived fees for the agency relating to various projects including construction of the agency's community thrift store in 2005; construction of the transitional housing apartment complex in 1999; and construction of the agency's direct service/administrative office in 1996.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

The Family Crisis Center's staff will track and record services provided to residents of the City of Bastrop through client service files and staff service logs, which are turned in on a weekly basis. Client and service data is maintained in the Center's client database. Client data includes demographic information such as address, city of residence, county of residence, and postal code for statistical and reporting purposes.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐



Authorized Signature for the Applicant

6/17/2019

Date

Sherry Murphy

Executive Director

Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

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 private foundations)
► Do not enter social security numbers on this form as it may be made public.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10/01 , 2017, and ending 9/30 , 2018

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C
Bastrop County Women's Shelter
dba Family Crisis Center
PO Box 736
Bastrop, TX 78602

D Employer identification number: 74-2304542

E Telephone number: 512-321-7760

G Gross receipts $ 2,781,603.

F Name and address of principal officer: Sherry Murphy
Same As C Above

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.family-crisis-center.org

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of formation: 1983

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: See Schedule O

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 VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	74
6	Total number of volunteers (estimate if necessary)	6	213
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,773,508.	2,162,189.
9	Program service revenue (Part VIII, line 2g)	19,364.	21,943.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,510.	9,497.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	294,968.	320,745.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,091,350.	2,514,374.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,543,247.	1,788,700.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 299,314.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	590,486.	615,243.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,133,733.	2,403,943.
19	Revenue less expenses. Subtract line 18 from line 12	-42,383.	110,431.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,958,863.	3,001,744.
21	Total liabilities (Part X, line 26)	1,170,941.	1,103,391.
22	Net assets or fund balances. Subtract line 21 from line 20	1,787,922.	1,898,353.

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

Sign Here

Signature of officer — Date: 4/25/19

Type or print name and title: Sherry Murphy, Executive Director

Paid Preparer Use Only

Print/Type preparer's name: STEPHANIE E. HARRIS	Preparer's signature	Date: 04.16.2019	Check [ ] if self-employed; PTIN: P01604893
Firm's name ► BELT HARRIS PECHACEK, LLLP			Firm's EIN ► 26-2686915
Firm's address ► 3210 BINGLE ROAD, SUITE 300 HOUSTON, TX 77055			Phone no. (713) 263-1123

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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 $ 1,991,017. including grants of $) (Revenue $ 2,184,133.)

The mission of the Center is to be the expert resource and service provider in eliminating domestic and sexual violence in Bastrop, Colorado, Fayette and Lee Counties. The Center provides emergency shelter; crisis intervention and advocacy; counseling; and transitional housing to victims of these issues. In addition, the Center provides offender accountability programs and community prevention and education services.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► 1,991,017.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		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, 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*	11 a	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*	11 b		X
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*	11 c		X
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*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	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*	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI and XII*	12a	X	
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*	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I* (see instructions)	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	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	**20a**		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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*	**21**		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		X
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**		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		X
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**		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If 'Yes,' complete Schedule L, Part II*	**26**		X
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):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	**28c**		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 Part V, line 1*	**34**		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	X	

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 ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	74		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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?	3a			X
b	If 'Yes,' has it filed a Form 990-T for this year? *If 'No' to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If 'Yes,' enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b			

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 or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a** 8		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		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**		X
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**		X
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:			
a	The governing body?	**8a**	X	
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

Section 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**		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
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	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* See Schedule O	**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?			
a	The organization's CEO, Executive Director, or top management official . . See Schedule O	**15a**	X	
b	Other officers or key employees of the organization . . . See Schedule O	**15b**	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		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**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

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) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] 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, and financial statements available to the public during the tax year. See Schedule O

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

Sherry Murphy 431 Old Austin Highway Bastrop TX 78602 512-321-7760

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sarah Newman-Altamirano	1									
Board President	0	X		X				0.	0.	0.
(2) Robert Barker	1									
Board Vice Pres	0	X		X				0.	0.	0.
(3) Patricia Allen	1									
Board Secretary	0	X		X				0.	0.	0.
(4) Susan Farris	1									
Board Treasurer	0	X		X				0.	0.	0.
(5) Darlia Maxwell	1									
Parliamentarian	0	X		X				0.	0.	0.
(6) Linda Field	1									
Board Member	0	X						0.	0.	0.
(7) Ada Castle	1									
Board Member	0	X						0.	0.	0.
(8) David Conner	1									
Board Member	0	X						0.	0.	0.
(9) Sherry Murphy	40									
Executive Dir.	0	X		X				62,046.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								62,046.	0.	0.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								62,046.	0.	0.

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 ► 0

		Yes	No
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*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes,' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,392,807.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	769,382.			
	g Noncash contributions included in lines 1a-1f: $		365,557.			
	h **Total.** Add lines 1a-1f		2,162,189.			
Program Service Revenue		Business Code				
	2a Mandated/Offender Svcs	624100	21,943.	21,943.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		21,943.			
	3 Investment income (including dividends, interest and other similar amounts)		9,497.	9,497.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	38,405.				
	b Less: rental expenses					
	c Rental income or (loss)	38,405.				
	d Net rental income or (loss)		38,405.	38,405.		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a 78,898.				
	b Less: direct expenses	b 49,604.				
	c Net income or (loss) from fundraising events		29,294.			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a 438,549.				
	b Less: cost of goods sold	b 217,625.				
	c Net income or (loss) from sales of inventory		220,924.	220,924.		
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous income		32,122.	32,122.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		32,122.			
	12 **Total revenue.** See instructions		2,514,374.	322,891.	0.	0.

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	62,046.	0.	62,046.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	1,562,089.	1,342,867.	34,967.	184,255.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,709.	23,257.	1,272.	3,180.
9 Other employee benefits	10,686.	7,718.	281.	2,687.
10 Payroll taxes	126,170.	104,333.	7,409.	14,428.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,582.	12,220.	500.	1,862.
12 Advertising and promotion	663.	302.		361.
13 Office expenses	143,694.	111,960.	2,815.	28,919.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	47,765.	44,056.	1,034.	2,675.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	52,776.	40,751.		12,025.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	95,068.	70,275.		24,793.
23 Insurance	36,053.	26,591.	815.	8,647.
24 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.)				
a Specific assistance	129,557.	129,557.		
b Maintenance and Repairs	70,765.	60,125.	2,205.	8,435.
c Miscellaneous Expense	14,150.	7,194.	9.	6,947.
d Training	6,109.	5,775.	234.	100.
e All other expenses	4,061.	4,036.	25.	
25 **Total functional expenses.** Add lines 1 through 24e	2,403,943.	1,991,017.	113,612.	299,314.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash — non-interest-bearing		390,385.	1	439,500.
	2	Savings and temporary cash investments		180,452.	2	181,440.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		192,378.	4	238,902.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		20,000.	8	20,000.
	9	Prepaid expenses and deferred charges		3,457.	9	1,148.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,031,508.			
	b	Less: accumulated depreciation	10b 1,910,904.	2,172,041.	10c	2,120,604.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		150.	15	150.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,958,863.	16	3,001,744.
Liabilities	17	Accounts payable and accrued expenses		59,144.	17	65,576.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,057,561.	23	986,419.
	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		54,236.	25	51,396.
	26	**Total liabilities.** Add lines 17 through 25		1,170,941.	26	1,103,391.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,774,976.	27	1,898,353.
	28	Temporarily restricted net assets		12,946.	28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,787,922.	33	1,898,353.
	34	Total liabilities and net assets/fund balances		2,958,863.	34	3,001,744.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,514,374.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,403,943.
3	Revenue less expenses. Subtract line 2 from line 1	3	110,431.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,787,922.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,898,353.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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			
c	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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?	3a	X	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

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.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	**Employer identification number**
Bastrop County Women's Shelter dba Family Crisis Center	74-2304542

Part I 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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,658,697.	1,703,041.	1,803,511.	1,773,508.	2,162,190.	9,100,947.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	19,470.	19,470.	19,470.	7,416.	7,416.	73,242.
4 **Total.** Add lines 1 through 3	1,678,167.	1,722,511.	1,822,981.	1,780,924.	2,169,606.	9,174,189.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						9,174,189.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,678,167.	1,722,511.	1,822,981.	1,780,924.	2,169,606.	9,174,189.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	507.	319.	5,880.	3,510.	9,497.	19,713.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	58,444.	53,572.	49,479.	50,766.	38,405.	250,666.
11 **Total support.** Add lines 7 through 10						9,444,568.

12 Gross receipts from related activities, etc. (see instructions) 12 1,534,130.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.14 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.04 %

16a **33-1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► X

b **33-1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If 'No,' describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If 'Yes,' answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If 'Yes,' describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If 'Yes,' explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? *If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If 'Yes,' describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If 'Yes,' explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If 'Yes,' provide detail in* ***Part VI****.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If 'Yes,' provide detail in* ***Part VI****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If 'Yes,' answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**	
b	A family member of a person described in (a) above?	**11b**	
c	A 35% controlled entity of a person described in (a) or (b) above? *If 'Yes' to a, b, or c, provide detail in* ***Part VI.***	**11c**	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If 'No,' describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax* year.	**1**	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If 'No,' describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If 'No,' explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If 'Yes,' describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

- **a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

		Yes	No
2	Activities Test. ***Answer (a) and (b) below.***		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If 'Yes,' then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**	
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4).	8		

Section B – Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C – Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions.	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source	2017	2016	2015	2014	2013
Rental income	$ 38,405.	$ 50,766.	$ 49,479.	$ 53,572.	$ 58,444.
Total	$ 38,405.	$ 50,766.	$ 49,479.	$ 53,572.	$ 58,444.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Bastrop County Women's Shelter
dba Family Crisis Center

Employer identification number

74-2304542

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 the organization's 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.

b 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 ►$

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ 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.

1 a 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:

		Amount
c Beginning balance	**1 c**	
d Additions during the year	**1 d**	
e Distributions during the year	**1 e**	
f Ending balance	**1 f**	

2 a 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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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%.

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

		Yes	No
(i) unrelated organizations	**3a(i)**		
(ii) related organizations	**3a(ii)**		
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		153,866.		153,866.
b Buildings		3,249,182.	1,353,509.	1,895,673.
c Leasehold improvements				
d Equipment		62,209.	49,665.	12,544.
e Other		566,251.	507,730.	58,521.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ►				2,120,604.

Part VII **Investments – Other Securities.** N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►		

Part VIII **Investments – Program Related.** N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX **Other Assets.** N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	**(b)** Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (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

(a) Description of liability	**(b)** Book value
(1) Federal income taxes	
(2) Compensated absences payable	20,635.
(3) Grant advance	26,261.
(4) Rent deposits	4,500.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	51,396.

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 ☐

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.

1	Total revenue, gains, and other support per audited financial statements			**1**	2,563,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**			
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**			
e	Add lines **2a** through **2d**			**2e**	
3	Subtract line **2e** from line **1**			**3**	2,563,978.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.) See Part XIII	**4b**	-49,604.		
c	Add lines **4a** and **4b**			**4c**	-49,604.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			**5**	2,514,374.

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.

1	Total expenses and losses per audited financial statements			**1**	2,453,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	**2a**			
b	Prior year adjustments	**2b**			
c	Other losses	**2c**			
d	Other (Describe in Part XIII.) See Part XIII	**2d**	49,604.		
e	Add lines **2a** through **2d**			**2e**	49,604.
3	Subtract line **2e** from line **1**			**3**	2,403,943.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	**4a**			
b	Other (Describe in Part XIII.)	**4b**			
c	Add lines **4a** and **4b**			**4c**	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			**5**	2,403,943.

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.

Schedule D, Part XI, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

Special events expense	$ -49,604.
Total	$ -49,604.

Schedule D, Part XII, Line 2d
Other Expenses And Losses Per Audited F/S

Special events expense	$ 49,604.
Total	$ 49,604.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to *www.irs.gov/Form990* for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Bastrop County Women's Shelter
dba Family Crisis Center

Employer identification number: 74-2304542

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.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ 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**

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in column **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ►							0.

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.

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.

		(a) Event #1 Various Events (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	78,898.			78,898.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	78,898.			78,898.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	49,604.			49,604.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				49,604.
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,294.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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: _____

10 a 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 ► $ _____

c 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 to be 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 provide any additional information. See instructions.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ► **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ► **Attach to Form 990.**
- ► **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: Bastrop County Women's Shelter
dba Family Crisis Center

Employer identification number: 74-2304542

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		295,969.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial	X	4	28,837.	FMV
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Imputd interest)	X	1	40,751.	Amortization
26	Other ► ( )				
27	Other ► ( )				
28	Other ► ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If 'Yes,' describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If 'Yes,' describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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. ► Go to *www.irs.gov/Form990* for the latest information.	2017 Open to Public Inspection

Name of the organization	Employer identification number
Bastrop County Women's Shelter dba Family Crisis Center	74-2304542

Form 990, Part I, Line 1 - Organization Mission or Significant Activities

The mission of the Center is to be the expert resource and service provider in eliminating domestic and sexual violence in Bastrop, Colorado, Fayette and Lee Counties. The Center provides emergency shelter; crisis intervention and advocacy; counseling; and transitional housing to victims of these issues. In addition, the Center provides offender accountability programs and community prevention and education services.

Form 990, Part III, Line 1 - Organization Mission

The mission of the Center is to be the expert resource and service provider in eliminating domestic and sexual violence in Bastrop, Colorado, Fayette and Lee Counties. The Center provides emergency shelter; crisis intervention and advocacy; counseling; and transitional housing to victims of these issues. In addition, the Center provides offender accountability programs and community prevention and education services.

Form 990, Part VI, Line 11b - Form 990 Review Process

Upon completion, the 990 is sent out to board members one week prior to next scheduled board meeting so that board members have the opportunity to review prior to the meeting. Board members have the opportunity to ask questions or share any comments, concerns or possible corrections regarding the document at the board meeting.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The policy is provided to board members to review periodically for compliance.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation of the Executive Director is discussed as part of the position's annual evaluation process.

Name of the organization: Bastrop County Women's Shelter dba Family Crisis Center

Employer identification number: 74-2304542

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Salary surveys from comparable organizations across the state aid in the review process of employee compensation.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Annual reports are posted on the website and the website states how to contact us if there are questions regarding the Center.

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Bastrop County Women's Shelter dba Family Crisis Center	74-2304542
Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
PO Box 736	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Bastrop, TX 78602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Sherry Murphy

  Telephone No. ► 512-321-7760 Fax No. ► 512-321-7771
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . ► ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 8/15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 ____ or

► ☒ tax year beginning 10/01, 20 17, and ending 9/30, 20 18.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	**3a**	$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2017)

Bastrop County Women's Shelter, dba Family Crisis Center
FY20 Preliminary Proposed Budget
Consolidated for All Facilities and Programs
October 1, 2019 - September 30, 2020

	Total Agency Budget	City of Bastrop Funding
Anticipated Revenues		
Government Grants	1,510,000	
Private & Corporate Foundations	120,000	
Local City & County Funding	52,000	**10,000**
Local Contributions & Workplace Designations	55,000	
Program Fees	45,000	
Transitional Housing Rent Income	48,000	
Special Event/Fundraising Income	45,000	
Thrift Store Income	500,000	
Interest, Dividends, Refunds, & Other Income	6,000	
Total Anticipated Revenues	**$ 2,381,000**	**$ 10,000**
Anticipated Expenditures		
Salaries	1,715,000	**9,075**
Payroll Taxes and Employee Benefits	175,000	**925**
Staff Travel (staff mileage providing agency services/functions)	56,000	
Direct Client Assistance (shelter food & supplies & other direct client assist.)	40,000	
Supplies (office consumables, program specific supplies & postage)	25,233	
Equipment and Equipment Lease/Maintenance Contracts	30,000	
Communications (VOIP phones & service, cell phones, and internet fees)	20,800	
Utilities/Facility Costs (electric, water, sewer & garbage for all facilities)	49,000	
Insurance (property, general & professional liability, D&O, and vehicle)	41,500	
Contracts/Professional Fees (Audit/990, interpertation & Spanish counseling)	18,000	
Maintenance/Repairs (doc. shredding, building maint., network & software)	71,100	
Interest and Debt Reduction	83,167	
Special Event/Fundraising Expenses	28,000	
Subscriptions, Memberships, Fees, and Advertising	18,000	
Staff and Volunteer Training and Support	8,400	
Vehicle Costs	1,800	
Total Anticipated Expenditures	**$ 2,381,000**	**$ 10,000**

Internal Revenue Service
District Director

Department of the Treasury

1100 COMMERCE STREET
DALLAS TX 75242 0000

Date: FEB 17 1989

Employer Identification Number:
74-2304542
Contact Person:
EO TECHNICAL ASSISTOR
Contact Telephone Number:
(214) 767-3526

BASTROP COUNTY WOMENS SHELTER INC
P O BOX 736
BASTROP, TX 78602

Our Letter Dated:
July 10, 1984
Addendem Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(1).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions please contact the person whose name and telephone number are shown above.

Sincerely yours,

Gary O. Booth
District Director

Letter 1050(DO/CG)

Bastrop County Women's Shelter, dba Family Crisis Center
FY 2020 Funding Sources (confirmed & prospective)
October 1, 2019 - September 30, 2020

Government Grants		**$ 1,510,000**
Criminal Justice Division of the Governor's Office - General Victim Assistance Grant	380,000	
Office of the Attorney General (OAG) - Other Victims Assistance Grant	42,000	
OAG - Sexual Assault Prevention and Crisis Services Federal Grant	85,000	
OAG - Sexual Assault Prevention and Crisis Services State Grant	112,800	
Office on Violence Against Women (OVW) - Improving Criminal Justice Response Grant	115,000	
OVW - Rural Sexual Assault, Domestic Violence, Dating Violence & Stalking Grant	122,000	
OVW - Transitional Housing Grant	109,200	
TX Dept. of Health and Human Services - Family Violence Program Grant	300,000	
TX Dept. of Health and Human Services - Special Nonresidential Project Grant	72,000	
Department of Health & Human Services - Safe and Nurturing Families	60,000	
TX Dept. of Housing & Community Affairs - Emergency Solutions Grant	80,000	
Community Justice Assistance Division - Batterer's Intervention & Prevention Program	32,000	
Foundation & Corporate Grants		**$ 120,000**
City/County Funding		**$ 52,000**
Bastrop County	11,000	
City of Elgin	2,800	
City of Bastrop	10,000	
City of Smithville	-	
Fayette County & Municipalities in Fayette County	14,350	
Lee County & Municipalitites in Lee County	7,850	
Colorado County & Municipalities in Colorado County	6,000	
Local Contributions & Workplace Designations		**$ 55,000**
Mandated Program Fees & Rent Income		**$ 93,000**
Fundraising/Special Events		**$ 45,000**
Thrift Store Revenue		**$ 500,000**
		$ 6,000
		$ 2,381,000

PO Box 736/431 Old Austin Highway
Bastrop, TX 78602
512-321-7760 | 888-311-7755 (toll free)
www.family-crisis-center.org

Family Crisis Center
Board of Directors
Fiscal Year 2019

Sarah Newman-Altamirano, President
Attorney
1508 Pecan Street, Bastrop, TX 78602
Cell Phone: (512) 718-7013
Work Phone: (512) 332-7928
Email: sarah.newman-altamirano@bluebonnet.coop

Robert Barker, Vice President
Retired Non-Profit CEO
220 Wagon Way, Bastrop, TX 78602
Cell Phone: (561) 427-3495
Email: barker.robert1@gmail.com

Patricia Allen, Secretary
Compliance Attorney
113 Frontier Trail, Bastrop, TX 78602
Work Phone: (512) 332-7953
Cell Phone: (512) 569-7456
Email: patricia.allen@bluebonnet.coop

Susan Farris, Treasurer
Clinical Social Worker
P.O. Box 1375, Bastrop, TX 78602
Home Phone: (512) 971-0063
Email: slfarris@att.net

Darlia Maxwell, Parliamentarian
Marketing Professional
2814 Airport Road, La Grange, TX 78945
Cell Phone: (979) 966-9046
Email: darliam@cvctx.com

Ada Castle
Retired College Administrator
13817 County Line Road #403, Elgin, TX 78621
Cell Phone: (616) 238-1018
Email: ada.castle@sbcglobal.net

David Connor
Retired Probation Officer & LCDC Counselor
303 Centennial, Carmine, TX 78932
Cell Phone: 979-966-8054
Email: drc1996155@yahoo.com

Tim Craig
Community Bank President
2705 Margarita CT, Round Rock, TX 78665
Cell Phone: 512-417-3512
Email: tim.craig@bxs.com

Terry Beattie
Retired Health & Human Services Director
616 Rebecca Lane, Bastrop, TX 78602
Cell Phone: 512-773-6155
Email: terrygbeattie@gmail.com

Linda Field
Retired School Counselor
1185 CR 205, Giddings, TX 78942
Cell Phone: (979) 204-3343
Email: lsnfield@gmail.com

Jenna Fohn Thomas
Human Resource Officer
136 Swift Water Loop, Bastrop, TX 78602
Cell Phone: 512-924-6773
Email: jfohn@fnbbastrop.com

Community Support Funding Application Requirements Checklist

Feed the Need Missions

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Not Required (not new applicant)
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

MAILING ADDRESS
PO BOX 1542
BASTROP, TX 78602

PHONE
(888) 511-7173

EMAIL
info@feedtheneed.org

WEBSITE
feedtheneed.org

City of Bastrop
P.O. Box 427
1311 Chestnut St.
Bastrop, TX 78602

June 27, 2019

Attn: Finance Department

To Whom It May Concern:

In regard to the 2020 Community Support Funding Application I have enclosed the following information:

- 2020 Community Support Funding Application with an Exhibit "A"
- Proposed Budget FY2019-2020
- Designated Bastrop Area Funds
- List of Board of Directors
- 2017 IRS Form 990

If you have any questions or comments, please do not hesitate to contact our office at 888-511-7173 ext. 210

Sincerely,

Christine Farquhar
Donor Relations/Administrative Assistant

RECEIVED
JUN 27 2019
CITY OF BASTROP
FINANCE DEPARTMENT

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Feed the Need Missions — Official Name of Organization

6/11/2019 — Date

PO Box 1542 — Address | Bastrop — City | TX — State | 78602 — Zip

Christine Farquhar and Jace Allen — Contact Person

christine.farquhar@feedtheneed.org/jace.allen@feed — E-mail

888-511-7173 — Phone Number

Fax Number

27-3419631 — Federal ID #

8013134888 — State ID #

$9, 823.20 — Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $15,000 Amount Funded: $6,500

Provide a brief summary of your organization and the program you are requesting funds for:

See Attached Exhibit "A"

Describe the results you have experienced with this program and include statistics:

Consistently meeting every week, by providing a hot meal, has made a great impact in the community. Over the last 12 months, we provided 416 meals per week at the two City of Bastrop locations, this helps to fill a physical need, but it also fosters community to help meet the social, emotional and spiritual support to the community. This comes from about 32 volunteers every week who have provided 4,815 volunteer hours over the past 12 months.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

The City of Bastrop funds will be used provide food, supplies, equipment and the ongoing support for the two sites in the City of Bastrop. This program benefits the community by providing a hot meal to anyone in need, consistently every week, to help with social, spiritual, emotional, and physical needs amongst those impoverished.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

Feed the Need Missions will not be requesting larger funds than last year.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

Feed the Need Missions has not received any in-kind services from the City of Bastrop.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

Feed the Need Missions Site Coordinators track the number of meals served every week. In the last 12 months we have served the following:

Bastrop South Site (Primera Baptist Church):	12,480 meals
Bastrop North Site (603 Linden St.):	9,152 meals
Total for two sites:	21,632 meals

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Authorized Signature for the Applicant

6/27/19
Date

Jace Allen
Name Printed or Typed

Bastrop Area Program Coordinator
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

Exhibit "A"

Provide a brief summary of your organization and the program you are requesting funds for:

Feed the Need Missions was established as a 501(c)3 in 2010. We created a weekly cookout where we could meet physical needs by providing a meal while also addressing a spiritual need by sharing the gospel. In September 2011, we jumped into action our home town (Bastrop, TX) and served over 18,000 meals in the first two weeks following the massive wildfire which forced thousands to evacuate their homes. This led to Feed the Need Missions selecting its first President, Jonah Beyer. From 2012-2016, we continued to learn as we grew and responded to more disasters. We began to add weekly sites where we could reach more people with the love and message of Jesus. Throughout that time, we responded to 10 disasters by sending teams of staff and volunteers to provide hot meals, prayer, and a listening ear. By 2017, we had 6 weekly sites established and we have been able to utilize our teams to respond to over seventeen disasters providing more than 140,000 meals to affected areas. We began to develop another weekly site north of Fort Worth and realized the need for consistent training and equipping for leaders and volunteers. As a result, we designed four layers of training for our volunteers. Then, in 2018, we implemented a multi-step training program to equip our leaders and volunteers. This consistent training has resulted in new sites becoming established in a more streamlined fashion and has allowed all involved to easily grasp on to our mission and operating standards. Establishing this foundation has set us up for growth and success as we aim to reach communities and meet both physical needs and spiritual needs.

We provide a hot meal, to anyone in need, every week in seven communities throughout Texas-two locations are in the City of Bastrop and two locations in Bastrop County. This weekly gathering not only provides a physical need it also helps meet social, spiritual, and emotional needs of those who are in need, often overlooked, and/or at a socio-economic disadvantage.

Consistently meeting and serving these communities is improving the quality of life for the all involved. This program allows others to participate in addressing the community problems and provides opportunity for Feed the Need Missions leadership to train and equip individuals to help meet the need of the impoverished, through volunteers from the community, local churches, non-profits, and business owners.

Feed the Need Missions is requesting 20% of the overall budget for the Bastrop North and Bastrop South sites. These funds will help continue reaching the community and the City of Bastrop citizens physical need for food. For many of these families this is the only hot meal they get all week, not to mention the only time they are able to eat meat because of its higher price range compared to other types of food.

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Feed The Need Missions
Doing business as: (formerly Mission U-Too)
Number and street (or P.O. box if mail is not delivered to street address): PO Box 1542
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Bastrop, TX 78602

D Employer identification number: **-***9631

E Telephone number: (281)841-2753

G Gross receipts $ 274,071.

F Name and address of principal officer: Jonah Beyer, PO Box 2547, Bastrop, TX 78602

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2010

M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Provide assistance and minister to low-income persons or those in need. Activities include providing free meals, assistance with daily living expenses such as utilities, medical,

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 VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	275
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	266,615.	274,071.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,615.	274,071.
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	220,535.	196,190.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	16,238.	17,266.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,710.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,170.	41,397.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	280,943.	254,853.
19	Revenue less expenses. Subtract line 18 from line 12	-14,328.	19,218.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	64,088.	83,306.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances. Subtract line 21 from line 20	64,088.	83,306.

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.

Sign Here

Signature of officer — Date: 11/08/2018

Jonah Beyer, President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Paul Conrad	Paul Conrad	11/19/2018		*****0235

Firm's name ▶ Paul Conrad — Firm's EIN ▶ **-***2861

Firm's address ▶ 4303 Lake Kemp Ct, Richmond, TX 77406 — Phone no. (281)841-2753

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

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:

Provide assistance and minister to low-income persons or those in need. Activities include providing free meals, assistance with daily living expenses such as utilities, medical,

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 $ 203,015. including grants of $ 0.) (Revenue $ 274,071.)

Provide assistance and minister to low-income persons or those in need. Activities include providing free meals, assistance with daily living expenses such as utilities, medical, clothing, response to natural disasters, etc.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 203,015.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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, 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*	11a	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
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*	11c		X
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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	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	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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		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 Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		X	
	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?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

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 or note to any line in this Part VI . . . . . ☒

Section 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 . . 1a 3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
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		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b		×
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		×

Section 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		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
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		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request ☐ Other *(explain in Schedule O)*

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: ▶

Jonah Beyer, PO Box 1542, Bastrop, TX 78602 (281)841-2753

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jonah Beyer President	50.00			X				36,250.	0.	0.
(2) Jason Bray Director	20.00	X						10,000.	0.	0.
(3) Michael Warden Director	5.00	X						0.	0.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								46,250.	0.	0.
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								46,250.	0.	0.

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 ▶

		Yes	No
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* 3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* 4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* 5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	274,071.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a–1f ▶		274,071.			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶					
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue		0.	0.	0.	0.
	e	**Total.** Add lines 11a–11d ▶		0.			
	12	**Total revenue.** See instructions. ▶		274,071.	0.	0.	0.

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	196,190.	196,190.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	16,420.	0.	16,420.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	846.	0.	846.	0.
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	26,710.	0.	0.	26,710.
12	Advertising and promotion				
13	Office expenses	1,855.	0.	1,855.	0.
14	Information technology	1,641.	0.	1,641.	0.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	327.	0.	327.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,825.	6,825.	0.	0.
23	Insurance				
24	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.)				
a	Bank Fees	1,264.	0.	1,264.	0.
b	Dues/Subscription	2,370.	0.	2,370.	0.
c	Shipping/Supplies	405.	0.	405.	0.
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	254,853.	203,015.	25,128.	26,710.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	47,932.	1	57,298.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 35,552.			
	b	Less: accumulated depreciation — 10b: 9,544.	16,156.	10c	26,008.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	64,088.	16	83,306.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		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	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	64,088.	30	83,306.
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	64,088.	33	83,306.
	34	Total liabilities and net assets/fund balances	64,088.	34	83,306.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	274,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,853.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,088.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	83,306.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	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	2b		X
c	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.	2c		
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	Employer identification number
Feed The Need Missions	**-***9631

Part I **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 12, 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 (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ 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.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	191,835.	207,176.	278,872.	266,615.	274,071.	1,218,569.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	191,835.	207,176.	278,872.	266,615.	274,071.	1,218,569.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						1,218,569.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	191,835.	207,176.	278,872.	266,615.	274,071.	1,218,569.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 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 assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						1,218,569.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100 %
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	100 %

16a **33⅓% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33⅓% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI.** See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013 . . .			
b	Excess from 2014 . . .			
c	Excess from 2015 . . .			
d	Excess from 2016 . . .			
e	Excess from 2017 . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Name of the organization	**Employer identification number**
Feed The Need Missions	**-***9631

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
Feed The Need Missions	**-***9631

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charles Bray 157 Kalalea Lane Bastrop TX 78602	$ 16,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	Chip & Cherie Wilkinson 523 Kaanapali Lane Bastrop TX 78602	$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	Jeanne Dube PO Box 2547 Bastrop TX 78602	$ 6,200.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	Ronnie & Sonja Boaz 1937 Robin Meadow Drive Carrollton TX 75007	$ 11,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	Spiradrill Inc 112 FM 153 Smithville TX 78957	$ 37,480.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	Stephen Roberts PO Box 2547 Bastrop TX 78602	$ 10,139.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Feed, The Need Missions	**-***9631

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	YourCause LLC (Trustee for Lam Research Found) 6111 West Plano Parkway, Ste 1000 Plano TX 75093	$ 7,496.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
8	J T Wright LLC 710 Ford St Llano TX 78643	$ 5,000.	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Feed The Need Missions	**-***9631

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
Feed The Need Missions	**-***9631

Part III ***Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
Feed The Need Missions

Employer identification number
-*9631

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 a 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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 the organization's 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.

b 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 ▶ $ _____

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):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ 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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on 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 on Part XIII . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the 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%.

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment	35,552.		9,544.	26,008.
e	Other				
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				26,008.

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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 ☐

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
Feed The Need Missions

Employer identification number
-*9631

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.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ 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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

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.

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.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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 ▶ $ _____

c 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 to be 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 provide any additional information. See instructions.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Feed The Need Missions

Employer identification number

-*9631

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	None over $5,000	1,000				
2						
3						
4						
5						
6						
7						

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Feed The Need Missions

Employer identification number

-*9631

Pt VI, Line 11b: The directors review Form 990 before it is filed.

Pt VI, Line 8b: There are no separate committees acting on behalf of directors.

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868.***

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	Feed The Need Missions	27-3419631
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	PO Box 1542	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Bastrop TX 78602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Jonah Beyer

Telephone No. ▶ (281)841-2753 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . ▶ ☐. If it is for part of the group, check this box . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until Nov 15, 20 18, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 17 or
▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 4562 **Depreciation and Amortization Report** **2017**

Tax Year 2017

► Keep for your records

Name as Shown on Return: Feed The Need Missions

Identifying Number: **-***9631

QuickZoom here to enter assets . . . . . ►

QuickZoom here to set MACRS convention for assets acquired in 2017 . . . . . ►

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/ Convention	Prior Depreciation	Current Depreciation
DEPRECIATION												
Trailer D1		07/01/17	5,963		100.00			5,963	7.00	200DB/HY		1,165
Trailer B1		07/01/17	6,838		100.00			6,838	7.00	200DB/HY		977
SUBTOTAL CURRENT			12,801	0		0	0	12,801			0	2,142
Apple		12/01/14	3,007		100.00			3,007	5.00	200DB/MQ	1,979	411
Trailer A1		07/01/15	11,465		100.00			11,465	7.00	200DB/HY	3,914	2,157
Trailer A2		03/23/16	6,761		100.00			6,761	7.00	200DB/HY	1,060	1,629
Office Equipment		06/07/16	1,518		100.00			1,518	5.00	200DB/HY	304	486
SUBTOTAL PRIOR YE			22,751	0		0	0	22,751			7,257	4,683
TOTALS			35,552	0		0	0	35,552			7,257	6,825

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS

Form 4562 **Alternative Minimum Tax Depreciation Report** **2017**

Tax Year 2017

► Keep for your records

Name as Shown on Return
Feed The Need Missions

Identifying Number
-*9631

Activity: Form 990 - / Form 990EZ

Asset Description	Code *	Date In Service	Cost (Net of Land)	Land	Bus Use %	Section 179	Special Depr Allowance	Depr Basis	Life	Method/ Convention	Prior Depr	Current Depr	Adj/ Pref
DEPRECIATION													
Trailer D1		07/01/17	5,963		100.00			5,963	7.00	200DB/HY		1,165	0.
Trailer B1		07/01/17	6,838		100.00			6,838	7.00	200DB/HY		977	0.
SUBTOTAL CURRENT YEAR			12,801	0		0	0	12,801			0	2,142	0.
Apple		12/01/14	3,007		100.00			3,007	5.00	150DB/MQ	1,589	493	-82.
Trailer A1		07/01/15	11,465		100.00			11,465	7.00	150DB/HY	2,983	1,818	339.
Trailer A2		03/23/16	6,761		100.00			6,761	7.00	200DB/HY	1,060	1,629	0.
Office Equipment		06/07/16	1,518		100.00			1,518	5.00	200DB/HY	304	486	0.
SUBTOTAL PRIOR YEAR			22,751	0		0	0	22,751			5,936	4,426	257.
TOTALS			35,552	0		0	0	35,552			5,936	6,568	257.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, C = COGS, P = Passive

Feed the Need Missions
Proposed Budget FY2019-2020
October 2019-September 2020

	Month	Year	% of Requested Funds
Number of Meals	1803	21632	20.00%

Total Bastrop Sites Budget	Month	Year	Funding Request
Benevolence	$ 35.00	$ 420.00	$ 84.00
Equipment & Maintenance	$ 337.00	$ 4,044.00	$ 808.80
Facilities	$ 156.00	$ 1,872.00	$ 374.40
Insurance	$ 90.00	$ 1,080.00	$ 216.00
Weekly Food & Supplies	$ 1,060.00	$ 12,720.00	$ 2,544.00
Area Development			
Meetings	$ 30.00	$ 360.00	$ 72.00
Memberships	$ 30.00	$ 360.00	$ 72.00
Other	$ 10.00	$ 120.00	$ 24.00
Special Events	$ 60.00	$ 720.00	$ 144.00
Bibles & Curriculum	$ 20.00	$ 240.00	$ 48.00
Program Staff			
Contract Services	$ 30.00	$ 360.00	$ 72.00
Salary & Wages	$ 1,225.00	$ 14,700.00	$ 2,940.00
Supplies	$ 20.00	$ 240.00	$ 48.00
Training/Development	$ 40.00	$ 480.00	$ 96.00
Travel	$ 120.00	$ 1,440.00	$ 288.00
Volunteers			
Appreciation	$ 100.00	$ 1,200.00	$ 240.00
Meetings	$ 30.00	$ 360.00	$ 72.00
Training/ Development	$ 40.00	$ 480.00	$ 96.00
Sub Total	$ 3,433.00	$ 41,196.00	$ 8,239.20
Supporting Services	$ 660.00	$ 7,920.00	$ 1,584.00
Total Cost	$ 4,093.00	$ 49,116.00	**$ 9,823.20**

Feed the Need Missions
Designated Bastrop Area Funds
January 2018-December 2018

Funding Sources	Bastrop Area	Bastrop South	Bastrop North	Smithville	Stony Point	Giddings	
Churches	$ 1,400.00						$ 1,400.00
Individaul Donations	$ 465.00	$ 2,280.00		$ 220.00	$ 1,180.00	$ 1,320.00	$ 5,465.00
Foundations							$ -
Born Again Emporium				$ 5,000.00			$ 5,000.00
City of Bastrop							$ -
FY2017-2018 Grant		$ 812.50	$ 2,247.00				$ 3,059.50
FY2018-2019 Grant		$ 812.50	$ 2,247.00				$ 3,059.50
							$ -
Total Designated Funds	**$ 1,865.00**	**$ 3,905.00**	**$ 4,494.00**	**$ 5,220.00**	**$ 1,180.00**	**$ 1,320.00**	**$ 17,984.00**

Feed the Need Missions
Board of Directors
2019

Michael Warden
Attorney
4518 Harvey Penick Dr
Round Rock, Texas 78664
217-369-4186
michael.robert.warden@gmail.com

Jonah Beyer
President, Feed the Need Missions
107 Pahala Court Unit B
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Drew Granzow
Chief Operating Officer, Brightleaf Technologies, Inc.
6000 Road
Montrose, Colorado 81403
512-527-9806
drew.granzow@edifai.com

Bryan Bracewell
Chief Executive Officer, Southside Market & Barbeque
1212 Highway 290 O.
Elgin, Texas 78621
512-940-3529
bbracewell@southsidemarket.com

Community Support Funding Application Requirements Checklist

In The Streets Hands Up High Ministry

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	No
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes-Entire Budget
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	No-Not Required (not new applicant)
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED
June 27 2019
CITY OF BASTROP
FINANCE DEPARTMENT

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

In The Streets Hands Up High Ministry	June 25, 2019
Official Name of Organization	Date
PO Box 1921 Bastrop TX 78602	
Address City State Zip	
Roland A Nava	ministry@itshuh-ministry.org
Contact Person	E-mail
512-317-7503	
Phone Number	Fax Number
27-2515162	
Federal ID #	State ID #

$ 12,000.00
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $ 12,000.00 Amount Funded: $ 6,200.00

Provide a brief summary of your organization and the program you are requesting funds for:

In The Streets Hands Up High Ministry consists of several programs. Open Door Soup Kitchen, S.A.F.E. Family Shelters and Men At The Cross Home/Shelter. The soup kitchen serves free meals six days a week. And provides dinner to the guests who reside in the family shelters. There is no cost to reside in the shelters either. In addition, there is no charge for the one year, faith based, men's rehabilitation home. So all in all the funds requested will be used towards costs to continue operating these programs to Bastrop citizens free of charge.

Describe the results you have experienced with this program and include statistics:

In one year ODSK has served approximately 17,000 meals to our citizens. Please note: this is only from a tally sheet we keep which we only record each person. It does not include seconds or multiple "to-gos" that we serve as well. In the SAFE shelters we've housed 20 families (equaling 86 persons)who have had a homelessness crisis. And four men completed and graduated the MATC program and have gone on with jobs, a vehicle and funds in their own bank accounts.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

Again, in all, the funds will go towards the costs of utilities and up-keeping these programs (ie raw meats, canned goods, paper goods, etc. for ODSK, linens, etc. for the SAFE shelters and clothing, hygienes, etc. for the men at MATC) We are also in the process of expanding the property to add/include ADA accessible SAFE shelters. We believe all the services/programs provided assist our citizens positively by providing meals daily to those who are economically challenged, a place of refuge to families who may otherwise become homeless and for men who are ready for a change in their lives.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

N/A, we are requesting the same amount as last year. However, if the amount granted is larger than that for 2019, we will use the extra funds to assist with the building of the ADA shelters, utilities and additional goods for ODSK.

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

In The Streets Hands Up High Ministry has not receive additional services from the City of Bastrop other than funds granted and the use of the BLP logo.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

For tracking purposes, we use a sign in sheet for those who come to ODSK for meals and tally them months for total counts. We keep files of the families who live, have lived, in the SAFE shelters as well as for the men who enter the one year program.

Note: please see attached samples of how we keep track of citizens fed and families housed. Thank you.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Authorized Signature for the Applicant

6-25-2019
Date

Roland A Nava
Name Printed or Typed

Pastor/Evangelist - Founder/Owner
Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

OPEN DOOR SOUP KITCHEN-BASTROP TX-FEEDING STATISTICS**

Week of	Mon	Tues	Wed	Thur	Fri	Sat	Weekly	Monthly	Quarterly
08/13/18	62	64	71	40	68	57	362		
08/20/18	85	68	87	50	69	60	419	1930	
08/27/18	83	56	63	81	58	40	381		
09/03/18	73	74	66	60	72	75	420		
09/10/18	58	76	57				191		**3rd Q**
09/17/18	46	65	61	48	45		265		**2018**
09/24/18	64	46	50	64	55	38	317	1233	**5001**
10/01/18	49	54	63	53	64	59	342		
10/08/18	68	46	64	64	46	52	340		
10/15/18	43	58	61	72	50	53	337		
10/22/18	45	67	63	47	43	54	319	1544	
10/29/18	74	65	67	0	0	39	245		
11/05/18	45	63	68	41	35	36	288		
11/12/18	54	59	77	58	60	33	341		
11/19/18	72	80	0	50	0	0	202	1166	
11/26/18	62	56	55	57	66	40	336		
12/03/18	63	49	64	62	43	47	328		
12/10/18	75	77	59	66	97	48	422		
12/17/18	80	70	65	61	75	50	401		**4th Q**
12/24/18	42	0	0	44	67	68	221		**2018**
12/31/18	50						50	1462	**4172**

**Does not include second servings and/or multiple "to-gos"

DATE: 11-7-18

O.D.S.K. SIGN IN SHEET FOR BREAKFAST

	PLEASE PRINT CLEARLY NAME	Prayer Needed		PLEASE PRINT CLEARLY NAME	Prayer Needed
1	JOHN M		26	Connie Alvarez	
2	David		27	[illegible]	
3	San Jose Garcia		28	Mmica	
4	[illegible] Garcia		29		
5	Sarah Reynolds		30		
6	Nancy		31		
7	DAVID		32		
8	Elizabeth. CASTRO		33		
9	Richard Ruiz		34		
10	LARRY/SPECTS		35		
11	Gwen Barnett		36		
12	Lee Colli		37		
13	Julia		38		
14	Maisol		39		
15	Josh Matlock		40		
16	Jayden		41		
17	Xavier		42		
18	Megan		43		
19	José Santiesteban		44		
20	Jordan		45		
21	Piney Carter	✓✓✓	46		
22	Linda Carter	✓✓✓✓	47		
23	Josh R		48		
24	Patty D		49		
25	Linda J	✓	50		

DATE: 11-7-18

O.D.S.K. SIGN IN SHEET FOR LUNCH

	PLEASE PRINT CLEARLY NAME	Prayer Needed		PLEASE PRINT CLEARLY NAME	Prayer Needed
1	JOHN M		26	David Page	
2	Josh Mapes		27	Lee Cook	
3	Megan		28		
4	Xzavier		29		
5	Jayden		30		
6	Rosie		31		
7	Monica		32		
8	Jose Santiesteban		33		
9	David		34		
10	[illegible]		35		
11	[illegible]		36		
12	[illegible]		37		
13	[illegible]		38		
14	Gwen Barnett		39		
15	[illegible]		40		
16	[illegible]		41		
17	Roger D Lewis		42		
18	Roy Manson		43		
19	[illegible]		44		
20	[illegible]		45		
21	Kathy Tullus		46		
22	Henry Whited		47		
23	Mose Simmons		48		
24	[illegible]		49		
25	Wally H.		50		

DATE: 11-7-18 **S.A.F.E. SIGN IN SHEET FOR DINNER**

	PLEASE PRINT CLEARLY **NAME**	Prayer Needed		***PLEASE PRINT CLEARLY*** **NAME**	Prayer Needed
1	David		26		
2	Michael G.		27		
3	D.D. Palermo		28		
4	Jeslin Smith		29		
5	Julia		30		
6	Johnathan		31		
7	Marisol		32		
8	Clarissa Bustamante		33		
9	Selene Salazar		34		
10	Karen Salazar		35		
11	Armando Salazar		36		
12	Clarissa Salazar		37		
13	Timothy Hargis	VV	38		
14			39		
15			40		
16			41		
17			42		
18			43		
19			44		
20			45		
21			46		
22			47		
23			48		
24			49		
25			50		

SAFE Family Shelter Intake Sheet

Applicant/Family Name	Co-Applicant	# of children	Total # Family	Unit	Move in Date	Move Out Date
Watson (Amanda)	Wyla Williams	1	3	BCC	1/18/2018	2/20/2018
Fulbright (Sunday)	Mark J Randle	1	3	FNB	1/19/2018	2/20/2018
Ponder (Michelle)	N/A	1	2	FNB	2/23/2018	3/19/2018
Montanez (Norma)	Javier Hernandez	7	9	BCC	2/24/2018	4/28/2018
Hammonds (LaCherry)	N/A	3	4	FNB	3/28/2018	4/12/2018
Lawrence (Amber)	Jasper Lawrence	3	5	FNB	4/20/2018	5/14/2018
Vega (Daniel)	Martha Zuniga	3	5	AFH	4/23/2018	7/23/2018
Aguilar (Guadalupe)	Noah Roberts	2	4	BCC	5/12/2018	8/16/2018
White (Julie)	N/A	3	4	FNB	5/16/2018	8/12/2018
Wholf (Aisha)	N/A	3	4	GBF	7/5/2018	7/12/2018
Acosta (Elizabeth)	N/A	4	5	BCF	7/25/2018	10/25/2018

Sorted Chronologically

In the Streets-Hands Up High Ministry
Statement of Financial Income and Expense
January through December 2018

	Jan - Dec 18
Ordinary Income/Expense	
Income	
44500 · Government Grants	5,819.00
46435 · Award Winnings	10,144.12
47000 · Pledged Donations	28,939.65
47100 · Individual Donations	48,467.50
47150 · Corporate Donations	42,625.43
47175 · Guest Speaking	500.00
47200 · Tithes & Offerings	24,106.21
47205 · Silent Auction	200.00
47275 · Refund	2,000.00
47500 · Rental Revenue	7,350.00
Total Income	170,151.91
Gross Profit	170,151.91
Expense	
60000 · Advertising and Promotion	2,578.98
60200 · Automobile Expense	18,067.28
60250 · Bus and Van Expenses	1,059.58
60400 · Bank Charges	118.90
61400 · Charitable Contributions	5,162.83
61412 · Job Search MATC	50.00
61450 · Christmas Outreach	1,357.70
61500 · Commissions - PayPal	89.64
61600 · Community Outreach	170.23
62800 · Facilities and Equipment	2,000.00
63200 · Furnishings	3,619.13
63300 · General Liability Insurance	3,830.40
63800 · Landscaping Expenses	1,289.72
64000 · Improvements	31,164.51
64600 · Ministry Expenses	2,238.46
64700 · Mortgage Payment	11,928.00
64800 · Office Equipment	119.99
64900 · Office Supplies	448.39
65030 · Printing and Copying	176.85
65040 · Food, Beverage & Incidental	1,380.64
65050 · Telephone	1,573.26
65060 · Internet	2,312.07
65300 · Outreach Needs	830.81
66500 · Postage and Delivery	176.89
66700 · Professional Fees	200.00
67200 · Repairs and Maintenance	1,220.14
67250 · Stipend – Pastor Nava	26,184.80
67252 · Stipend - Rosie	4,882.94
67300 · Storage Rental	2,020.00
67800 · Small Tools and Equipment	159.91
68000 · Supplies	9,777.94
68300 · Travel and Meetings	210.00
68600 · Utilities	15,118.57
68700 · Website	263.88
Total Expense	151,782.44
Net Ordinary Income	18,369.47
Other Income/Expense	
Other Expense	
80100 · Capital Purchases-SAFE Shelters	13,625.00
Total Other Expense	13,625.00
Net Other Income	-13,625.00
Net Income	**4,744.47**

In The Streets Hands Up High Ministry
Proposed Annual Budget FY2020
10/01/19 - 9/30/20

INCOME:		
Loose Offerings	$	10,500
Individual & Corporate Contributions	$	45,800
Pledged Donations (Sponsorships)	$	35,000
City of Bastrop Funding	$	12,000
Total Budgeted Income	$	103,300

EXPENSES:		
Mortgage	$	11,928
Utilities	$	21,000
Proposed Stipend	$	35,000
Auto Expenses	$	10,500
Liability Insurance	$	6,200
Auto Insurance	$	2,947
Operating Expenses	$	15,725
Total Budgeted Expenses	$	103,300

I.T.S.-H.U.H. MINISTRY
In The Streets-Hands Up High
Evangelist Roland Nava
A non-profit 501(c)(3)
Organization
27-2515162

In The Streets - Hands Up High Ministry

Open Door Soup Kitchen/Men At The Cross Home
SAFE Emergency Family Shelter/Housing Our Students Through
PO Box 1921
Bastrop, TX 78602
Evangelist Roland A Nava
512-317-7503

Year 2020

Additional sources of funding:

Pledged Sponsors
Corporate Donations
Individual Donations
Offerings

I.T.S.-H.U.H. MINISTRY
In The Streets-Hands Up High
Evangelist Roland Nava
A non-profit 501(c)(3)
Organization
27-2515162

In The Streets - Hands Up High Ministry

Open Door Soup Kitchen/Men At The Cross Home
SAFE Emergency Family Shelter/Housing Our Students Through
PO Box 1921 | Bastrop, TX | 78602
Evangelist Roland A Nava
512-317-7503

Pastor Evangelist Roland Nava - Executive Director - Founder

Board Members:

Rosalinda Nava - Co-Founder

Reverend Joe Williams - Senior Board Director

Amy Cervantez - Secretary

Lynda Eichorst - Treasurer

Victor Gonzalez - Member/Legal Advisor

Pastor John Eason - Member/Advisor

Vernetta Williams - Member

Bobby Cervantez - Member

David Castillo - Member

Community Support Funding Application Requirements Checklist

Literacy Volunteers of Bastrop

Application Requirements	Submitted
Received by Deadline	Yes
Last fiscal year's IRS Form 990, 990 EZ or 990-N	Yes
Proposed Budget FY2020 (10/1/2019 - 9/30/2020) as directly related to funding requested	Yes
Copy of 501 (c) letter from the Internal Revenue Service (if new applicant)	Yes
Provide a list of other sources of funding	Yes
List of all Board Members	Yes

RECEIVED
JUNE 25 2019
CITY OF BASTROP
FINANCE DEPARTMENT

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

ORGANIZATION INFORMATION

Literacy Volunteers of Bastrop	June 25, 2019
Official Name of Organization	Date
111 Hasler Blvd, Suite 214 Bastrop Tx 78957	
Address City State Zip	
Lilly Vara	info@literacybastrop.org
Contact Person	E-mail
512-521-7860	n/a
Phone Number	Fax Number
74-2543119	128929201
Federal ID #	State ID #

$10,000
Funding Amount Requested

If additional space is needed when filling in the application, please attach a separate sheet to the application.

If your organization received funding last year:

Amout Requested: $10,000 Amount Funded: $10,000

Provide a brief summary of your organization and the program you are requesting funds for:

LVB has been serving the Bastrop community for over 29 years, and have served over 1,000 students since 2010. We request funds in the amount of $10,000 so that we may continue to serve citizens in our community who need assistance in improving their reading, writing, math and literacy skills. Our program helps individuals aquire a GED, pass the citizenship test, obtain a job or advance in a job, become computer literate, or just be able to help their children with homework. LVB provides free tutoring services that transitions individuals from literacy to GED, to college, and to work. The program helps individuals in the family gain a better chance at the job market thus strengthening families and in turn the community. Many students are tutored one-on-one in a classroom (through our partnership with Community Action) with a degreed teacher, while others work with a tutor one-on-one or in a small group setting at the LVB office or the Bastrop Public Library. In addition, our program currently offers an ESL class as well as a citizenship class to residents in Bastrop county. We are a key organization that serves the adult population for educational services and partner with other valuable organizations in the community.

Describe the results you have experienced with this program and include statistics:

Over the years LVB has helped many Bastrop citizens. In the 2018/2019 fiscal year we served 134 students in Bastrop county. Out of these students, 12 were able to pass the GED test with the assistance of our tutors. Due to our program, 1 student in our ESL class, Lyuda Bailey who is of Russian descent, was able to progress in her English and writing skills, helping her to advance in her job and she is currently manager at Bits & Pieces. In our citizenship class that began in January 2019, we had a student, Miguel Carranza, who successfully passed his citizenship test at the end of April 2019. One student in our family literacy program was struggling in school and was testing at a 4th grade level in math although he was in 6th grade attending Bastrop middle school. After a few months of working with one of our tutors, he progressed in math so much that he went from failing math to a B- on his ending report card for 6th grade. We have had much success in our tutoring programs and we anticipate being able to help many more students this upcoming year.

Specify how the funds will be used for the program and how the program services benefit City of Bastrop Citizens:

Funds requested from the City of Bastrop Community Support Funding of $10,000 will be used in two areas:
The amount of $4,500 is requested for insurance, CPA expense, technology updates, tutor training workshops, office expenses, textbooks and test booklets.
The amount of $5,500 is requested to pay salary of LVB's only paid staff member who serves as the Program Director. The Program Director is responsible for tutor recruitment and training, in addition to administrative functions vital for the success of the organization. This program benefits City of Bastrop citizens who either have learning disabilities, live in poverty, have no diploma, and or are not employed, or do not speak/read English fluently. These citizens have many skills and much to offer our community, but in order to contribute they need help improving their reading, writing and literacy skills. Our valuable program improves lives, strengthens families, and increases ones' opportunity for gainful employment.

CITY OF BASTROP
2020 COMMUNITY SUPPORT FUNDING APPLICATION

If requesting a larger funding amount than last year, what specifically will you spend the increase on:

n/a

Identify any in-kind services you need, currently receive, or have received in the past from the City of Bastrop:

LVB values the ongoing relationship we have had for a number of years with the Bastrop Public Library. The free services provided by the library that have been particularly useful to LVB volunteers and students are: study booths to provide one-on-one tutoring, classroom and meeting space, public access to computers available for volunteers and students, books for all literacy levels (some ordered specifically for LVB), and posting literacy and class information for our organization.

Describe how you will track the number of City of Bastrop citizens benefited by the program and provide the number of City of Bastrop citizens who received your services in the last 12 months.

Upon entry into our program, students are required to fill out enrollment forms which document their address. Using Excel, we record and keep track of how many students we serve that live in the City of Bastrop as well as those served outside the city, as Bastrop county residents. In the past 12 months, 63 City of Bastrop citizens were benefited by our program, and additionally there were 71 Bastrop county residents that we served and who benefited from our program as well.

The information contained herein and attached to this application is true and correct to the best of my knowledge. I hereby acknowledge that any funding received from the City of Bastrop must be expended as I have represented in this application and according to any requirements set by the City of Bastrop City Council and to the program guidelines. I agree that if funds are not expended accordingly, said funds will be returned to the City of Bastrop within ten (10) days from the date the City of Bastrop demands such.

Will you commit to quarterly meetings and leveraging with other non-profit organizations? Yes ☑ No ☐

Lilly Vara

Authorized Signature for the Applicant

6/25/2019

Date

Lilly Vara

Name Printed or Typed

LVB President

Title

City of Bastrop - Finance Department Use Only
☐ Verified current 501(c)3 Status
☐ Good standing on contract reporting requirments

Form 8879-EO

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18

▶ Do not send to the IRS. Keep for your records.

▶ Go to *www.irs.gov/Form8879EO* for the latest information.

OMB No. 1545-1878

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

LITERACY VOLUNTEERS OF BASTROP

Employer identification number

74-2543119

Name and title of officer

LILLY VARA
BOARD MEMBER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ ☐	b	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form 990-EZ check here ▶ ☒	b	**Total revenue,** if any (Form 990-EZ, line 9)	2b 26,611
3a	Form 1120-POL check here ▶ ☐	b	**Total tax** (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here ▶ ☐	b	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	Form 8868 check here ▶ ☐	b	**Balance Due** (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize Medack & Oltmann LLP (ERO firm name) to enter my PIN 32145 as my signature
Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Lilly Vara Date ▶ 10/24/18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

70237032123
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Date ▶ 10/24/18

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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.

▶ Go to *www.irs.gov/Form990EZ* for Instructions and the latest information.

OMB No. 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17 , and ending 06/30/18

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
LITERACY VOLUNTEERS OF BASTROP

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO BOX 855

City or town, state or province, country, and ZIP or foreign postal code
BASTROP TX 78602

D Employer identification number
74-2543119

E Telephone number
512-521-7860

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ literacybastrop.org

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 26,611

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	25,970
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	10
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	631
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	26,611
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	250
	14	Occupancy, rent, utilities, and maintenance		14	9,240
	15	Printing, publications, postage, and shipping		15	117
	16	Other expenses (describe in Schedule O)		16	13,385
	17	**Total expenses.** Add lines 10 through 16 ▶		17	22,992
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,619
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	12,020
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	15,639

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	12,020	22	15,639
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 **Total assets**	12,020	25	15,639
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	12,020	27	15,639

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose?

READING EDUCATION

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 ASSIST BASTROP COUNTY RESIDENTS IN LEARNING TO READ AND IMPROVE READING SKILLS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 22,992

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 22,992

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DALE BURKE PRESIDENT	0.00	0	0	0
GLORIA VILLARREAL SECRETARY	0.00	0	0	0
ALLEN PEARL TREASURER	0.00	0	0	0
LYLA HELGREN COORDINATOR	0.00	0	0	0
LILLY VARA BOARD MEMBER	0.00	0	0	0
PEGGY CAFFALETTE BOARD MEMBER	0.00	0	0	0
SUE PARDUE BOARD MEMBER	0.00	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? *If "No," provide an explanation in Schedule O*	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ None

42a The organization's books are in care of ▶ ALLEN PEARL Telephone no. ▶ 512-521-7860

Located at ▶ PO BOX 855 BASTROP TX ZIP + 4 ▶ 78602

			Yes	No
b	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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☒ Yes ☐ No

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.

Sign Here	Signature of officer LILLY VARA Lilly Vara	Date PRESIDENT	
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Remington T. O'Dell, CPA	Preparer's signature	Date 10/24/18	Check ☐ if self-employed PTIN P01225797
	Firm's name ▶ Medack & Oltmann LLP			Firm's EIN ▶ 27-4128634
	Firm's address ▶ P.O. Box 237 Giddings, TX 78942			Phone no. 979-542-3713

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

Literacy Volunteers of Bastrop
Proposed Budget FY 2019/2020

Budget

FUNDS	
City of Bastrop Grant	10,000.00
EXPENDITURES	
Salary.....	5,500.00
Liability Insurance.....	774.00
CPA.....	300.00
Website.....	140.00
Tutor training.....	700.00
Books, workbooks, testing materials....	1,000.00
Office expenses.....	886.00
Software/technology updates.....	700.00
Total Expenditures.....	**10,000**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 30 2004

LITERACY VOLUNTEERS OF BASTROP INC
C/O LYNN KIRBY
1109 MAIN ST STE F
BASTROP, TX 78602

Employer Identification Number:
74-2543119
DLN:
17053020007044
Contact Person:
DAN W BERRY ID# 31122
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Form 990 Required:
Yes
Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally $25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of $20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed $10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding $1,000,000 in any year, the penalty is $100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding $1,000,000 shall not exceed $50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

LITERACY VOLUNTEERS OF BASTROP INC

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

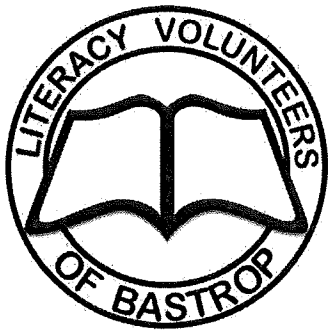
Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Addendum

Sources of Funding

City of Bastrop	10,000.00
Donations	700.00
Fundraisers	1,500.00
Total funding	**12,200.00**



Literacy Volunteers of Bastrop

Board of Directors

2018-2019

President: Lilly Vara

Treasurer: Thomas Adams

Secretary: Claire Lewis

Additional Board Members:

Ellen Newbold

Jan Horn

Peggy Caffalette

Karyn Morgan

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 6E

TITLE:
Receive Monthly Report from Visit Bastrop.

STAFF REPRESENTATIVE:
James K. Altgelt, Director of Public Safety/Chief of Police
Susan Smith, President/CEO of Visit Bastrop, DMO

BACKGROUND/HISTORY:
Visit Bastrop, a 501(c)6 organization, was engaged to provide destination marketing services and provide brand marketing for Bastrop as a destination.

As outlined in the Annual Management Agreement, the City and Visit Bastrop recognize the visitor industry as a key economic generator. Visit Bastrop's purpose is to provide "brand" marketing for Bastrop as a destination and to serve as the primary brand advocate. Visit Bastrop will also leverage utilization of existing facilities, while providing global oversight of Bastrop's visitor assets and activities. Visit Bastrop will also provide a level of unity and representation to maximize Bastrop's brand potential.

The Visit Bastrop Board of Directors meets monthly on the third Thursday at 8:30 a.m. and rotates meeting locations at different hospitality venues.

City Council established that the Visit Bastrop Board of Directors include broad representation of community assets and identified those as Arts, History, Hotels, Restaurants, Sports, Outdoors, Recreation, Hyatt, Nightlife, Entertainment, and Film in the Destination Services Management Agreement.

Per their management agreement, Visit Bastrop must make a monthly presentation to the City Council outlining progress in implementing their annual Business Plan, meeting performance targets, and the scope of services pursuant to that agreement.

Specifically Visit Bastrop shall work to:

(1) attract leisure visitors to the City and its vicinity;
(2) attract and secure meetings, events, retreats, and conventions to the City and its vicinity; and
(3) serve as a liaison to local businesses (including hoteliers, restaurateurs, and other similar entities) and City departments to attract leisure and business visitors, meetings, events, retreats, and conventions to the City and its vicinity.

Visit Bastrop shall also:

(A) carry out the actions defined in the applicable Annual Business Plan;

(B) utilize research reports on economic trends, growth sectors, and regional competitive strengths and weaknesses, as is customary in the destination and marketing organization industry;
(C) provide marketing and imaging campaigns for the City's tourism and convention industry;
(D) inform and partner with the City regarding high-profile or significant recruitment/attraction efforts;
(E) provide, in appropriate detail in accordance with the Tax Code, reports listing the Visit Bastrop's expenditures made with Hotel Occupancy Tax (HOT), and Visit Bastrop's progress in performing the services in conformance with implementation of the Annual Business Plan; and
(F) provide expertise in destination management in conjunction with the City of Bastrop to leverage available resources (such as community assets and activities to maximize opportunities to attract visitors to Bastrop, both leisure and business) recognizing the critical role tourism plays in Bastrop's economy, both in HOT and sales tax revenue.

POLICY EXPLANATION:
On September 12th, 2017, the City Council passed Resolution Number R-2017-74 which approved a Destination and Marketing Services Agreement between the City of Bastrop and Visit Bastrop. Pursuant to Section 2.3(C) of this agreement, Visit Bastrop committed to providing monthly and annual written reports to the City. Tonight's presentation is in compliance with this obligation.

FUNDING SOURCE:
Visit Bastrop receives approximately $1.1 million dollars in Hotel Occupancy Tax annually from the City of Bastrop to provide destination marketing services and serve as the brand advocate for our community.

ATTACHMENTS:
- May 2019 Visit Bastrop President's Report
- June 2019 Visit Bastrop President's Report

VISIT BASTROP EST. 1832 Texas

VISIT BASTROP | PRESIDENT'S REPORT

Reporting: May 1 - 31, 2019

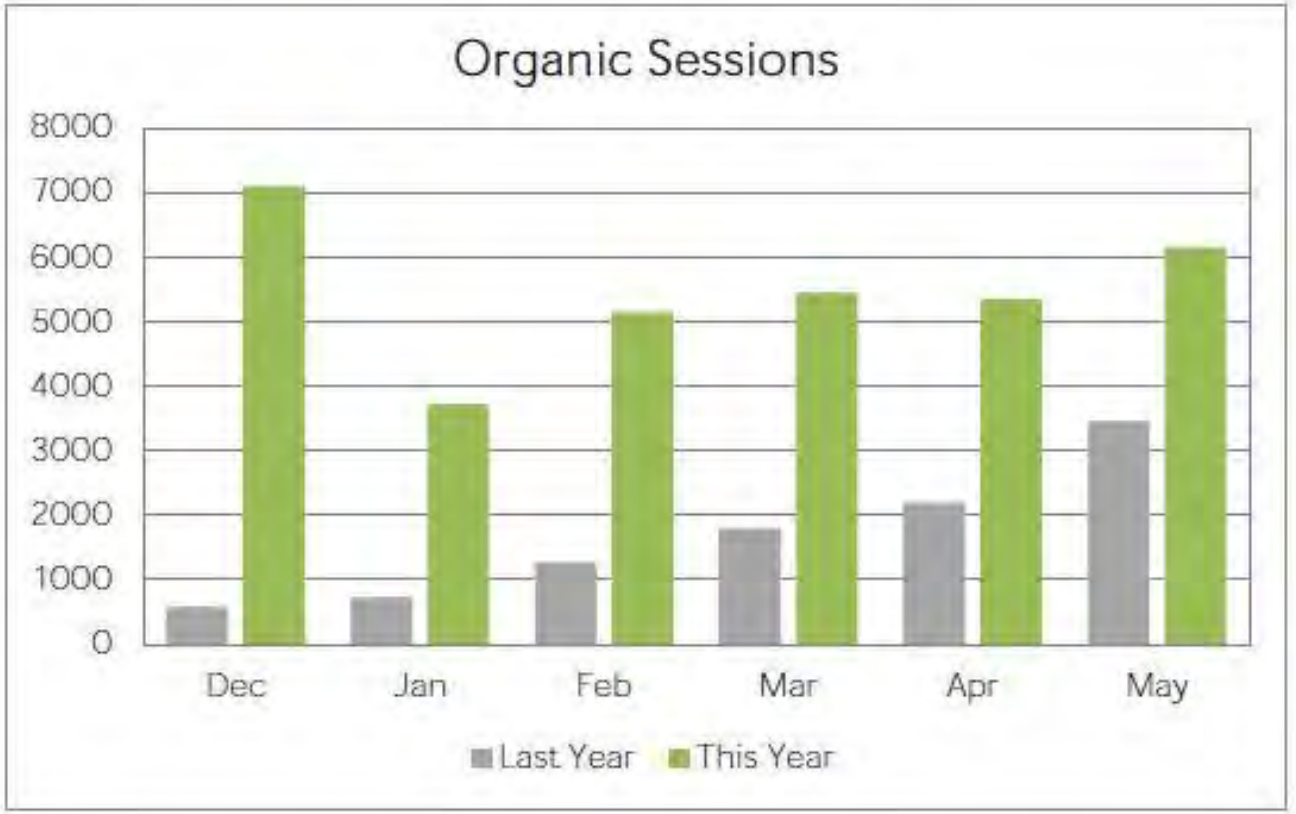
Submitted: July 11, 2019

Presented: July 23, 2019

VISITBASTROP.COM SUMMARY - MAY

WEBSITE (MAY) SUMMARY

- Overall sessions on our website increased by 177% YoY
- Paid Traffic was the largest channel of traffic (42%)
- Average time on site 1:36



Top Organic Website Pages

- Things to do (603 sessions)
- Bastrop Music Festival (517 sessions)
- Hyatt Activities (362 sessions)
- Events (349 sessions)

Top Cities Viewing our Website

Austin, Houston, Bastrop, Dallas, San Antonio, Chicago, Wyldwood, Round Rock, Cypress

PUBLIC RELATIONS SUMMARY - MAY

PROACTIVE OUTREACH FOR ARTICLE GENERATION

- **Travel Texas** - National Travel & Tourism Week Events
Industries Represented: venues/special events, entertainment, outdoor, sports

- **Thrillist** - Cool Glamping Accommodations in the U.S.
Industries Represented: outdoors, sports

- **Cheapism** - Last-Minute Memorial Day Weekend Getaways
Industries Represented: arts, entertainment, restaurants, outdoors

- **Travel Awaits** - Best Places for Zip-Lining
Industries Represented: outdoors, sports

- **Reader's Digest** - Nicest Places in America
Industries Represented: arts, entertainment, special events, outdoors

PUBLIC RELATIONS SUMMARY - MAY

Article Mentions: 29
Est. Total Coverage Views: 248,623+
Est. Advertising Value: $50,797



MEDIA ALERTS

NATIONAL TRAVEL & TOURISM WEEK

- Distributed 5/7 to Texas media outlets
- Industries Represented: Visit Bastrop brand

BASTROP MUSIC FESTIVAL

- Distributed 5/2 to Texas media outlets, freelance music and travel writers
- Industries Represented: Visit Bastrop brand



PUBLIC RELATIONS SUMMARY - MAY

SECURED COVERAGE FROM MEDIA ALERTS

BASTROP MUSIC FESTIVAL

KVUE (ABC Austin)– Live Broadcast 5/13/19

- Est. Coverage Views: 17,643
- Est. Advertising Value: $6,731

KVUE (ABC Austin) – Live Broadcast 5/17/19

- Est. Coverage Views: 17,703
- Est. Advertising Value: $6,132

KVUE (ABC Austin) – Live Broadcast 5/18/19

- Est. Coverage Views: 31,595
- Est. Advertising Value: $8,253

KTBC (FOX Austin) – Live Broadcast 5/16/19

- Est. Coverage Views: 15,203
- Est. Advertising Value: $1,844





PUBLIC RELATIONS SUMMARY - MAY

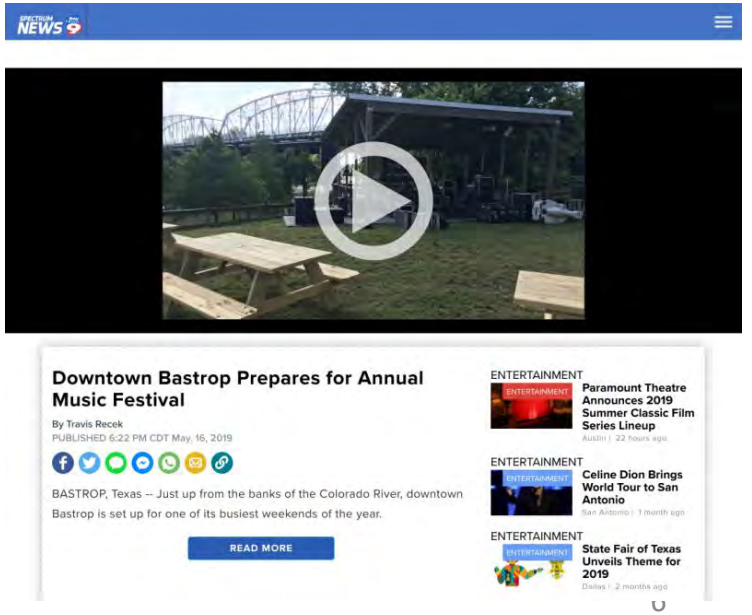
SECURED COVERAGE FROM MEDIA ALERTS



<u>BASTROP MUSIC FESTIVAL</u> (continued)

KTBC (FOX / Good Day Austin) – Live Broadcast 5/17/19
- Est. Coverage Views: 17,222
- Est. Advertising Value: $3,919

KTBC (FOX / Good Day Austin)– Live Broadcast 5/18/19
- Est. Coverage Views: 6,756
- Est. Advertising Value: $2,476



Spectrum News Austin – Live Broadcast 5/16/19
- Est. Coverage Views: 25,071
- Est. Advertising Value: $6,354

PUBLIC RELATIONS SUMMARY - MAY

SECURED COVERAGE FROM MEDIA ALERTS

BASTROP MUSIC FESTIVAL (continued)

KXAN (NBC Austin) – Live Broadcast 5/16/19

- Est. Coverage Views: 17,849
- Est. Advertising Value: $4,287



KTBC (FOX Austin) http://bit.ly/2JuYZPB 5/16/19

- Est. Coverage Views: 1,950
- Est. Advertising Value: $36
- Est. Monthly Visits: 496,000



Spectrum News Austin – http://bit.ly/2WVh1hb 5/16/19

- Est. Coverage Views: 10,100
- Est. Advertising Value: $710
- Est. Monthly Visits: 2,580,000

PUBLIC RELATIONS SUMMARY - MAY

SECURED COVERAGE FROM MEDIA ALERTS

BASTROP MUSIC FESTIVAL (continued)

Austin Monthly

- http://bit.ly/2WgPfPO
- Est. Coverage Views: 424
- Est. Advertising Value: $12.76

Austin American Statesman

- https://atxne.ws/30zbuz2
- Est. Coverage Views: 1,150
- Est. Advertising Value: $1,703

Austin American Statesman

- https://atxne.ws/30zbuz2
- Est. Coverage Views: 4,190
- Est. Advertising Value: $1,703

Statesman

More happenings in May

The Bastrop Music Festival will be back in town from May 16-19. Music will ring out at The 602 on Main, Bastrop Beer Company, Copper Shot Distillery, Gracie's, Larryland, the Lost Pines Art Center, the Museum and Visitor Center, Neighbor's Kitchen and Yard, and Old Town Restaurant and Bar. There will even be something for the youngsters at The Sugar Shack. Some performances are free.

For ticket and specific lineup information, visit bastropmusicfestival.com.

The Relay for Life's "Carnival for a Cure" will take place May 17 at Erhard Stadium beginning at 5 p.m. with carnival games and a bounce house. Opening ceremonies will be at 7 p.m., followed by the moving Luminaria Ceremony at 9 p.m., where every luminaria being lit represents someone who has or had cancer.

More fun stuff is on tap after the ceremony with dance contests, pie-eating contests, and live and silent auctions to name a few. It is a great event for a great cause.

PUBLIC RELATIONS SUMMARY - MAY

Bastrop Music Festival Statistics

	2018	2019
Paid Tickets	800	655
Comped Tickets	400	625
Total Wristbands	1200	1280
Single Show Wristbands *(cover charge at door)*	400	985
Free Show Attendance	N/A for 2018	750

Attendees: 50% Local | 30% Austin | 20% Other

Other includes - Abilene, Beaumont, College Station, Conroe, Corpus Christi Dallas, Dripping Springs, Katy, Sugar Land, Waco

PUBLIC RELATIONS SUMMARY - MAY

SECURED COVERAGE FROM MEDIA ALERTS

HERO WATER CHALLENGE

KTBC (FOX Good Day Austin) - Live Broadcast

- Est. Coverage Views: 11,544
- Est. Advertising Value: $2,958



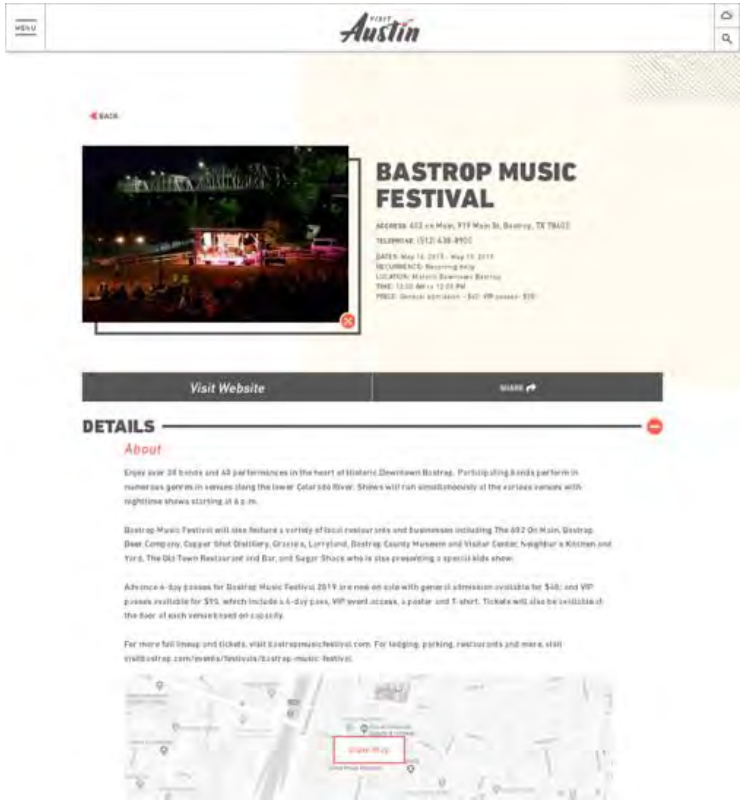
Valley Town Crier – http://bit.ly/2Hnx8ys

- Est. Coverage Views: 1,150
- Est. Advertising Value: $1,704

PUBLIC RELATIONS SUMMARY - MAY

EVENT SUBMISSIONS

The below events were submitted to local Event Calendars and listed on the following websites:



PICKED UP SUBMISSIONS

- BASTROP MUSIC FESTIVAL
- **Austin.com** - Est. Monthly Visits: 45.4K
- **CultureMapAustin** - Est. Monthly Visits: 291K
- **KXAN** - Est. Monthly Visits: 2.48M
- **Do512** - Est. Monthly Visits: 635K
- **Visit Austin** - Est. Monthly Visits: 205K

OTHER SUBMISSIONS

Elgin Courier, Austin Monthly, 365 Things Austin, Austin Chronicle, Austin 360, Texas Highways, D Magazine, Travel Texas

PUBLIC RELATIONS SUMMARY - MAY

EVENT SUBMISSIONS (continued)

Bastrop County Food Truck Festival
- Austin 360

Corvette Invasion
- Austin 360
- Culture Map

Other Submissions
- Texas Highways
- 365 Things Austin
- Spectrum News Austin
- DO 512





SOCIAL INFLUENCER CAMPAIGN- MAY

AMANDA WALTMAN

Website: thebrilliantbalance.com
Content Type: Travel, Food & Drink, Family
Social Media Reach: 67K followers

- Instagram: 65.8K followers
- Twitter: 736 followers
- Facebook: 443 followers
- Pinterest: 264 followers

Est. Monthly Blog Visits: 1.1K
Dates Visited Bastrop: May 3-5
Lodging: Hyatt Regency Lost Pines



SOCIAL INFLUENCER CAMPAIGN- MAY

AMANDA WALTMAN

Featured Attractions: Hyatt Regency Lost Pines, Dinosaur Park, Downtown Bastrop, Bastrop State Park

Featured Dining: Maxine's Café & Bakery, Neighbor's Kitchen & Yard, Roadhouse, Sugar Shack

Blog Post: bit.ly/AmandaWaltman





SOCIAL INFLUENCER CAMPAIGN- MAY

AMANDA WALTMAN

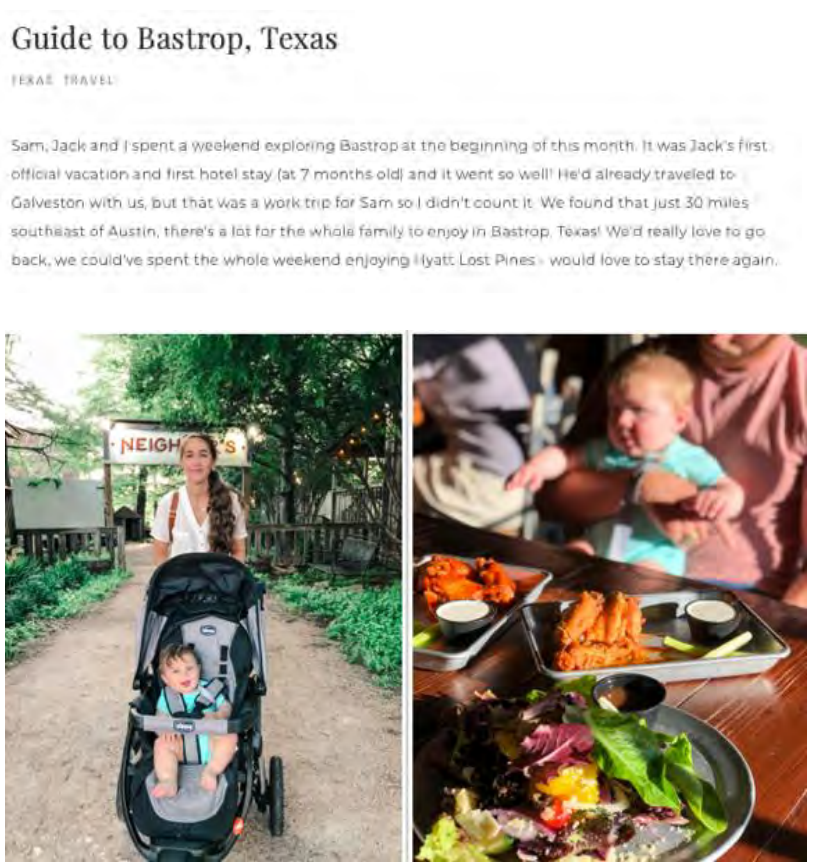
Est. Blog Post Views: 229
Total Social Media Posts: 70

- 2 Instagram in-feed posts
- 65 Instagram stories
- 2 Twitter posts
- 1 Facebook post

Total Est. Social Coverage Views: 46,474*
Total Social Engagements: 1,555*

Interactions an influencer's audience has with a post (e.g. likes, comments, shares)

*excludes Instagram Stories

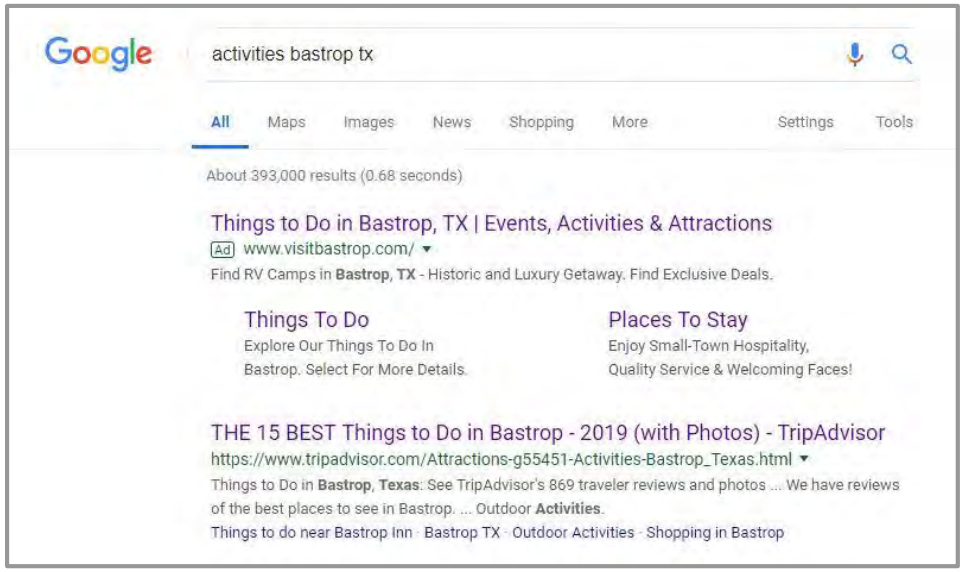




GOOGLE SEARCH KEY INSIGHT - MAY

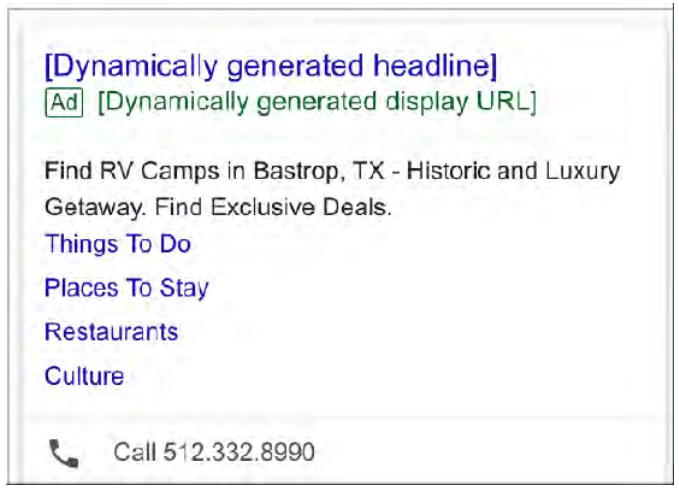
OBJECTIVES:

- Build Awareness of Visit Bastrop
- Drive qualified traffic to website
- Optimize keyword ad groups



KEY INSIGHTS:

- Created an impressive 2,447 conversions
- 7,160 clicks, 48,179 Impressions
- Top Demographics: Female, 35-44
- Top user locations by clicks to site: Austin, Houston, Dallas, San Antonio
- Austin had most website visits, Houston had highest engagement rate



LODGING INDUSTRY REPORT - APRIL

	Current Month - April 2019 vs April 2018											
	Occ %		ADR		RevPAR		Percent Change from April 2018					
	2019	2018	2019	2018	2019	2018	Occ	ADR	Rev PAR	Room Rev	Room Avail	Room Sold
Bastrop	70.7	73.5	176.64	170.77	124.84	125.53	-3.9	3.4	-0.5	-0.5	0.0	-3.9
Average	68.4	68.1	123.02	122.59	86.04	85.38	0.88	0.22	1.09	2.12	1.18	1.96

ADR – Average Daily Rate **RevPAR – Revenue per Available Room** **Occ - Occupancy**

LODGING INDUSTRY REPORT - APRIL

	Year to Date – April 2019 vs April 2018											
	Occ %		ADR		RevPAR		Percent Change from YTD 2018					
	2019	2018	2019	2018	2019	2018	Occ	ADR	Rev PAR	Room Rev	Room Avail	Room Sold
Bastrop	64.0	63.9	161.57	163.03	103.47	104.11	0.3	-0.9	-0.6	-0.6	0.0	0.3
Average	62.46	61.89	116.04	116.98	74.44	74.11	0.77	21.22	-0.20	1.75	2.08	2.83

ADR – Average Daily Rate RevPAR – Revenue per Available Room Occ - Occupancy

SALES REPORT - MAY

STATUS	QUANTITY	ROOM NIGHTS	ESTIMATED ATTENDEES	ECONOMIC IMPACT
LEADS	4	615	2790	$382,124.65
DEFINITES	1	300	400	$90,099.93
LEAD SERVICE REQUEST				
DEFINITE SERVICE REQUEST				
LOST LEADS				
LOST SERVICE REQUESTS				
UNABLE TO BID				
LEAD ASSIST - HYATT	1	689	300	$634,665.35
DEFINITE ASSIST - HYATT				
LEAD SERVICE REQUEST - HYATT				
DEFINITE SERVICE REQUEST - HYATT				
LOST LEADS ASSIST – HYATT	-	-	-	-

QUESTIONS, THOUGHTS COMMENTS?

Chamber of Commerce Newsletter
Board of Director Meetings
City Council Meetings

Susan Smith, President
512-332-8991
susan@visitbastrop.com

VISIT BASTROP EST. 1832 Texas

VISIT BASTROP | PRESIDENT'S REPORT

Reporting: June 1 - 30, 2019

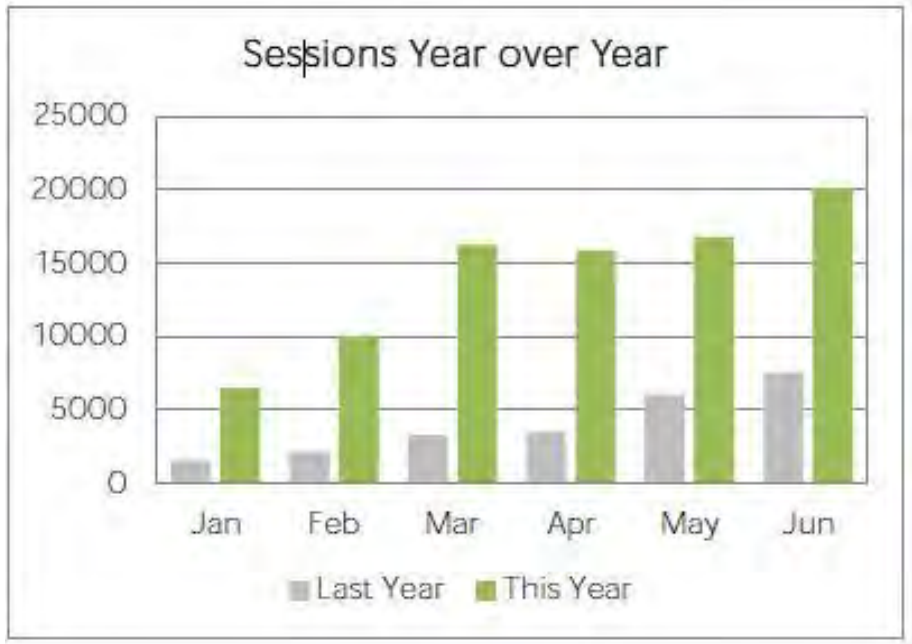
Submitted: July 11, 2019

Presented: July 23, 2019

VISITBASTROP.COM SUMMARY - JUNE

WEBSITE SUMMARY (JUNE)

- Overall sessions on our website increased by 167% YoY
- Paid Traffic was the largest channel of traffic (49%)
- Average time on site 1:39



Top Organic Website Pages

- Things to do (645 sessions)
- Places to Stay/Hyatt (539 sessions)
- Patriotic Festival (471 sessions)
- Events (427 sessions)

Top Cities Viewing our Website

Austin, Houston, Dallas, Bastrop, San Antonio, Chicago, Wyldwood, Round Rock, Washington, Fort Worth

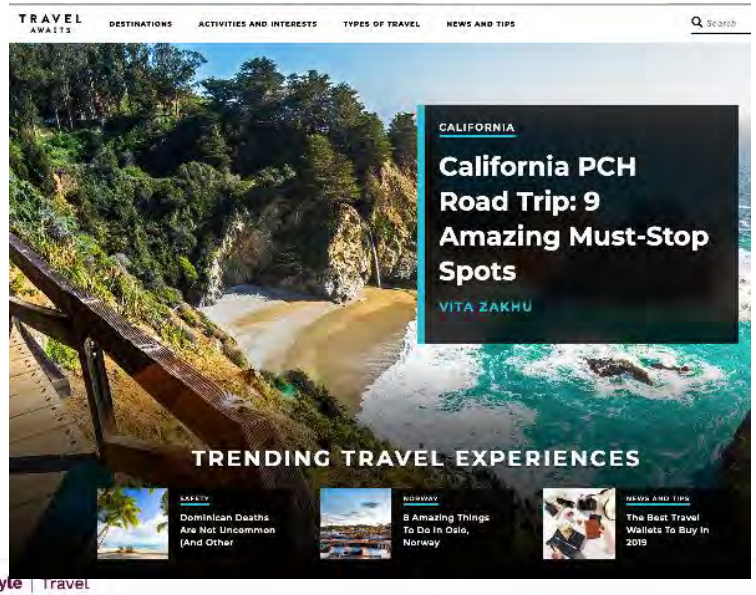
PUBLIC RELATIONS SUMMARY - JUNE

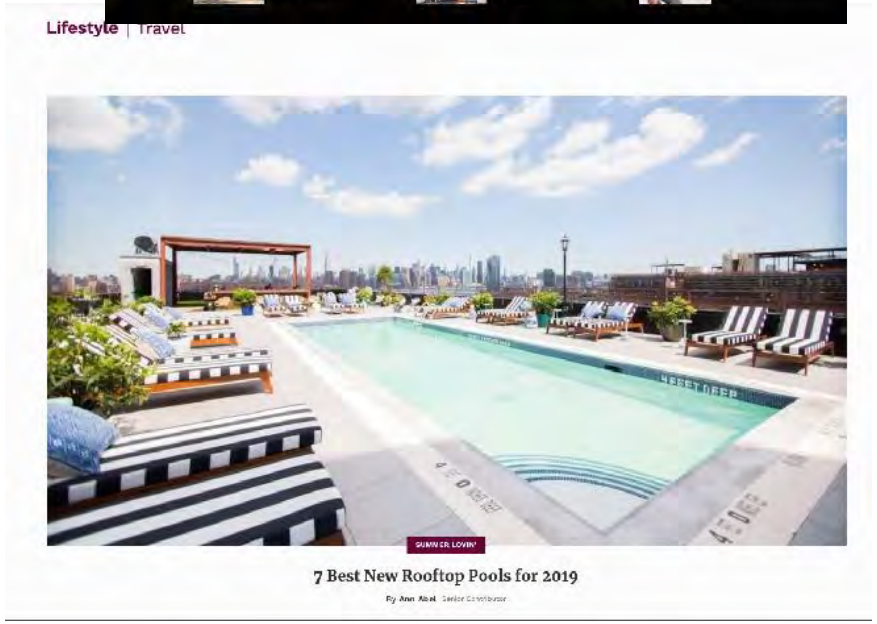
Article Mentions: 24
Est. Total Coverage Views: 68,389+
Est. Advertising Value: $11,086+

PROACTIVE OUTREACH FOR ARTICLE GENERATION

- Travel Awaits - Best Places for Zip-Lining
  Industries Represented: sports, outdoor/recreation, Hyatt Regency Lost Pines

- Forbes.com - Things to Do in Austin
  "Bastrop as a perfect day trip destination"
  Industries Represented: arts, entertainment, restaurants, venues, outdoor, retail, history





PUBLIC RELATIONS SUMMARY - JUNE

MEDIA ALERTS

BUILDING BASTROP SUMMER POP-UP EVENT

Distributed 6/5 to Texas media outlets, including newspapers, magazines, radio and TV stations



BASTROP PATRIOTIC FESTIVAL

Distributed 6/25 to Texas media outlets, including newspapers, magazines, radio and TV stations

PUBLIC RELATIONS SUMMARY - JUNE

SECURED COVERAGE

BUILDING BASTROP SUMMER POP-UP



KXAN

- http://bit.ly/KXAN-June
- Est. Monthly Visits: 2.6M

Austin American Statesman

- https://atxne.ws/2JhqOUI
- Est. Monthly Visits: 2.01M

Bastrop Patriotic Festival

- Austin American Statesman
- https://www.statesman.com/news/20190626/no-title
- Est. Monthly Visits: 2.01M

PUBLIC RELATIONS SUMMARY - JUNE

SECURED COVERAGE FROM MEDIA ALERT

BASTROP PATRIOTIC FESTIVAL

The Glen Rose Reporter
http://www.yourglenrosetx.com/news/20190626/no-title

365 Things Austin
http://365thingsaustin.com/2019/06/28/celebrate-4th-of-july-in-austin/

FOX 7 / Good Day Austin
https://www.fox7austin.com/news/415550856-video





PUBLIC RELATIONS SUMMARY - JUNE

EVENT SUBMISSIONS

BASTROP PATRIOTIC FESTIVAL - Picked Up Submissions

365 Things Austin
Est. Monthly Visits: 41K

Austin Fit
Est. Monthly Visits: 24K

KXAN
Est. Monthly Visits: 2.6M

Austin 360
Est. Monthly Visits: 391K

CultureMap Austin
Est. Monthly Visits: 282K

Austin Monthly
Est. Monthly Visits: 56.4K

Tour Texas
Est. Monthly Visits: 133K

Free Fun In Austin
Est. Monthly Visits: 74.1K

Community Impact Austin
Est. Monthly Visits: 771K

Austin.com
Est. Monthly Visits: 31.6K

Austin Chronicle
Est. Monthly Visits: 578K

Visit Austin
Est. Monthly Visits: 261K

Tyler Paper
Est. Monthly Visits: 254K

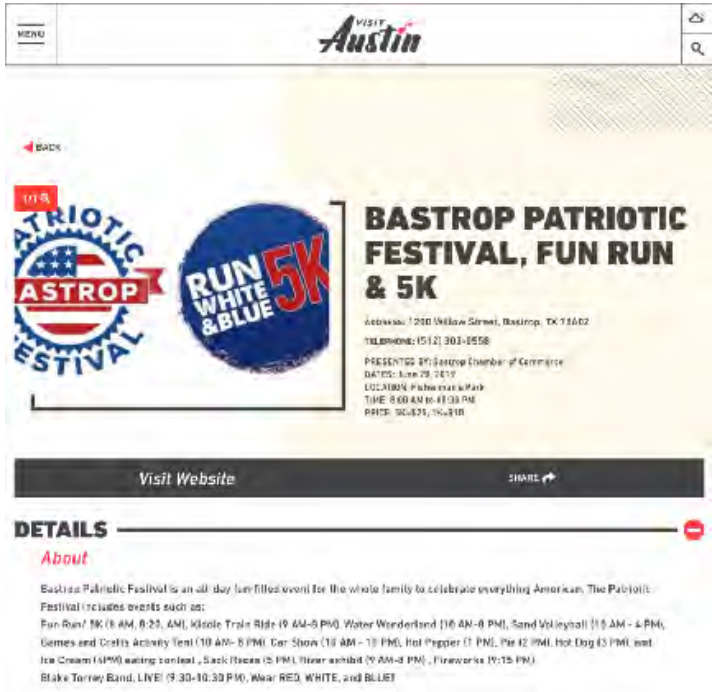
PUBLIC RELATIONS SUMMARY - JUNE

BASTROP PATRIOTIC FESTIVAL

Other Submissions:

- Elgin Courier
- Spectrum News Austin
- Do512
- Travel Texas
- Texas Highways
- The Austinot
- County Line Magazine
- Austin Family
- Texas Co-op Power







PUBLIC RELATIONS SUMMARY - JUNE

EVENT SUBMISSIONS

SCREAM HOLLOW WICKED SUMMER PARTY
Picked up Submissions: – Cont.

<u>Austin Chronicle</u>
Est. Monthly Visits: 578K

<u>Austin Monthly</u>
Est. Monthly Visits: 56.4K

<u>CultureMap Austin</u>
Est. Monthly Visits: 282K

<u>Visit Austin</u>
Est. Monthly Visits: 261K







Other Submissions:

- Elgin Courier, 365 Things Austin, Austin 360, Spectrum News Austin, The Austinot

SOCIAL INFLUENCER CAMPAIGN- JUNE

KELLY TOMLINSON

Website: livelovetexas.com
Content Type: Travel, Food & Drink, Family
Social Media Reach: 204K followers

- Pinterest: 94.2K followers
- Instagram: 57.6K followers
- Twitter: 44K followers

Est. Monthly Blog Visits: 9.7K - 86.8K
Dates Visited Bastrop: June 28-30
Lodging: Bastrop State Park
Social Media and Blog Coverage expected in July

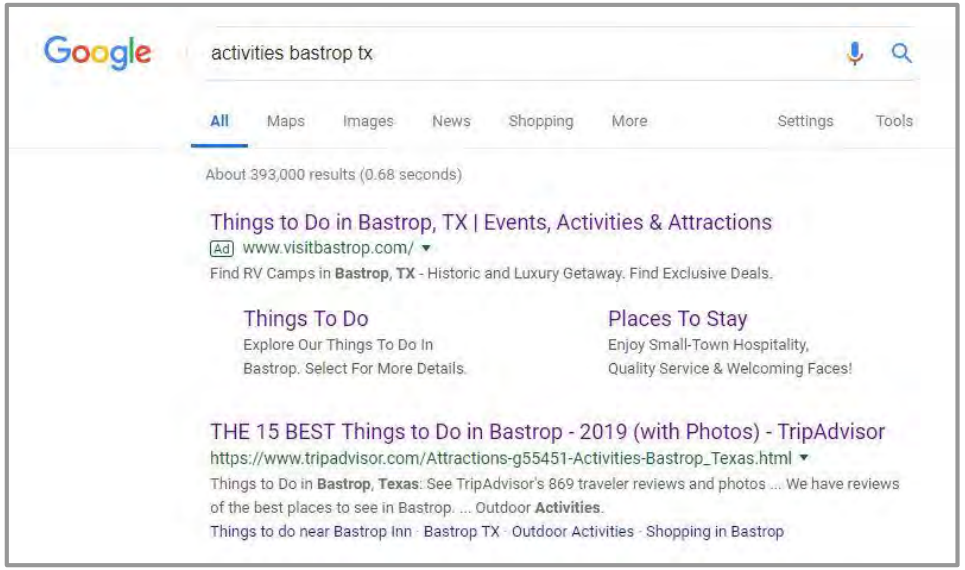




GOOGLE SEARCH KEY INSIGHT - JUNE

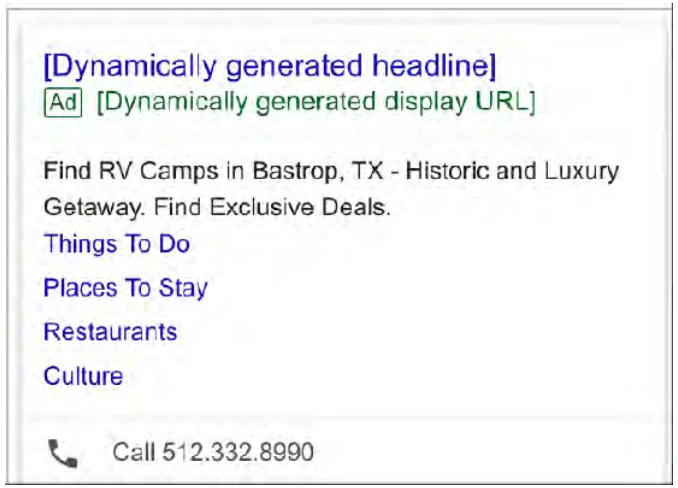
OBJECTIVES:

- Build Awareness of Visit Bastrop
- Drive qualified traffic to website
- Optimize keyword ad groups



KEY INSIGHTS:

- Created an impressive 3,347 conversions
- 9,380 clicks, 53,544 Impressions
- Top Demographics: Female, 35-44
- Top user locations by clicks to site: Austin, Houston, Dallas, San Antonio
- Austin had most website visits, Houston had highest engagement rate



LODGING INDUSTRY REPORT - MAY

	Current Month - May 2019 vs May 2018											
	Occ %		ADR		RevPAR		Percent Change from May 2018					
	2019	2018	2019	2018	2019	2018	Occ	ADR	Rev PAR	Room Rev	Room Avail	Room Sold
Bastrop	61.0	65.4	172.10	170.84	104.92	111.68	-6.7	0.7	-6.1	-6.1	0.0	-6.7
Average	62.8	63.3	119.72	118.14	76.38	76.50	-0.0	1.1	0.9	3.3	2.3	2.2

ADR – Average Daily Rate RevPAR – Revenue per Available Room Occ - Occupancy

LODGING INDUSTRY REPORT - MAY

	Year to Date – May 2019 vs May 2018											
	Occ %		ADR		RevPAR		Percent Change from YTD 2018					
	2019	2018	2019	2018	2019	2018	Occ	ADR	Rev PAR	Room Rev	Room Avail	Room Sold
Bastrop	62.8	63.3	163.03	164.45	102.41	104.02	-0.7	-0.9	-1.5	-1.5	0.0	-0.7
Average	62.5	62.1	116.77	117.24	74.70	74.44	0.6	-0.6	-0.0	2.0	2.1	2.7

ADR – Average Daily Rate RevPAR – Revenue per Available Room Occ - Occupancy

SALES REPORT - JUNE

STATUS	QUANTITY	ROOM NIGHTS	ESTIMATED ATTENDEES	ECONOMIC IMPACT
LEADS	6	1415	2230	$457.913.61
DEFINITES	3	315	1130	$229,353.25
LEAD SERVICE REQUEST	1			
DEFINITE SERVICE REQUEST				
LOST LEADS				
LOST SERVICE REQUESTS				
UNABLE TO BID				
LEAD ASSIST - HYATT				
DEFINITE ASSIST - HYATT				
LEAD SERVICE REQUEST - HYATT	1			
DEFINITE SERVICE REQUEST - HYATT				
LOST LEADS ASSIST – HYATT	-	-	-	-

QUESTIONS, THOUGHTS COMMENTS?

Chamber of Commerce Newsletter
Board of Director Meetings
City Council Meetings

Susan Smith, President
512-332-8991
susan@visitbastrop.com

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 7

TITLE:

CITIZEN COMMENTS

At this time, three (3) minute comments will be taken from the audience on any topic. To address the Council, please submit a fully completed request card to the City Secretary prior to the beginning of the Citizens' Comment portion of the Council meeting. In accordance with the Texas Open Meetings Act, if a citizen discusses any item not on the agenda, City Council cannot discuss issues raised or make any decision at this time. Instead, City Council is limited to making a statement of specific factual information or a recitation of existing policy in response to the inquiry. Issues may be referred to City Staff for research and possible future action.

To address the Council concerning any item on the agenda, please submit a fully completed request card to the City Secretary prior to the start of the meeting.

It is not the intention of the City of Bastrop to provide a public forum for the embarrassment or demeaning of any individual or group. Neither is it the intention of the Council to allow a member of the public to slur the performance, honesty and/or integrity of the Council, as a body, or any member or members of the Council individually or collectively, or members of the City's staff. Accordingly, profane, insulting or threatening language directed toward the Council and/or any person in the Council's presence will not be tolerated.

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 8A

TITLE:
Consider action to approve City Council minutes from the July 9, 2019, Joint Workshop with City Council and P&Z Commission.

STAFF REPRESENTATIVE:
Lynda Humble, City Manager
Ann Franklin, City Secretary

BACKGROUND/HISTORY:
N/A

POLICY EXPLANATION:
Section 551.021 of the Government Code provides as follows:

(a) A governmental body shall prepare and keep minutes or make a tape recording of each open meeting of the body.
(b) The minutes must:
1. State the subject of each deliberation; and
2. Indicate the vote, order, decision, or other action taken.

FUNDING SOURCE:
N/A

RECOMMENDATION:
Consider action to approve City Council minutes from the July 9, 2019, Joint Workshop with City Council and P&Z Commission.

ATTACHMENTS:
- July 9, 2019, DRAFT Joint Workshop with City Council and P&Z Commission
- July 9, 2019, DRAFT Regular Meeting Minutes.

MINUTES OF JOINT WORKSHOP WITH BASTROP COUNCIL AND PLANNING AND ZONING COMMISSION

July 9, 2019

The Bastrop City Council and Planning and Zoning Commission met in a Joint Workshop Meeting on Thursday, July 29, 2019, at 4:30 p.m. at the Bastrop City Hall Council Chambers, located at 1311 Chestnut Street, Bastrop, Texas. Members present for the Bastrop City Council were: Mayor Schroeder, Mayor Pro Tem Nelson and Council Members Jackson, Ennis, Rogers and Peterson. Officers present were: City Manager, Lynda Humble, Deputy City Secretary, Traci Chavez and City Attorney, Alan Bojorquez. Members present for the Planning and Zoning Commission were Debbie Moore, Cheryl Lee, Patrick Connell, Cynthia Meyer, and Pablo Serna. Staff Liaison, Planning and Zoning Director, Matt Jones.

CALL TO ORDER

a. Mayor Schroeder called the meeting of the Bastrop City Council to order with a quorum being present at 4:30 p.m.

b. Planning and Zoning–Chair, Debbie Moore called the meeting of the Planning and Zoning Commission to order with a quorum being present at 4:30 p.m.

WORKSHOP SESSION

2A. Discuss Bastrop Building Block Code and receive Planning and Zoning Commission's Code Recommendations.
Presentation was made by Matt Jones, Planning and Zoning Director.

ADJOURNMENT

Mayor Schroeder adjourned the Bastrop City Council meeting at 6:10 p.m. without objection.

Chair, Debbie Moore adjourned the Planning and Zoning Commission meeting at 6:10 p.m. without objection.

APPROVED: ATTEST:

_____ _____

Mayor Connie B. Schroeder Deputy City Secretary Traci Chavez

July 9, 2019

The Bastrop City Council met in a Regular Meeting on Tuesday, July 9, 2019, at 6:30 p.m. at the Bastrop City Hall Council Chambers, located at 1311 Chestnut Street, Bastrop, Texas. Members present were Mayor Schroeder, Mayor Pro Tem Nelson and Council Members Jackson, Ennis, Rogers and Peterson. Officers present were City Manager, Lynda Humble, Deputy City Secretary, Traci Chavez and City Attorney, Alan Bojorquez.

CALL TO ORDER
At 6:30 p.m. Mayor Schroeder called the meeting to order with a quorum being present.

PLEDGE OF ALLEGIANCE
Tyron Wilson, Jr, Juneteenth Scholarship Recipient led the pledges.

INVOCATION
Cliff Sparks, Police Chaplain gave the invocation.

PRESENTATIONS

4A. Mayor's Report
Mayor Schroeder introduced Adena Lewis with Bastrop County who provided copies of the State of Texas House Resolution for Bastrop County being acknowledged as a Film Friendly County.

4B. Councilmembers' Report

4C. City Manager's Report
City Manager Humble introduced the City's new Library Director, Becca Sexton, and provided a brief bio on Ms. Sexton.

5. WORK SESSION/BRIEFINGS

5A. Update and Discussion on Easement Acquisition on Main Street Rehabilitation Project.
Main Street Director, Rebecca Gleason, made presentation to the Council regarding the status of the project.

STAFF AND BOARD REPORTS

6A. Receive an update from MWM DesignGroup regarding the Main Street Rehabilitation Project.
Presentation was made by Senior Project Manager Tony Buonodono.

6B. Receive Presentation and Update from the YMCA of Austin/Bastrop Branch.
Presentation was made by Bastrop YMCA Director Terry Moore Bastrop.

6C. Receive Presentation and Update from the Bastrop Opera House.
Presentation was made by Director Lisa Holcomb.

6D. Receive Presentation and Update from the Bastrop County Historical Society.

Presentation was made by Director Kaye Sapikas.

6E. Receive Quarterly Presentation from Bastrop Economic Development Corporation.
Presentation was made by Executive Director Phallan Davis.

CITIZEN COMMENTS

Glenn Johnson
1109 Pecan Street
Bastrop, Texas 78602

CONSENT AGENDA

A motion was made by Council Member Jackson to approve Item 8A, 8B, 8C, 8D, and 8F listed on the Consent Agenda after being read into the record by Deputy City Secretary, Traci Chavez. Seconded by Mayor Pro Tem Nelson, motion was approved on a 5-0 vote.

8A. Consider action to approve City Council minutes from June 25, 2019, Regular meeting.

8B. Consider action to approve Resolution No. R-2019-59 of the City Council of the City of Bastrop, Texas, approving the Schain Subdivision Final Plat, being 0.273 acres out of the Bastrop Town Tract A-11, located at 304 Industrial Boulevard, within the city limits of Bastrop, Texas, as shown in Exhibit A; granting a Subdivision Variance to the one acre minimum lot requirement; providing for a repealing clause; and establishing an effective date.

8C. Consider action to approve Resolution No. R-2019-60 of the City Council of the City of Bastrop, Texas, authorizing the applicant to proceed through the Enhanced Permit Review Process for the replacement of an enclosed accessory structure with one that is 40 square feet larger, located at 108 Hasler Street, within the City Limits of Bastrop, Texas; as shown in Exhibit A; providing for a repealing clause; and establishing an effective date.

8D. Consider action to approve Resolution No. R-2019-61 of the City Council of the City of Bastrop, Texas, authorizing the applicant to proceed through the Enhanced Permit Review Process for the addition of a screened in porch, located at 326 Belinda Court, within the City Limits of Bastrop, Texas; as shown in Exhibit A; providing for a repealing clause; and establishing an effective date.

8F. Consider action to approve the second reading of Ordinance No. 2019-16 of the City Council of the City of Bastrop, Texas, repealing emergency Ordinance No. 2018-1 [Temporary Moratorium] and implementing enhanced permit review measures to continue a heightened level of evaluation for certain building, construction and development permits; and providing for legislative findings of fact, repealer, enactment, duration, extension, severability, enforcement, proper notice and meeting, effective date, applicability, alternate approvals, appeals, and definitions.

CONSENT DISCUSSION ITEM

A motion was made by Council Member Dock Jackson to approve Item 8E. Seconded by Council Member Ennis, motion was approved on a 5-0 vote.

8E. Consider action to approve the second reading of Ordinance No. 2019-23 of the City Council of the City of Bastrop, Texas, authorizing the City of Bastrop to convey to Garments to Go, Inc. that certain 6.000 acre real property legally described as Lot 3, Block A, Bastrop Business and Industrial Park Phase I Subdivision, located in Bastrop County, as set forth in volume 908, page 275 of the deed records of Bastrop County, Texas; and providing for the following: findings of fact; repealer; severability; proper notice and meeting.

9. ITEMS FOR INDIVIDUAL CONSIDERATION

9A. Consider action to approve the second reading of Ordinance No. 2019-21 of the City Council of the City of Bastrop, Texas, amending the budget for the Fiscal Year 2019 in accordance with existing statutory requirements; appropriating the various amounts herein as attached in Exhibit A; repealing all prior ordinances and actions in conflict herewith; and establishing an effective date.
Presentation was made by Chief Financial Officer, Tracy Waldron.

A motion was made by Council Member Rogers to approve Ordinance No. 2019-21, seconded by Council Member Ennis, motion was approved on a 5-0 vote.

9B. Consider action to approve Resolution R-2018-62 of the City of Bastrop, Texas amending the City Council Rules of Procedure; establishing a repealing clause; and establishing an effective date.
Presentation was made by City Manager Lynda Humble.

A motion was made by Council Member Jackson to approve Resolution R-2018-62, seconded by Council Member Ennis, motion was approved on a 5-0 vote.

EXECUTIVE SESSION - NONE

ADJOURNMENT

Adjourned at 8:18 p.m. without objection.

APPROVED: ATTEST:

_____ _____

Mayor Connie B. Schroeder City Secretary Ann Franklin

The Minutes were approved on July 23, 2019, by Council Member _____'s motion, Council Member _____'s second. The motion was approved on a ____ vote.

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 9A

TITLE:
Consider action to approve Resolution No. R-2019-62 of the City Council of the City of Bastrop, Texas approving terms of engagement with Belt Harris Pechacek, LLLP for auditing services for the year ending September 2019, with the option to renew annually for four (4) subsequent fiscal years; authorizing the City Manager to execute all necessary documents; repealing conflicting provisions; and establishing an effective date.

STAFF REPRESENTATIVE:
Tracy Waldron, Chief Financial Officer

BACKGROUND/HISTORY:
The City of Bastrop, Texas conducted a detailed Request for Qualifications for Auditing Services. Five (5) firms submitted statements of qualifications for consideration. After review by staff members, scoring and reference checks, the City of Bastrop desires to engage with the firm Belt Harris Pechacek, LLLP.

POLICY EXPLANATION:
The Financial Management Policy requires that the financial statements of the City be audited annual and that a request for qualifications be executed every five years for these services. The policy does not require auditor rotation, but it is best practice to change auditing firms periodically to get a new perspective and objectiveness.

FUNDING SOURCE:
General Fund

RECOMMENDATION:
Consider action to approve Resolution No. R-2019-62 of the City Council of the City of Bastrop, Texas approving terms of engagement with Belt Harris Pechacek, LLLP for auditing services for the year ending September 2019, with the option to renew annually for four (4) subsequent fiscal years; authorizing the City Manager to execute all necessary documents; repealing conflicting provisions; and establishing an effective date.

ATTACHMENTS:
- Resolution R-2019-62

RESOLUTION NO. R-2019-62

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF BASTROP, TEXAS APPROVING TERMS OF ENGAGEMENT WITH BELT HARRIS PECHACEK, LLLP FOR AUDITING SERVICES FOR THE YEAR ENDING SEPTEMBER 2019, WITH THE OPTION TO RENEW ANNUALLY FOR FOUR (4) SUBSEQUENT FISCAL YEARS; AUTHORIZING THE CITY MANAGER TO EXECUTE ALL NECESSARY DOCUMENTS; REPEALING CONFLICTING PROVISIONS; AND ESTABLISHING AN EFFECTIVE DATE.

WHEREAS, the City of Bastrop, Texas conducted a detailed Request for Qualifications for Auditing Services; and

WHEREAS, there were five (5) firms who submitted statements of qualifications for consideration; and

WHEREAS, after review of all submittals, the Chief Financial Officer completed reference checks and found that those contacted provided favorable recommendations regarding the Auditing Services provided by Belt Harris Pechacek, LLLP; and

WHEREAS, the City of Bastrop desires to engage with the firm Belt Harris Pechacek, LLLP.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BASTROP, TEXAS:

Section 1. That the City Council hereby approves engaging with Belt Harris Pechacek, LLLP for auditing services.

Section 2. The City Council hereby authorizes the City Manager is to execute a Terms of Engagement for Auditing Services between the City of Bastrop, Texas and Belt Harris Pechacek, LLLP, as well as all other necessary documents.

Section 3. All orders and resolutions, or parts thereof, which are in conflict or inconsistent with any provision of this Resolution are hereby repealed to the extent of such conflict, and the provisions of this Resolution shall be and remain controlling as to the matters resolved herein.

Section 4. This Resolution shall take effect immediately from and after its passage, and it is so resolved

DULY RESOLVED AND ADOPTED by the City Council of the City of Bastrop, Texas this 23rd day of July 2019.

APPROVED:

_____
Connie B. Schroeder, Mayor

ATTEST:

_____
Ann Franklin, City Secretary

APPROVED AS TO FORM:

_____
Alan Bojorquez, City Attorney

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM:** 9B

TITLE:
Consider action to approve Resolution No. R-2019-63 of the City Council of the City of Bastrop, Texas, approving The Colony MUD 1B, Preliminary Plat being 155.959 acres out of the Jose Manuel Bangs Survey, Abstract 5, located west of FM 969, at the west extension of Sam Houston Boulevard within the Statutory Extra-Territorial Jurisdiction of Bastrop, Texas, as shown in Exhibits A and B; providing for conditions, providing for a repealing clause; and establishing an effective date.

STAFF REPRESENTATIVE:
Jennifer C. Bills, AICP, LEED AP, Assistant Planning Director

ITEM DETAILS:

Site Address:	West of FM 969 and at the west extension of Sam Houston Boulevard (Attachment 1)
Total Acreage:	155.959 acres
Legal Description:	155.959 acres of the Jose Manuel Bangs Survey, Abstract 5
Property Owner:	Rick Neff/Hunt Communities Bastrop, L.L.C.
Agent Contact:	Christine Methvin, Carlson, Brigance, and Doering, Inc.
Existing Use:	Vacant/Undeveloped
Existing Zoning:	None. Extra-Territorial Jurisdiction, The Colony MUD
Adopted Plan:	Second Amendment to the Colony MUD Consent Agreement, Approved August 8, 2017
Future Land Use:	Neighborhood Residential

BACKGROUND/HISTORY:
The applicant has submitted an application for The Colony MUD 1B Preliminary Plat. The plat is creating 370 single-family detached lots, and 17 associated landscape/drainage/open space lots (Exhibit A). The proposed single-family lots follow the lot standards adopted in the Consent Agreement, as amended.

Traffic Impact and Streets
The Preliminary Plat proposes to extend Sam Houston Drive, an arterial street, westward from its intersection with FM 969, which will provide the main access into the development. Local streets connecting to Sam Houston Drive will serve the proposed residential lots and provide access into the Colony neighborhoods to the north and south of the road. Sidewalks will also be built within the development, which will ultimately connect to the existing neighborhood trail system.

A traffic impact analysis (TIA) for the overall development of The Colony MUD has been previously approved by the City, and the plat is consistent with the numbers for the impact to the existing roadways. Improvements along FM 969 have been completed with previous sections, and provisions for a future traffic signal will also be provided.

The developer is proposing that these streets be considered private and can be gated. Per Section 5.20.9 Private Streets: To prevent future conflicts regarding street maintenance, private streets are prohibited, except where justified by special considerations. Private streets may be permitted by approval of the City Council after evaluation of such considerations. The original Consent Agreement and the subsequent amendments are all silent on the subject of the streets.

Staff is proposing that in order to allow some gated neighborhoods, the developer leave Sam Houston Boulevard ungated and provide additional access from Sam Houston Boulevard to adjacent property to the north and south outside of the Colony MUD, which will provide additional access as those properties develop. The developer is proposing to have only five connection points from the Colony MUD portion for the 2,500 homes currently allowed by the Second Amendment to the Consent Agreement, and have expressed interest in amending that agreement to 4,300 homes. Staff is proposing to add an additional connect to the north in Section 1B, and additional streets in future sections, that would provide additional connectivity (Attachment 3).

Without these access points, staff recommends leaving the entire development ungated to not add any additional constraints to emergency access.

Utilities
Water service (domestic and fire) will be provided by The Colony MUD via water line extensions from existing infrastructure located near FM 969. These lines will be designed according to the City's construction standards, as well as the Texas Commission on Environmental Quality's (TCEQ) requirements.

Wastewater collection and treatment will also be provided by The Colony MUD and will require the installation of a wastewater lift station.

Drainage
Stormwater runoff generated within the property will be routed through an underground storm sewer network, which will then flow into two detention ponds to the north and east of the section, which will then discharge at pre-developed rates to the north. The drainage plan is using the updated rainfall totals of Atlas 14. Additionally, the residential lots will include maximum impervious coverage limit that is reflected in the system capacity.

The proposed drainage system will be designed with a sufficient capacity to route flows from a 100-year design storm to the Colorado River. Due to the property's proximity to the river, stormwater detention is not required.

PUBLIC NOTIFICATION:
Notifications were mailed to 11 adjacent property owners on July 26, 2019 (Attachment 2).

POLICY EXPLANATION:
Preliminary Plats are reviewed by the Planning & Zoning Commission and approved by City Council.

Compliance with 2036 Comprehensive Plan:

Future Land Use Plan - Neighborhood Residential: The Neighborhood Residential character area is for single-family residential subdivision development, associated amenities such as parks, trails, open spaces and public uses such as schools, fire stations, and more.

This plat complies with the Future Land Use Plan, which shows Neighborhood Residential in this area. The plat includes 370 single-family lots. There are also 17 common lots that provide open space, drainage and landscaped areas, one of which will provide an amenity center.

Objective 2.1.2: Exercise greater influence on development patterns and character in the Bastrop ETJ.

The City of Bastrop has a Consent Agreement with the Colony Municipal Utility District that allows the city to agree to specific land uses and development standards, even though the development is not within the city limits. This allows the city to ensure the quality of development and future sustainability.

Goal 4.1.1 Provide a greater diversity of housing options in Bastrop while protecting the character of the City's existing neighborhoods.

Through the Consent Agreement, the Colony MUD development includes four different single-family lot standards and two multi-family standards. This plat falls into the Colony – S, 6,000 square foot category, which is a bit smaller, but roughly equivalent to the Bastrop Zoning Ordinance Single-Family 7. These lots will allow for smaller lot sizes, providing a single-family detached home without as much yard area to maintain.

Local Government Code

Sec. 212.002. Rules.

After a public hearing on the matter, the governing body of a municipality may adopt rules governing plats and subdivisions of land within the municipality's jurisdiction to promote the health, safety, morals, or general welfare of the municipality and the safe, orderly, and healthful development of the municipality.

Bastrop adopted subdivision regulations in 1981. The Code of Ordinances, Chapter 10 – Subdivisions outlines the requirements for plats within the Bastrop city limits and Extra Territorial Jurisdiction (ETJ).

Section 212.004 Plat Required

(a) The owner of a tract of land located within the limits or in the extraterritorial jurisdiction of a municipality who divides the tract in two or more parts to lay out a subdivision of the tract, including an addition to a municipality, to lay out suburban, building, or other lots, or to lay out streets, alleys, squares, parks, or other parts of the tract intended to be dedicated to public use or for the use of purchasers or owners of lots fronting on or adjacent to the streets, alleys, squares, parks, or other parts must have a plat of the subdivision prepared.

The applicant has proposed subdividing an undeveloped 155.959 acre tract into 370 single-family lots. Public improvements within the subdivision (streets, drainage, and

other utilities) will be dedicated to the Colony Municipal Utility District upon their completion.

Sec. 212.010. Standards for Approval

(a) The municipal authority responsible for approving plats shall approve a plat if:

(1) it conforms to the general plan of the municipality and its current and future streets, alleys, parks, playgrounds, and public utility facilities;

The preliminary plat conforms to the Future Land Use Plan, which is designated Neighborhood Residential for this area.

(2) it conforms to the general plan for the extension of the municipality and its roads, streets, and public highways within the municipality and in its extraterritorial jurisdiction, taking into account access to and extension of sewer and water mains and the instrumentalities of public utilities;

A traffic impact analysis (TIA) for the overall development of The Colony Subdivision has been previously approved by the City, and the plat is consistent with the recommendations of that analysis. Improvements along FM 969 are were built with the previous section and included items such as turning and deceleration lanes. Provisions for a future traffic signal will also be provided.

(3) a bond required under Section 212.0106, if applicable, is filed with the municipality; and

Before the Final Plat can be approved, the City Engineer must approve the Public Improvement Construction Plan. Required improvements and bonds will be furnished before the recordation of the Final Plat.

(4) it conforms to any rules adopted under Section 212.002.

The preliminary plat complies with the requirements of the adopted Subdivision Ordinance and Consent Agreement, except for the inclusion of private, gated streets.

<u>Code of Ordinances Chapter 10 – Subdivisions</u>

- Section 4.10 – Standard Procedure – Preliminary Plat

4.10.1. The subdivider shall submit a preliminary plat of the entire area being subdivided. Prior to the plat being placed before the Commission for consideration, the plat must be accepted as administratively complete by the Director of Planning and Development. A plat that contains the detailed information set forth in paragraphs 4.10.1 and 4.10.2 is considered administratively complete.

Planning and Engineering staff have reviewed The Colony MUD 1B has complied with the subdivision and utility standards, save for the decision by City Council on the private, gated streets and connectivity and have deemed the plat administratively complete for P&Z and City Council review.

PLANNING & ZONING COMMISSION REPORT:
The P&Z reviewed the preliminary plat at the July 9, 2019 Special meeting. By a vote of 7-0, the Commission recommended approval, with the inclusion of the two conditions recommended by staff.

The Commission discussed that the additional connectivity, as well as requiring the main thoroughfares to remain ungated, is in the best interest of the residents of The Colony MUD for safety. Additionally, adding the connectivity now will provide for long-term planning and access for the development as this area continues to build out and potentially become part of the city in the future.

In response to the conditions request by the Commission, the applicant has submitted a revised plat (Exhibit B) that adds Chinaberry Bend on the east side of MUD 1B, and will connect Sam Houston to future development to the north. There is also a plat note that states:

> Sam Houston, Chinaberry Bend, and Burros Tail Pass shall not be gated, but the residential streets off of Sam Houston, Chinaberry Bend and Burros Tail Pass shall reserve the right to be gated.

RECOMMENDATION:
Consider action to approve Resolution No. R-2019-63 of the City Council of the City of Bastrop, Texas, approving The Colony MUD 1B, Preliminary Plat being 155.959 acres out of the Jose Manuel Bangs Survey, Abstract 5, located west of FM 969, at the west extension of Sam Houston Boulevard within the Statutory Extra-Territorial Jurisdiction of Bastrop, Texas, as shown in Exhibits A and B; providing for conditions, providing for a repealing clause; and establishing an effective date.

Conditions:
- An additional stub out is added to the north.
- Sam Houston and stub out streets remain ungated.

ATTACHMENTS:
- Resolution R-2019-63
- Exhibit A: The Colony 1B Preliminary Plat Original Submittal – July 9, 2019
- Exhibit B: The Colony 1B Preliminary Plat Revised Submittal – July 12, 2019
- Attachment 1: Location Map
- Attachment 2: Surrounding Property Owner Notification
- Attachment 3: Proposed Connectivity Plan with staff comments
- PowerPoint Presentation

RESOLUTION NO. R-2019-63

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF BASTROP, TEXAS, APPROVING THE COLONY MUD 1B, PRELIMINARY PLAT BEING 155.959 ACRES OUT OF THE JOSE MANUEL BANGS SURVEY, ABSTRACT 5, LOCATED WEST OF FM 969, AT THE WEST EXTENSION OF SAM HOUSTON BOULEVARD WITHIN THE STATUTORY EXTRA-TERRITORIAL JURISDICTION OF BASTROP, TEXAS, AS SHOWN IN EXHIBIT A AND EXHIBIT B; PROVIDING FOR CONDITIONS; PROVIDING FOR A REPEALING CLAUSE; AND ESTABLISHING AN EFFECTIVE DATE.

WHEREAS, pursuant to the Texas Local Government Code Section 212 and the City of Bastrop Subdivision Ordinance, the City Council is required to take action regarding certain plats; and

WHEREAS, Christine Methvin ("the Applicant") has submitted a Preliminary Plat for The Colony MUD 1B, a residential subdivision; and

WHEREAS, the Preliminary Plat is consistent with the Comprehensive Plan designation of Neighborhood Residential; and

WHEREAS, the Subdivision Ordinance, Section 5.20.9, private streets are prohibited, except where justified by special considerations; and

WHEREAS, a staff recommends that in order to allow private, gated streets within The Colony MUD 1B, an additional stub out is added to the north and that Sam Houston and stub out streets remain ungated; and

WHEREAS, the Preliminary Plat for The Colony MUD 1B was recommended for approval with the conditions, by the Planning & Zoning Commission on July 9, 2019; and

WHEREAS, the Applicant submitted a revised Preliminary Plat for The Colony MUD 1B on July 12, 2019 that added a 50 foot right-of-way on the east side of the subdivision that connects Sam Houston Boulevard to the property to the north and added a plat note that reserves the right to gate streets other than Sam Houston Boulevard, Chinaberry Bend and Burros Tail Pass (main access roads); and

WHEREAS, the Bastrop Planning and Development Department has reviewed the above-referenced Preliminary Plat and found it is in compliance with the Subdivision Ordinance, with conditions; and

WHEREAS, notice of the subdivision was sent in accordance with the Subdivision Ordinance to notify the public.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BASTROP, TEXAS:

Section 1: The Preliminary Plat known as The Colony MUD 1B, being 155.959 acres of Jose Manuel Bangs Survey, Abstract 5, located west of FM 969, at the west extension of Sam Houston Boulevard, within the Statutory Extra-Territorial Jurisdiction of Bastrop, Texas is hereby

approved, a copy of same being attached hereto as Exhibit “A” and Exhibit “B” and incorporated herein for all purposes.

Section 2: Conditions are included to require an additional stub out to connect The Colony MUD 1B to the north and that Sam Houston Boulevard and the two stub outs remain ungated.

Section 3: All orders, ordinances and resolutions, or parts thereof, which are in conflict or inconsistent with any provision of this Resolution are hereby repealed to the extent of such conflict, and the provisions of this Resolution shall be and remain controlling as to the matters resolved herein.

Section 4: This ordinance shall take effect upon passage and in accordance with the laws of the State of Texas.

DULY RESOLVED AND ADOPTED by the City Council of the City of Bastrop this 23rd day of July, 2019.

APPROVED:

_____
Connie B. Schroeder, Mayor

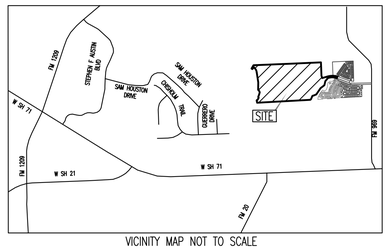
ATTEST:

_____
Ann Franklin, City Secretary

APPROVED AS TO FORM:

_____
Alan Bojorquez, City Attorney

Exhibit A



THE PRELIMINARY PLAT OF

THE COLONY MUD 1B

DATE: JUNE 21, 2019

OWNER:
RICK NEFF
HUNT COMMUNITIES BASTROP, LLC.
A DELAWARE LIMITED LIABILITY COMPANY
4401 N. MESA STREET,
EL PASO, TEXAS 79902
PHONE: (915) 298-4226

ENGINEER & SURVEYOR:
AARON V. THOMASON, R.P.L.S. AND
DOUGLAS R. RUMMEL, JR., P.E.
CARLSON, BRIGANCE & DOERING, Inc.
5501 WEST WILLIAM CANNON
AUSTIN, TX 78749
(512) 280-5160
(512) 280-5165 fax

TOTAL ACREAGE: 155.959 ACRES
SURVEY: JOSE MANUEL BANGS SURVEY, A-5

LANDSCAPE, P.U.E. LOTS:	10	TOTAL: 4.631 ACRES
RESIDENTIAL LOTS:	370	TOTAL: 67.648 ACRES
OPEN SPACE, DRAINAGE & L.S.E. LOTS:	4	TOTAL: 46.797 ACRES
PARK, OPEN SPACE & L.S.E. LOTS:	1	TOTAL: 2.826 ACRES
AMENITY CENTER LOT:	2	TOTAL: 6.030 ACRES
NO. OF BLOCKS:	15	
R.O.W.:		TOTAL: 28.027 ACRES

F.E.M.A. MAP NO. 48021C0195E, 48021C0355E, & 48021C0215E

BASTROP COUNTY, TEXAS DATED: JANUARY 19, 2006

LINEAR FOOTAGE OF RIGHT-OF-WAY

SAM HOUSTON DRIVE	R.O.W. VARIES	4,352 FT	LOCAL
PLUMBAGO LOOP	50' R.O.W.	2,503 FT	LOCAL
ACACIA PASS	50' R.O.W.	793 FT	LOCAL
SMOKEBRUSH TRAIL	50' R.O.W.	1,336 FT	LOCAL
FORSYTHIA TRAIL	50' R.O.W.	664 FT	LOCAL
HORSETAIL COVE	50' R.O.W.	98 FT	LOCAL
ROCKROSE COVE	50' R.O.W.	447 FT	LOCAL
BOTTLEBRUSH COVE	50' R.O.W.	668 FT	LOCAL
SHAGBARK TRAIL	50' R.O.W.	934 FT	LOCAL
FIREBUSH LOOP	50' R.O.W.	1,641 FT	LOCAL
PAMPAS PATH	50' R.O.W.	595 FT	LOCAL
PERIWINKLE LANE	50' R.O.W.	1,410 FT	LOCAL
HACKBERRY LANE	50' R.O.W.	1,772 FT	LOCAL
NANDINA PATH	50' R.O.W.	593 FT	LOCAL
RED OAK PLACE	50' R.O.W.	751 FT	LOCAL
BURROS TAIL PASS	60' R.O.W.	913 FT	LOCAL
IRON BARK BEND	50' R.O.W.	999 FT	LOCAL
SWEETGUM COVE	50' R.O.W.	457 FT	LOCAL
ROSEMARY COURT	50' R.O.W.	374 FT	LOCAL
CHINABERRY BEND	50' R.O.W.	671 FT	LOCAL
TOTAL		21,971 FT	


ROBERT & KATHLEEN HAVEKOST
50.056 ACRES
VOL. 575, PG. 509
SAMUEL E. HARKINS
(39.925 ACRES)
DOC. NO. 201714100
HUNT COMMUNITIES BASTROP, LLC.
(1258.002 ACRES)
DOC. No. 201617588
THE COLONY MUD 1C
N87°34'20"E 1892.55'
S87°32'19"W 171.45'
N03°07'34"E 198.93'
S38°28'38"W 120.00'
N00°24'18"E 388.94'
S53°56'24"W 644.26'
SAM HOUSTON DRIVE (R.O.W. VARIES)
N43°34'52"W 70.00'
N24°55'51"W 83.09'
N16°38'38"E 129.98'
N19°53'13"E 124.89'
N28°21'55"E 136.97'
N00°24'18"E 630.69'
N31°00'41"W 1619.11'
S84°58'18"W 496.14'
S86°06'48"E 114.73'
S86°51'37"W 5147.97'
S86°51'37"W 3169.37'
S86°49'25"W 672.65'
S86°49'25"W 351.14'
S86°49'25"W 2375.92'
S86°49'25"W 13
WW FORCE MAIN DOCUMENT NO. 201511798
WASTEWATER FORCEMAIN ESMT. (4.715 ACRES) DOC. NO. 201511798
DAVID K. GRASSEL
410.599 ACRES
VOL. 714, PG. 306
HUNT COMMUNITIES BASTROP, LLC.
(1258.002 ACRES)
DOC. No. 201617588
HUNT COMMUNITIES BASTROP, LLC.
REMAINDER OF 1258.002 ACRES
DOC. No. 201617588
THE WOODLANDS
CAB. 2, PG. 350A
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32
243 Ⓐ
D.E., OPEN SPACE, & L.S.E.
29.12 ACRES
628
AMENITY LOT
2.81 ACRES
627 Ⓕ
PARK, OPEN SPACE, & L.S.E.
2.83 ACRES
469 Ⓑ
D.E., OPEN SPACE & L.S.E.
6.93 ACRES
MATCH LINE SHEET 2
MATCHLINE SHEET 2
MATCH LINE SHEET 2
SAMUEL E. HARKINS
(39.925 ACRES)
DOC. NO. 201714100
SAM HOUSTON DRIVE (R.O.W. VARIES)
ROCKROSE COVE (50' R.O.W.)
BOTTLEBRUSH COVE (50' R.O.W.)
FIREBUSH LOOP (50' R.O.W.)
PAMPAS PATH (50' R.O.W.)
SHAGBARK TRAIL (50' R.O.W.)
PERIWINKLE LANE (50' R.O.W.)
HACKBERRY LANE (50' R.O.W.)
L.S.E. & P.U.E. 0.04 ACRES
L.S.E. & P.U.E. 0.05 ACRES
L.S.E. & P.U.E. 0.74 ACRES
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THE PRELIMINARY PLAT OF

THE COLONY MUD 1B

SAMUEL E. HARKINS (39.925 ACRES) DOC. NO. 201714100

MARY LOU HARKINS (31.909 ACRES) DOC. NO. 201714101

BLUEBONNET SAI VENTURES LLC 29.999 ACRES DOC. No. 201516018

COKER INVESTMENTS, LTD. (24.907 ACRES) DOC. No. 201617666

N87°34'12"E 1626.97'

DOROTHY N. GANTT 20.42 ACRES VOL. 107, PG. 44

MATCH LINE SHEET 1

MATCHLINE SHEET 1

MATCH LINE SHEET 1

PLUMBAGO LOOP (50' R.O.W.)

HORSETAIL COVE (60' R.O.W.)

ACACIA PASS (50' R.O.W.)

FORSYTHIA TRAIL (50' R.O.W.)

PLUMBAGO LOOP (50' R.O.W.)

SMOKEBUSH TRAIL (50' R.O.W.)

SAM HOUSTON DRIVE (R.O.W. VARIES)

CHINABERRY BEND (60' R.O.W.)

IRONBARK BEND (60' R.O.W.)

ROSEMARY COURT (50' R.O.W.)

BURROS TAIL PASS (60' R.O.W.)

SWEETGUM COVE (50' R.O.W.)

IRONBARK BEND (60' R.O.W.)

PERIWINKLE LANE (50' R.O.W.)

HACKBERRY LANE (50' R.O.W.)

WALTER SHEET 1

NANDINA PATH (50' R.O.W.)

RED OAK PLACE (50' R.O.W.)

HACKBERRY LANE (50' R.O.W.)

243 — D.E., OPEN SPACE, & L.S.E. 29.12 ACRES

242 — AMENITY LOT 2.69 ACRES

244 — 140.38'

245 — 140.38'

246 — 141.00'

247 — 140.64'

248 — 140.28'

249 — 139.93'

250 — 139.57'

251 — 139.21'

252 — 138.85'

253 — 138.49'

254 — 95.37'

255 — 120.00'

256 — 120.00'

257 — 120.00'

258 — 120.00'

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330 — 120.00'

331 — L.S.E. & P.U.E. 0.89 ACRES

332 — 125.03'

333 — 125.27'

334 — 125.27'

335 — 125.27'

336 — 125.27'

337 — 125.27'

338 — 125.27'

339 — 125.27'

340 — 125.27'

341 — 125.27'

342 — 109.73'

343 — 110.30'

344 — 125.00'

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346 — 125.00'

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350 — 125.00'

351 — 125.00'

352 — 126.33'

353 — 130.79'

354 — 131.07'

355 — 166.99'

356 — 168.58'

357 — 168.58'

358 — 168.58'

359 — 168.58'

360 — 168.58'

361 — 168.58'

362 — 168.58'

363 — 168.58'

364 — 122.86'

365 — 123.04'

366 — 123.04'

367 — 156.88'

368 — 156.88'

369 — 156.88'

370 — 155.56'

371 — 155.56'

372 — 155.84'

373 — 155.84'

374 — 155.99'

375 — 109.66'

376 — 124.34'

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406 — 125.00'

407 — L.S.E. & P.U.E. 0.05 ACRES

408 — 63.93'

409 — 63.93'

410 — 63.93'

411 — 63.93'

412 — 63.93'

413 — 63.93'

414 — 63.93'

415 — 63.93'

416 — 63.93'

417 — L.S.E. & P.U.E. 0.98 ACRES

418 — D.E., OPEN SPACE & L.S.E. 7.75 ACRES

419 — 45.78'

420 — 45.78'

421 — 45.78'

422 — 45.78'

423 — 45.78'

424 — 45.78'

425 — 45.78'

426 — 45.78'

427 — D.E., OPEN SPACE & L.S.E. 0.62 ACRES

428 — 45.00'

429 — 45.00'

430 — 45.00'

431 — 45.00'

432 — 142.99'

433 — 142.99'

434 — 142.99'

435 — 142.99'

436 — 142.99'

437 — 142.99'

438 — 142.99'

439 — 119.10'

440 — 120.75'

441 — 120.75'

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443 — 120.75'

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456 — L.S.E. & P.U.E. 0.69 ACRES

457 — L.S.E. & P.U.E. 0.45 ACRES

458 — 45.00'

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468 — 45.00'

469 — 60.11'

470 — 151.66'

471 — 151.66'

472 — 84.00'

473 — 132.76'

474 — 145.87'

475 — 145.87'

476 — 149.98'

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497 — 165.78'

498 — 123.76'

499 — 94.18'

500 — 154.63'

501 — 151.30'

502 — 147.97'

503 — 145.79'

504 — 147.24'

505 — 151.81'

506 — 157.79'

507 — 104.73'

508 — 62.94'

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559 — L.S.E.& P.U.E. 0.74 ACRES

560 — L.S.E. & P.U.E. 0.11 ACRES

561 — 62.94'

562 — 62.94'

563 — 62.94'

564 — 62.94'

565 — 62.94'

566 — 62.94'

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572 — 62.94'

573 — 62.94'

THE PRELIMINARY PLAT OF
THE COLONY MUD 1B

FLOOD PLAIN NOTE:

A PORTION OF THIS TRACT LIES WITHIN A DESIGNATED FLOOD HAZARD AREA, THIS TRACT LIES IN ZONE AE, AS SHOWN ON THE FEDERAL FLOOD INSURANCE ADMINISTRATION RATE MAP NO. 48021 C 0195E, 48021 C 0215E, AND 48021 C 0355E, FOR BASTROP COUNTY TEXAS, DATED JANUARY 19, 2006. COMMUNITY NUMBER 481193.

THIS FLOOD STATEMENT, AS DETERMINED BY A H.U.D.-F.I.A. FLOOD INSURANCE RATE MAP, DOES NOT IMPLY THAT THE PROPERTY OR THE IMPROVEMENTS THEREON WILL BE FREE FROM FLOODING OR FLOOD DAMAGE. ON RARE OCCASIONS, GREATER FLOODS CAN AND WILL OCCUR, AND FLOOD HEIGHTS MAY INCREASE BY MAN-MADE OR NATURAL CAUSES.

THIS STATEMENT SHALL NOT CREATE LIABILITY ON THE PART OF ENGINEER OR SURVEYOR.

1. EROSION AND SEDIMENTATION CONTROLS CONSTRUCTED WITH THE SUBDIVISION ORDINANCE OF THE CITY OF BASTROP ARE REQUIRED FOR ALL CONSTRUCTION ON EACH LOT.
2. FLOOD WARNING: THE DEGREE OF FLOOD WATER PROTECTION REQUIRED BY THE CITY OF BASTROP FLOOD DAMAGE PREVENTION ORDINANCE IS CONSIDERED REASONABLE FOR THE REGULATORY PURPOSES AND IS BASED ON SCIENTIFIC AND ENGINEERING CONSIDERATIONS. ON RARE OCCASIONS, GREATER FLOODS CAN AND WILL OCCUR AND FLOOD HEIGHTS MAY BE INCREASED BY MAN-MADE OR NATURAL CAUSES. ACCEPTANCE OF THIS PRELIMINARY PLAT BY THE CITY COUNCIL DOES NOT IMPLY THAT LAND OUTSIDE OF THE AREA OF SPECIAL FLOOD HAZARDS OR USES PERMITTED IN SUCH AREAS WILL BE FREE FROM FLOODING OR FLOOD DAMAGES. NOR SHALL ACCEPTANCE OF THIS PRELIMINARY PLAT CREATE LIABILITY ON THE PART OF THE CITY OF BASTROP OR ANY OFFICIAL OR EMPLOYEE THEREOF FOR ANY FLOOD DAMAGES THAT RESULT FROM RELIANCE ON THE INFORMATION CONTAINED WITHIN THIS PRELIMINARY PLAT OR ANY ADMINISTRATION DECISION LAWFULLY MADE HEREUNDER.
3. ALL DRAINAGE EASEMENTS, STORM WATER FACILITIES / FEATURE SHALL BE MAINTAINED BY THE PROPERTY OWNER OR HIS OR HER ASSIGNS.
4. TEMPORARY OR PERMANENT EASEMENTS ARE TO BE PROVIDED AS REQUIRED AT THE CITY'S SOLE DISCRETION FOR OFF-SITE WATER, WASTEWATER AND DRAINAGE IMPROVEMENTS.
5. PROPERTY OWNERS SHALL PROVIDE FOR ACCESS TO ALL EASEMENTS AS MAY BE NECESSARY AND SHALL NOT PROHIBIT ACCESS BY GOVERNMENTAL AUTHORITIES.
6. ALL WORK, INCLUDING SIGNS, SHALL COMPLY WITH THE CITY OF BASTROP ORDINANCES AND THE CONSENT AGREEMENT FOR THE COLONY MUD NUMBER 1 AND SUBSEQUENT AMENDMENTS.
7. THE DEVELOPER, BUILDER, SELLER, OR AGENT SHALL INFORM, IN WRITING, EACH BUYER OF SUBDIVISION LOTS OR PROPERTY LOCATED WITHIN THE FLOOD HAZARD AREAS THAT SUCH PROPERTY IS AN IDENTIFIED FLOOD HAZARD AREA.

GENERAL NOTES:

1. ALL SUBDIVISION PERMITS SHALL CONFORM TO THE CITY OF BASTROP CODE OF ORDINANCES, CONSTRUCTION STANDARDS, AND GENERALLY ACCEPTED ENGINEERING PRACTICES.
2. CONSTRUCTION PLANS AND SPECIFICATIONS FOR ALL SUBDIVISION IMPROVEMENTS SHALL BE REVIEWED AND ACCEPTED BY THE CITY OF BASTROP PRIOR TO ANY CONSTRUCTION WITHIN THE SUBDIVISION.
3. THE CITY WILL PERFORM A FINAL INSPECTION OF INFRASTRUCTURE THAT WILL BE DEDICATED TO THE MUD.
4. THE OWNER OF THIS SUBDIVISION, AND HIS OR HER SUCCESSORS AND ASSIGNS, ASSUMES SOLE RESPONSIBILITY FOR PLANS FOR CONSTRUCTION OF SUBDIVISION IMPROVEMENTS WHICH COMPLY WITH APPLICABLE CODES AND REQUIREMENTS OF THE CITY OF BASTROP. THE OWNER UNDERSTANDS AND ACKNOWLEDGES THAT A NEW PRELIMINARY PLAT MAY NEED TO BE SUBMITTED AND APPROVED, AT THE OWNER'S SOLE EXPENSE IF THE PRELIMINARY PLANS CHANGE SUBSTANTIALLY.
5. BY APPROVING THIS PRELIMINARY PLAT, THE CITY OF BASTROP ASSUMES NO OBLIGATION TO CONSTRUCT ANY INFRASTRUCTURE IN CONNECTION WITH THIS SUBDIVISION. ANY SUBDIVISION INFRASTRUCTURE REQUIRED FOR THE DEVELOPMENT OF THE LOTS IN THIS SUBDIVISION IS THE SOLE RESPONSIBILITY OF THE DEVELOPER AND/OR THE OWNERS OF THE LOTS. FAILURE TO CONSTRUCT ANY REQUIRED INFRASTRUCTURE TO THE CITY STANDARDS MAY BE JUST CAUSE FOR THE CITY TO DENY APPLICATIONS FOR CERTAIN DEVELOPMENT PERMITS INCLUDING BUILDING PERMITS, SITE PLAN APPROVALS AND/OR CERTIFICATE OF OCCUPANCY.
6. NO LOT OR STRUCTURE SHALL BE OCCUPIED PRIOR TO THE APPLICANT SUBMITTING TO THE CITY OF BASTROP DOCUMENTATION OF SUBDIVISION/SITE REGISTRATION WITH THE TEXAS DEPARTMENT OF LICENSING AND REGULATIONS (TDLR) AND PROVIDING DOCUMENTATION OF REVIEW AND COMPLIANCE OF THE SUBDIVISION CONSTRUCTION PLANS WITH TEXAS ARCHITECTURAL BARRIERS ACT (TABA).
7. WATER IS PROVIDED BY THE COLONY MUD 1B.
8. WASTEWATER SERVICE IS PROVIDED BY THE COLONY MUD 1B.
9. ELECTRIC SERVICE WILL PROVIDED BY BLUEBONNET ELECTRIC.
10. GAS SERVICE WILL BE PROVIDED BY CENTER POINT ENERGY.
11. CABLE SERVICE IS PROVIDED BY SPECTRUM.
12. NO LOT IN THIS SUBDIVISION SHALL BE OCCUPIED UNTIL CONNECTED TO THE APPROVED WATER DISTRIBUTION AND WASTEWATER COLLECTION FACILITIES
13. WASTEWATER AND WATER SYSTEMS SHALL CONFORM TO TCEQ (TEXAS COMMISSION ON ENVIRONMENTAL QUALITY) REQUIREMENTS.
14. DEVELOPER/OWNER SHALL BE SOLELY RESPONSIBLE FOR ALL RELOCATIONS AND MODIFICATIONS TO EXISTING UTILITIES.
15. ALL EASEMENTS OF RECORD AS INDICATED ON THE MOST RECENT TITLE RUN DATED: 12-01-2016, CONDUCTED BY CHICAGO TITLE INSURANCE COMPANY, TITLE COMMITMENT GF. NO. 4210005324 ISSUED BY CHICAGO TITLE INSURANCE COMPANY FOR THIS PROPERTY ARE SHOWN ON THIS PRELIMINARY PLAT.
16. IT IS THE RESPONSIBILITY OF EACH RESIDENTIAL BUILDER TO DESIGN AND CONSTRUCT A SUITABLE GRADING AND DRAINAGE SCHEME WHICH WILL CONVEY SURFACE WATER WITHOUT PONDING IN OR AROUND THE LOT, FROM ITS STRUCTURE TO THE DRAINAGE SYSTEM CONSTRUCTED BY THE SUBDIVISION DEVELOPER.
17. PUBLIC UTILITY AND DRAINAGE EASEMENTS WHERE SHOWN HEREON ARE INTENDED TO INDICATE AN EASEMENT FOR CONSTRUCTION, OPERATIONS AND MAINTENANCE OF PUBLIC UTILITIES AND DRAINAGE WAYS; INCLUDING BUT NOT LIMITED TO SANITARY SEWERS, FORCE MAINS, WATER LINES, TELEPHONE SIGNAL CONDUITS, ELECTRIC CONDUCTORS, DRAINAGE PIPES AND NATURAL GAS LINES.
18. AN OWNER'S ASSOCIATION AND OR MUD IS RESPONSIBLE FOR THE MAINTNANCE OF LANDSCAPE EASEMENTS, DRAINAGE EASEMENTS AND PRIVATE PARKS AND ALL OTHER COMMON AREAS.
19. IMPERVIOUS COVER IS LIMITED TO 55% FOR LOTS 45 FOOT WIDE OR LESS, AND 45% FOR LOTS GREATER THAN 45 FEET WIDE.
20. STREET LIGHTING LOCATION WILL BE ADDED ON THE FINAL CONSTRUCTION PLANS.
21. A STORMWATER MANAGEMENT PLAN WILL BE PROVIDED PRIOR TO FINAL ACCEPTANCE.
22. PERMITS: PROPERTY IN THIS SUBDIVISION SHALL BE DEVELOPED IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL REGULATIONS INCLUDING, BUT NOT LIMITED TO: BASTROP COUNTY 9-1-1 ADDRESSING ASSIGNMENT, DRIVEWAY/CULVERT, DEVELOPMENT, FLOODPLAIN, ON-SITE SEWAGE FACILITY, AND LOST PINES HABITAT CONSERVATION PLAN. COUNTY PERMITS ARE OBTAINED AND ISSUED THROUGH THE BASTROP COUNTY DEVELOPMENT SERVICES DEPARTMENT.

STATE OF TEXAS)(
COUNTY OF TRAVIS)(KNOW ALL MEN BY THESE PRESENTS:

I, DOUGLAS R. RUMMEL, JR., P.E. DO HEREBY CERTIFY THAT THE STREETS AND DRAINAGE DESIGN, AS SHOWN HEREON, COMPLIES WITH THE SUBDIVISION REGULATIONS FOR THE CITY OF BASTROP, AND THAT THE 100 YEAR FLOOD PLAIN IS AS SHOWN AND WILL BE CONTAINED WITHIN THE DRAINAGE EASEMENT AND OR DRAINAGE RIGHT-OF-WAY, AS SHOWN HEREON.

ENGINEERING BY: _____ DATE _____
DOUGLAS R. RUMMEL, JR., P.E. NO. 97387
CARLSON, BRIGANCE & DOERING, INC.
5501 WEST WILLIAM CANNON DRIVE
AUSTIN, TEXAS 78749

STATE OF TEXAS
DOUGLAS R. RUMMEL, JR.
97387
LICENSED
PROFESSIONAL ENGINEER

STATE OF TEXAS)(
COUNTY OF TRAVIS)(KNOW ALL MEN BY THESE PRESENTS:

THAT I, AARON V. THOMASON, DO HEREBY CERTIFY THAT I PREPARED THIS PLAT FROM AN ACTUAL AND ACCURATE ON-THE-GROUND SURVEY OF THE LAND AND THAT THE CORNER MONUMENTS SHOWN THEREON WERE PROPERLY PLACED UNDER MY PERSONAL SUPERVISION, IN ACCORDANCE WITH THE SUBDIVISION REGULATION OF THE CITY OF BASTROP, BASTROP COUNTY, TEXAS. ALL EASEMENTS OF RECORD HAVE BEEN IDENTIFIED ON THIS PLAT TO THE BEST OF MY KNOWLEDGE.

SURVEYED BY: _____ DATE _____
AARON V. THOMASON ~ R.P.L.S. NO. 6214
CARLSON, BRIGANCE & DOERING, INC.
5501 WEST WILLIAM CANNON DRIVE
AUSTIN, TEXAS 78749

STATE OF TEXAS
REGISTERED
AARON V. THOMASON
6214
PROFESSIONAL
LAND SURVEYOR

APPROVED THIS DAY _____ OF _____, 2019 A.D. BY THE CITY COUNCIL OF THE CITY OF BASTROP, TEXAS.

APPROVED: ATTEST:

_____ _____
MAYOR, CONNIE SCHROEDER CITY SECRETARY

FIELD NOTES

BEING ALL OF THAT CERTAIN 155.959 ACRE TRACT OF LAND OUT OF THE JOSE MANUEL BANGS, ABSTRACT NO. 5, SITUATED IN BASTROP COUNTY, TEXAS, BEING A PORTION OF A CALLED 1258.002 ACRE TRACT OF LAND CONVEYED TO HUNT COMMUNITIES BASTROP, LLC., RECORDED IN DOCUMENT NUMBER 201617588 OF THE OFFICIAL PUBLIC RECORDS OF BASTROP COUNTY, TEXAS (O.P.R.B.C.TX.), SAID 155.959 ACRE TRACT OF LAND BEING MORE FULLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING, AT AN IRON ROD FOUND IN THE NORTH BOUNDARY LINE OF SAID 1258.002 ACRE TRACT, BEING ALSO THE SOUTHEAST CORNER OF A CALLED 39.925 ACRE TRACT OF LAND CONVEYED TO SAMUEL E. HARKINS IN DOCUMENT NUMBER 201714100 (O.P.R.B.C.TX.), AND BEING ALSO THE SOUTHWEST CORNER OF A CALLED 31.909 ACRE TRACT OF LAND CONVEYED TO MARY LOU HARKINS IN DOCUMENT NUMBER 201714101 (O.P.R.B.C.TX.), FOR THE POINT OF BEGINNING FOR THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE COMMON BOUNDARY LINE OF SAID 1258.002 ACRE TRACT, SAID 31.909 ACRE TRACT, A CALLED 29.999 ACRE TRACT OF LAND CONVEYED TO BLUEBONNET SAI VENTURES, LLC IN DOCUMENT NUMBER 201516018 (O.P.R.B.C.TX.), AND A CALLED 24.907 ACRE TRACT OF LAND CONVEYED TO COKER INVESTMENTS, LTD., IN DOCUMENT NUMBER 201817666 (O.P.R.B.C.TX.), N87°34'12"E, A DISTANCE OF 1626.97 FEET TO A 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', BEING A POINT ON A THE NORTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A SOUTHERN BOUNDARY LINE OF SAID 24.907 ACRE TRACT, SAME BEING THE NORTHWEST CORNER OF A WASTEWATER TREATMENT PLANT AND DISCHARGE LINE EASEMENT DESCRIBED IN DOCUMENT NUMBER 201511799 (O.P.R.B.C.TX.), FOR THE NORTHEAST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, CROSSING SAID 1258.002 ACRE TRACT, THE FOLLOWING FIVE (5) COURSES AND DISTANCES, NUMBERED 1 THROUGH 5,

1. S02°28'43"E, A DISTANCE OF 700.00 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
2. S18°02'02"E, A DISTANCE OF 122.95 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
3. N73°49'27"E, A DISTANCE OF 300.42 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE RIGHT,
4. WITH SAID CURVE TO THE RIGHT, HAVING A RADIUS OF 840.00 FEET, AN ARC LENGTH OF 372.11 FEET, AND WHOSE CHORD BEARS N86°29'30"E, A DISTANCE OF 369.08 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AND
5. S88°58'55"E, A DISTANCE OF 58.19 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE RIGHT, BEING A POINT ON A SOUTHWESTERN BOUNDARY LINE OF LOT 198, BLOCK C OF COLONY MUD 1A, SECTION 2A, A SUBDIVISION RECORDED IN CABINET 6, SLIDE 127-A OF THE PLAT RECORDS OF BASTROP COUNTY, TEXAS (P.R.B.C.TX.),

THENCE, WITH THE SAID SOUTHWESTERN BOUNDARY LINE OF SAID LOT 198, BLOCK C, COLONY MUD 1A, SECTION 2A, AND WITH SAID CURVE TO THE RIGHT HAVING A RADIUS OF 850.00 FEET, AN ARC LENGTH OF 86.93 FEET, AND WHOSE CHORD BEARS S73°51'09"E, A DISTANCE OF 86.89 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', BEING A SOUTHEASTERN CORNER OF SAID LOT 198, BLOCK C AND BEING ALSO A NORTHWESTERN TERMINUS CORNER OF SAM HOUSTON DRIVE (100' R.O.W.), FOR THE EASTERNMOST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE WESTERN TERMINUS LINE OF SAID SAM HOUSTON DRIVE, S20°07'07"W, A DISTANCE OF 100.00 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', BEING A SOUTHWESTERN TERMINUS CORNER OF SAID SAM HOUSTON DRIVE,

THENCE, CROSSING SAID 1258.002 ACRE TRACT, THE FOLLOWING FIFTEEN (15) COURSES AND DISTANCES, NUMBERED 1 THROUGH 15,

1) N79°52'12"W, A DISTANCE OF 137.59 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
2) S01°17'11"E, A DISTANCE OF 71.20 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
3) S25°39'34"W, A DISTANCE OF 48.21 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
4) S50°15'50"W, A DISTANCE OF 111.19 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
5) N88°02'50"W, A DISTANCE OF 133.80 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
6) S19°25'06"W, A DISTANCE OF 45.59 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
7) S76°22'12"W, A DISTANCE OF 76.48 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
8) S07°52'22"W, A DISTANCE OF 244.20 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
9) S22°16'45"W, A DISTANCE OF 154.66 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
10) S54°49'06"W, A DISTANCE OF 69.01 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
11) S86°53'55"W, A DISTANCE OF 72.69 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
12) N58°35'01"W, A DISTANCE OF 68.78 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
13) S38°21'54"W, A DISTANCE OF 216.85 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
14) S26°14'44"W, A DISTANCE OF 229.44 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', AND
15) S05°47'14"W, A DISTANCE OF 115.34 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', BEING A POINT ON A SOUTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A NORTHERN BOUNDARY LINE OF A CALLED 410.599 ACRE TRACT OF LAND CONVEYED TO DAVID K. GRASSEL IN VOLUME 714, PAGE 306 OF THE DEED RECORDS OF BASTROP COUNTY, TEXAS (D.R.B.C.TX.), FOR THE SOUTHEAST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE COMMON BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND SAID 410.599 ACRE TRACT, S86°51'37"W, A DISTANCE OF 3169.37 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', BEING A POINT ON A SOUTHERN BOUNDARY LINE IF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A NORTHERN BOUNDARY LINE OF SAID 410.599 ACRE TRACT, FOR THE SOUTHWEST CORNER OF THE HEREIN DESCRIBED TRACT, FROM WHICH AN IRON ROD FOUND AT AN ANGLE POINT ON A SOUTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A NORTHERN BOUNDARY LINE OF LOT 31, BLOCK A, OF THE WOODLANDS SUBDIVISION, A SUBDIVISION RECORDED IN CABINET 2, PAGE 350A (P.R.B.C.TX.), BEARS S86°51'37"W, A DISTANCE OF 5,147.97 FEET,

THENCE, CROSSING SAID 1258.002 ACRE TRACT, THE FOLLOWING FIFTEEN (15) COURSES AND DISTANCES, NUMBERED 1 THROUGH 15,

1) N1°00'41"W, A DISTANCE OF 116.19 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE LEFT,
2) WITH SAID CURVE TO THE LEFT, HAVING A RADIUS OF 50.00 FEET, AN ARC LENGTH OF 30.84 FEET, AND WHOSE CHORD BEARS N25°47'24"E, A DISTANCE OF 30.35 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
3) N88°36'06"E, A DISTANCE OF 24.83 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
4) N29°21'55"E, A DISTANCE OF 136.97 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
5) N31°53'32"W, A DISTANCE OF 48.09 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
6) N19°53'53"E, A DISTANCE OF 124.68 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
7) N16°58'38"E, A DISTANCE OF 132.96 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
8) N24°55'51"W, A DISTANCE OF 83.09 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
9) N43°34'52"W, A DISTANCE OF 70.00 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
10) N00°34'18"E, A DISTANCE OF 388.94 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
11) N08°34'16"W, A DISTANCE OF 530.69 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE LEFT,
12) WITH SAID CURVE TO THE LEFT, HAVING A RADIUS OF 420.00 FEET, AN ARC LENGTH OF 314.86 FEET, AND WHOSE CHORD BEARS N30°02'50"W, A DISTANCE OF 307.54 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
13) S38°28'36"W, A DISTANCE OF 120.00 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE LEFT,
14) WITH SAID CURVE TO THE LEFT, HAVING A RADIUS OF 300.00 FEET, AN ARC LENGTH OF 46.47 FEET, AND WHOSE CHORD BEARS N55°56'44"W, A DISTANCE OF 46.42 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AND
15) N29°37'54"E, A DISTANCE OF 196.93 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', BEING A POINT ON A NORTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A SOUTHERN BOUNDARY LINE OF SAID 39.925 ACRE TRACT, FOR THE NORTHWEST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE COMMON BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND SAID 39.925 ACRE TRACT, N87°34'20"E, A DISTANCE OF 1,892.55 FEET TO THE POINT OF BEGINNING AND CONTAINING 155.959 ACRE TRACT.

SHEET NO. 3 OF 4

Carlson, Brigance & Doering, Inc.
FIRM ID #F3791 ◆ REG. # 10024900
Civil Engineering ◆ Surveying
5501 West William Cannon ◆ Austin, Texas 78749
Phone No. (512) 280-5160 ◆ Fax No. (512) 280-5165

PATH-J: \AC3D\5035\SURVEY\PRELIM PLAT MUD 1B

THE PRELIMINARY PLAT OF

THE COLONY MUD 1B

Curve Table

Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C1	241.35	850.00	S79°03'26"E	240.54	121.49	16°16'08"
C2	30.84	50.00	N25°47'24"E	30.35	15.93	35°20'09"
C3	314.86	420.00	N30°02'50"W	307.54	165.24	42°57'11"
C4	46.47	300.00	N55°56'44"W	46.42	23.28	8°52'28"
C5	227.64	750.00	N82°38'07"E	226.77	114.70	17°23'26"
C6	280.14	850.00	S83°22'00"W	278.88	141.35	18°53'00"
C7	23.56	15.00	S28°49'27"W	21.21	15.00	90°00'00"
C8	32.96	175.00	S21°34'20"E	32.91	16.53	10°47'32"
C9	46.93	175.00	S55°20'56"W	46.79	23.61	15°21'56"
C10	20.38	15.00	S08°44'34"W	18.85	12.11	77°50'48"
C11	24.99	175.00	N28°05'25"W	24.97	12.52	8°10'52"
C12	132.73	175.00	N89°43'41"E	129.57	69.74	43°27'20"
C13	23.56	15.00	S66°27'21"W	21.21	15.00	90°00'00"
C14	16.28	15.00	S09°38'36"E	15.50	9.05	62°11'55"
C15	309.25	60.00	S73°05'15"E	64.20	38.00	295°18'37"
C16	13.90	15.00	N48°00'42"E	13.41	7.50	53°06'42"
C17	114.94	175.00	N02°38'24"E	112.89	59.63	37°37'55"
C18	23.56	15.00	N61°10'33"W	21.21	15.00	90°00'00"
C19	15.12	15.00	S44°56'22"W	14.49	8.28	57°46'09"
C20	309.49	60.00	S16°10'33"E	64.00	37.83	295°32'17"
C21	15.12	15.00	S77°17'29"E	14.49	8.28	57°46'09"
C22	69.94	125.00	N57°47'46"E	69.03	35.91	32°03'22"
C23	20.38	15.00	N02°50'40"E	18.85	12.11	77°50'48"
C24	60.79	175.00	S26°07'39"E	60.48	30.70	19°54'10"
C25	23.56	15.00	N61°10'33"W	21.21	15.00	90°00'00"
C26	22.25	15.00	S31°20'05"W	20.26	13.74	84°58'43"
C27	585.56	1210.00	N02°42'32"E	579.86	298.63	27°43'39"
C28	556.52	1150.00	N02°42'32"E	551.11	283.82	27°43'39"
C29	23.64	15.00	N56°18'21"W	21.27	15.08	90°18'08"
C30	155.58	527.00	N87°00'03"E	155.02	78.36	16°54'55"
C31	35.23	25.00	S55°04'55"W	32.39	21.26	80°45'09"
C32	40.33	540.00	N16°50'43"E	40.32	20.17	4°16'44"
C33	24.13	15.00	S22°51'16"E	21.61	15.58	92°10'19"
C34	85.89	275.00	S77°53'15"E	85.54	43.30	17°53'40"
C35	15.12	15.00	N64°16'51"E	14.49	8.28	57°46'09"
C36	309.49	60.00	N03°09'55"E	64.00	37.83	295°32'17"
C37	15.12	15.00	N57°57'01"W	14.49	8.28	57°46'09"
C38	104.40	325.00	S77°37'55"E	103.95	52.65	18°24'20"
C39	23.13	15.00	S67°24'05"W	20.90	14.57	88°20'21"
C40	80.66	175.00	S10°01'40"W	79.95	41.06	26°24'29"
C41	23.56	15.00	S48°10'35"E	21.21	15.00	90°00'00"
C42	84.48	275.00	N78°01'22"E	84.15	42.58	17°36'06"
C43	15.12	15.00	N40°20'15"E	14.49	8.28	57°46'09"
C44	309.49	60.00	N20°46'41"W	64.00	37.83	295°32'17"
C45	15.12	15.00	N81°53'37"W	14.49	8.28	57°46'09"
C46	99.84	325.00	N78°01'22"E	99.45	50.32	17°36'06"
C47	84.39	325.00	S85°44'15"E	84.15	42.43	14°52'39"
C48	13.68	15.00	S75°34'02"W	13.21	7.36	52°16'04"
C49	187.73	60.00	S40°56'03"E	120.00	9357.65	179°15'55"
C50	15.12	15.00	N19°48'50"E	14.49	8.28	57°46'09"
C51	69.08	825.00	S06°40'20"E	69.06	34.56	4°47'50"
C52	24.08	15.00	N50°15'22"W	21.57	15.52	91°57'55"
C53	145.01	475.00	S75°00'56"W	144.45	73.07	17°29'29"
C54	23.56	15.00	S21°16'12"W	21.21	15.00	90°00'00"
C55	295.95	825.00	N13°27'12"W	294.37	149.58	20°33'13"
C56	14.93	15.00	S31°41'14"E	14.32	8.15	57°01'18"
C57	193.40	60.00	N32°08'29"E	119.90	1468.72	184°40'43"
C58	13.82	15.00	N81°54'29"W	13.33	7.44	52°46'38"
C59	85.77	325.00	N79°15'48"E	85.52	43.13	15°07'13"
C60	55.52	325.00	S88°16'56"E	55.45	27.83	9°47'17"
C61	11.32	15.00	S74°59'46"W	11.05	5.94	43°13'52"
C62	184.79	60.00	S38°23'18"E	119.94	1942.96	176°27'45"
C63	11.32	15.00	N28°13'39"E	11.05	5.94	43°13'52"
C64	182.59	225.00	S29°51'33"W	177.62	96.66	46°29'42"
C65	120.61	525.00	S59°41'18"W	120.35	60.57	13°09'48"
C66	23.56	15.00	N21°16'12"E	21.21	15.00	90°00'00"
C67	0.99	5.00	N29°23'22"W	0.99	0.50	11°19'07"
C68	34.57	175.00	S29°23'22"E	34.51	17.34	11°19'07"
C69	24.45	15.00	N70°25'11"W	21.83	15.91	93°22'46"
C70	164.78	965.00	S57°59'55"W	164.58	82.59	9°47'02"
C71	100.98	1235.00	N55°26'57"E	100.95	50.52	4°41'05"
C72	42.38	225.00	S21°34'20"E	42.32	21.25	10°47'32"
C73	23.56	15.00	N18°01'54"E	21.21	15.00	90°00'00"
C74	60.34	225.00	S55°20'56"W	60.16	30.35	15°21'56"
C75	20.91	15.00	N87°35'43"E	19.26	12.55	79°51'31"

Curve Table

Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C76	79.19	125.00	S34°19'32"E	77.88	40.98	36°17'58"
C77	23.56	15.00	S28°49'27"W	21.21	15.00	90°00'00"
C78	23.56	15.00	N61°10'33"W	21.21	15.00	90°00'00"
C79	34.01	527.00	S69°09'05"E	34.00	17.01	3°41'51"
C80	37.72	25.00	N27°46'37"W	34.24	23.50	86°26'48"
C81	27.95	460.00	N17°11'15"E	27.95	13.98	3°28'54"
C82	23.42	15.00	N67°57'52"E	21.11	14.86	89°27'57"
C83	152.99	325.00	N80°47'17"W	151.58	77.94	26°58'15"
C84	24.16	15.00	S46°07'51"E	21.63	15.61	92°17'08"
C85	72.09	975.00	S00°07'49"W	72.08	36.06	4°14'11"
C86	33.74	960.00	S07°37'02"W	33.74	16.87	2°00'50"
C87	24.83	15.00	S56°02'20"W	22.09	16.32	94°49'45"
C88	155.69	965.00	N71°55'28"W	155.52	78.01	9°14'38"
C89	23.80	15.00	N21°50'52"W	21.38	15.24	90°54'36"
C90	103.70	225.00	S10°01'40"W	102.79	52.79	26°24'29"
C91	23.56	15.00	N41°49'25"E	21.21	15.00	90°00'00"
C92	23.56	15.00	S48°10'35"E	21.21	15.00	90°00'00"
C93	172.84	375.00	S10°01'40"W	171.31	87.98	26°24'29"
C94	23.42	15.00	S67°57'52"W	21.11	14.86	89°27'57"
C95	23.70	15.00	N22°02'08"W	21.31	15.14	90°32'03"
C96	195.89	425.00	S10°01'40"W	194.16	99.71	26°24'29"
C97	23.56	15.00	N41°49'25"E	21.21	15.00	90°00'00"
C98	103.35	275.00	S82°24'35"E	102.74	52.29	21°31'59"
C99	16.38	15.00	S40°21'25"E	15.58	9.12	62°34'21"
C100	64.89	775.00	S06°40'20"E	64.87	32.46	4°47'50"
C101	23.56	15.00	S40°43'35"W	21.21	15.00	90°00'00"
C102	129.45	275.00	N80°47'17"W	128.26	65.95	26°58'15"
C103	38.45	1040.00	S07°43'21"W	38.45	19.23	2°07'06"
C104	75.33	1025.00	S00°04'12"E	75.32	37.68	4°12'40"
C105	22.59	15.00	N40°58'32"E	20.52	14.06	86°18'07"
C106	163.62	525.00	S75°11'54"W	162.96	82.48	17°51'24"
C107	23.56	15.00	S68°43'48"E	21.21	15.00	90°00'00"
C108	0.99	5.00	S18°04'15"E	0.99	0.50	11°19'07"
C109	34.57	175.00	N18°04'15"W	34.51	17.34	11°19'07"
C110	24.45	15.00	S22°57'35"W	21.83	15.91	93°22'46"
C111	457.51	965.00	S83°13'53"W	453.24	233.14	27°09'51"
C112	24.08	15.00	N33°12'09"W	21.57	15.52	91°58'05"
C113	278.02	775.00	N13°27'12"W	276.53	140.52	20°33'13"
C114	17.93	15.00	N31°04'07"E	16.88	10.21	68°29'24"
C115	103.24	275.00	N76°04'07"E	102.63	52.23	21°30'36"
C116	23.56	15.00	S48°10'35"E	21.21	15.00	90°00'00"
C117	290.30	525.00	N19°01'03"W	286.62	148.97	31°40'56"
C118	23.03	15.00	S09°07'27"W	20.83	14.48	87°57'55"
C119	109.13	475.00	S59°41'18"W	108.89	54.80	13°09'48"
C120	23.56	15.00	N68°43'48"W	21.21	15.00	90°00'00"
C121	262.66	475.00	N19°01'03"W	259.32	134.78	31°40'56"
C122	23.56	15.00	N41°49'25"E	21.21	15.00	90°00'00"
C123	46.98	275.00	S88°16'56"E	46.92	23.55	9°47'17"
C124	23.56	15.00	S38°23'18"E	21.21	15.00	90°00'00"
C125	142.01	175.00	S29°51'33"W	138.15	75.18	46°29'42"
C126	24.09	15.00	N80°52'33"W	21.59	15.54	92°02'05"
C127	23.56	15.00	S61°10'33"E	21.21	15.00	90°00'00"
C128	122.88	475.00	S08°45'53"E	122.54	61.79	14°49'21"
C129	10.39	15.00	S18°29'46"W	10.19	5.41	39°41'56"
C130	152.80	60.00	N34°36'37"W	114.73	195.71	145°54'42"
C131	6.60	25.00	N79°59'43"E	6.58	3.32	15°07'24"
C132	361.33	625.00	S71°04'54"W	356.32	185.87	33°07'27"
C133	22.55	15.00	S82°25'12"E	20.48	14.02	86°07'14"
C134	325.42	60.00	S50°38'24"W	50.00	27.50	310°45'05"
C135	22.70	15.00	N03°59'47"E	20.60	14.16	86°42'46"
C136	406.42	625.00	S28°43'27"W	399.30	210.69	37°15'28"
C137	22.99	15.00	N54°01'25"E	20.81	14.44	87°49'00"
C138	505.86	1035.00	S83°55'49"W	500.84	258.09	28°00'13"
C139	22.60	15.00	S66°54'03"E	20.53	14.07	86°20'29"
C140	167.53	275.00	S21°26'05"E	164.95	86.45	34°54'13"
C141	15.12	15.00	S24°54'05"W	14.49	8.28	57°46'09"
C142	309.49	60.00	S86°01'01"W	64.00	37.83	295°32'17"
C143	15.12	15.00	N32°52'03"W	14.49	8.28	57°46'09"
C144	197.98	325.00	S21°26'05"E	194.94	102.17	34°54'13"
C145	23.56	15.00	N06°06'48"E	21.21	15.00	90°00'00"
C146	84.96	475.00	N56°14'14"E	84.85	42.59	10°14'53"
C147	60.60	275.00	N67°40'26"E	60.48	30.42	12°37'32"
C148	15.77	15.00	S75°53'55"E	15.05	8.70	60°13'45"
C149	309.43	60.00	S13°31'37"E	64.05	37.87	295°29'10"
C150	14.62	15.00	S46°39'04"W	14.05	7.95	55°50'31"

Curve Table

Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C151	74.94	325.00	N67°58'00"E	74.77	37.63	13°12'39"
C152	93.90	525.00	N56°14'14"E	93.78	47.08	10°14'53"
C153	23.56	15.00	N83°53'12"W	21.21	15.00	90°00'00"
C154	22.60	15.00	N19°26'26"E	20.53	14.07	86°20'29"
C155	171.69	1035.00	S57°51'33"W	171.50	86.04	9°30'17"
C156	91.40	1165.00	N55°21'16"E	91.38	45.72	4°29'43"
C157	23.85	15.00	N46°53'55"W	21.41	15.29	91°05'25"
C158	112.38	525.00	S07°29'09"E	112.17	56.41	12°15'53"
C159	22.89	15.00	N30°06'10"E	20.73	14.34	87°26'32"
C160	24.97	275.00	N76°25'29"E	24.96	12.49	5°12'06"
C161	23.56	15.00	S55°58'28"E	21.21	15.00	90°00'00"
C162	46.18	275.00	S06°09'50"E	46.12	23.14	9°37'15"
C163	23.28	15.00	S43°06'05"W	21.01	14.72	88°54'35"
C164	23.85	15.00	N46°53'55"W	21.41	15.29	91°05'25"
C165	23.28	15.00	N43°06'54"E	21.02	14.72	88°56'13"
C166	361.53	325.00	S55°42'56"W	343.18	202.04	63°44'09"
C167	23.16	15.00	N68°04'25"E	20.92	14.60	88°27'08"
C168	216.19	1235.00	N77°42'55"W	215.92	108.37	10°01'48"
C169	25.37	15.00	S29°16'36"E	22.45	16.93	96°54'27"
C170	687.18	575.00	S53°24'51"W	647.01	391.32	68°28'28"
C171	23.84	15.00	N46°53'06"W	21.41	15.28	91°03'47"
C172	54.57	325.00	S06°09'50"E	54.51	27.35	9°37'15"
C173	24.11	15.00	N35°04'54"E	21.60	15.56	92°06'43"
C174	537.05	975.00	S83°04'57"E	530.29	275.53	31°33'35"
C175	23.86	15.00	S21°43'39"E	21.43	15.30	91°09'00"
C176	305.91	275.00	S55°42'56"W	290.38	170.96	63°44'09"
C177	23.54	15.00	N61°13'37"W	21.19	14.97	89°53'53"
C178	23.59	15.00	N28°46'23"E	21.23	15.03	90°06'07"
C179	938.00	1373.00	S86°36'16"E	919.87	488.14	39°08'35"
C180	187.85	1035.00	N72°30'07"W	187.59	94.18	10°23'56"
C181	22.99	15.00	S33°47'35"E	20.81	14.44	87°49'00"
C182	40.35	25.00	S56°21'02"W	36.11	26.10	92°28'13"
C183	23.85	15.00	N89°43'41"E	21.41	15.29	91°05'25"
C184	209.13	1185.00	N72°21'30"W	208.86	104.84	10°06'42"
C185	602.38	1025.00	S84°08'19"E	593.74	310.17	33°40'18"
C186	29.50	325.00	N76°25'29"E	29.49	14.76	5°12'06"
C187	66.49	125.00	N33°14'15"W	65.71	34.05	30°28'32"
C188	23.56	15.00	N23°00'01"E	21.21	15.00	90°00'00"
C189	94.81	125.00	N89°43'41"E	92.55	49.81	43°27'20"
C190	23.56	15.00	S23°32'39"E	21.21	15.00	90°00'00"
C191	147.78	225.00	N02°38'24"E	145.14	76.67	37°37'55"
C192	23.56	15.00	S28°49'27"W	21.21	15.00	90°00'00"
C193	97.91	175.00	N57°47'46"E	96.64	50.27	32°03'22"
C194	22.45	15.00	S84°38'47"W	20.41	13.93	85°45'24"
C195	11.22	175.00	S61°11'43"W	11.22	5.61	3°40'23"
C196	35.71	175.00	S53°30'44"W	35.65	17.92	11°41'33"
C197	40.23	175.00	N74°35'11"E	40.14	20.20	13°10'19"
C198	92.50	175.00	S83°41'09"E	91.42	47.36	30°17'01"
C199	2.63	15.00	S16°26'08"W	2.63	1.32	10°02'26"
C200	13.65	15.00	S14°39'49"E	13.19	7.34	52°09'29"
C201	45.38	60.00	N19°04'28"W	44.31	23.84	43°20'12"
C202	39.72	60.00	N21°33'36"E	39.00	20.62	37°55'56"
C203	29.07	60.00	N54°24'20"E	28.79	14.83	27°45'32"
C204	32.39	60.00	N83°45'07"E	32.00	16.60	30°56'00"
C205	32.64	60.00	S65°11'55"E	32.24	16.73	31°09'56"
C206	28.75	60.00	S35°53'14"E	28.48	14.66	27°27'27"
C207	31.37	60.00	S07°10'54"E	31.01	16.05	29°57'13"
C208	44.81	60.00	S29°11'31"W	43.78	23.51	42°47'39"
C209	25.11	60.00	S62°34'42"W	24.93	12.74	23°58'42"
C210	45.62	60.00	N37°50'05"E	44.52	23.97	43°33'35"
C211	46.13	60.00	N81°38'20"E	45.00	24.27	44°02'55"
C212	31.99	60.00	S61°03'47"E	31.61	16.38	30°32'52"
C213	79.02	60.00	S08°03'43"E	73.43	46.42	75°27'16"
C214	54.47	60.00	S50°54'22"W	52.62	29.27	52°00'53"
C215	52.27	60.00	N73°21'48"W	50.63	27.92	49°54'47"
C216	422.56	1210.00	N01°09'01"W	420.42	213.45	20°00'32"
C217	73.22	1210.00	N10°35'17"E	73.21	36.62	3°28'02"
C218	78.49	1210.00	N14°10'48"E	78.48	39.26	3°43'01"
C219	11.28	1210.00	N16°18'20"E	11.28	5.64	0°32'03"
C220	16.60	125.00	N70°01'07"E	16.59	8.31	7°36'39"
C221	47.76	125.00	N55°16'05"E	47.47	24.17	21°53'26"
C222	5.57	125.00	N43°02'43"E	5.57	2.79	2°33'17"
C223	8.45	125.00	N69°56'10"E	8.44	4.22	3°52'17"
C224	86.36	125.00	S88°20'10"E	84.65	44.98	39°35'03"
C225	86.11	225.00	N10°29'33"E	85.58	43.59	21°55'36"
C226	61.67	225.00	N08°19'24"W	61.48	31.03	15°42'18"

Curve Table

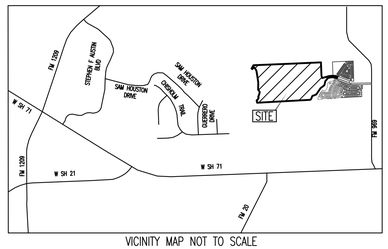
Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C227	28.11	175.00	N69°13'18"E	28.08	14.09	9°12'17"
C228	40.66	175.00	N57°57'45"E	40.57	20.42	13°18'49"
C229	29.13	175.00	N46°32'13"E	29.10	14.60	9°32'16"
C230	1.26	15.00	S44°10'55"W	1.26	0.63	4°49'41"
C231	21.19	15.00	S87°03'37"W	19.47	12.80	80°55'43"
C232	42.66	275.00	S73°23'04"E	42.62	21.37	8°53'18"
C233	43.23	275.00	S82°19'54"E	43.18	21.66	9°00'22"
C234	41.22	60.00	S55°04'44"W	40.42	21.46	39°21'56"
C235	46.80	60.00	N82°53'41"W	45.62	24.66	44°41'13"
C236	102.08	60.00	N11°48'47"W	90.20	68.39	97°28'35"
C237	48.17	60.00	N59°55'23"E	46.88	25.47	45°59'45"
C238	68.43	60.00	S64°24'26"E	64.78	38.48	65°20'38"
C239	2.80	60.00	S30°24'02"E	2.80	1.40	2°40'10"
C240	1.37	325.00	S86°42'52"E	1.37	0.68	0°14'27"
C241	103.04	325.00	S77°30'42"E	102.61	51.95	18°09'54"
C242	60.39	275.00	N80°31'58"E	60.27	30.32	12°34'53"
C243	24.10	275.00	N71°43'55"E	24.09	12.06	5°01'13"
C244	49.66	60.00	S35°09'51"W	48.26	26.35	47°25'21"
C245	41.25	60.00	S78°34'18"W	40.44	21.48	39°23'35"
C246	38.85	60.00	N63°10'52"W	38.18	20.13	37°06'04"
C247	131.34	60.00	N18°04'55"E	106.65	116.31	125°25'31"
C248	48.38	60.00	S76°06'26"E	47.08	25.59	46°11'47"
C249	13.51	15.00	N78°48'08"W	13.05	7.25	51°35'12"
C250	1.62	15.00	S72°18'47"W	1.62	0.81	6°10'57"
C251	45.50	325.00	N73°13'57"E	45.46	22.79	8°01'17"
C252	54.34	325.00	N82°02'00"E	54.28	27.24	9°34'49"
C253	22.53	325.00	N88°48'34"E	22.52	11.27	3°58'19"
C254	61.86	325.00	S83°45'06"E	61.77	31.02	10°54'20"
C255	8.96	15.00	S84°35'09"W	8.83	4.62	34°13'50"
C256	4.72	15.00	S58°27'07"W	4.70	2.38	18°02'14"
C257	52.02	60.00	N74°16'12"E	50.40	27.77	49°40'25"
C258	41.09	60.00	S61°16'27"E	40.29	21.39	39°14'15"
C259	40.99	60.00	S22°05'10"E	40.19	21.33	39°08'19"
C260	53.63	60.00	S23°05'27"W	51.86	28.76	51°12'55"
C261	47.70	825.00	S07°24'52"E	47.69	23.86	3°18'46"
C262	21.37	825.00	S05°00'57"E	21.37	10.69	1°29'04"
C263	76.15	475.00	S79°10'07"W	76.07	38.16	9°11'07"
C264	68.86	475.00	S70°25'23"W	68.80	34.49	8°18'22"
C265	69.00	825.00	N21°20'03"W	68.98	34.52	4°47'31"
C266	65.86	825.00	N16°39'04"W	65.84	32.95	4°34'27"
C267	58.20	825.00	N12°20'36"W	58.18	29.11	4°02'30"
C268	58.27	825.00	N08°17'57"W	58.25	29.14	4°02'47"
C269	44.63	825.00	N04°43'34"W	44.63	22.32	3°05'58"
C270	30.02	60.00	N45°51'55"W	29.71	15.33	28°39'57"
C271	40.72	60.00	N12°05'32"W	39.94	21.18	38°52'48"
C272	41.56	60.00	N27°11'23"E	40.73	21.65	39°41'03"
C273	40.88	60.00	N66°33'08"E	40.10	21.27	39°02'27"
C274	40.22	60.00	S74°43'24"E	39.47	20.90	38°24'28"
C275	9.40	325.00	N72°31'55"E	9.40	4.70	1°39'27"
C276	60.69	325.00	N78°42'39"E	60.61	30.44	10°42'01"
C277	15.67	325.00	N85°26'32"E	15.67	7.84	2°45'46"
C278	48.43	325.00	S88°54'27"E	48.39	24.26	8°32'17"
C279	7.09	325.00	S84°00'48"E	7.09	3.55	1°15'01"
C280	26.78	60.00	N66°09'57"E	26.56	13.62	25°34'15"
C281	42.93	60.00	S80°32'58"E	42.02	22.43	40°59'54"
C282	36.97	60.00	S42°23'51"E	36.39	19.09	35°18'20"
C283	46.04	60.00	S02°45'39"E	44.92	24.22	43°58'03"
C284	32.07	60.00	S34°31'59"W	31.69	16.43	30°37'13"
C285	24.53	225.00	S09°44'08"W	24.52	12.28	6°14'52"
C286	53.74	225.00	S19°42'08"W	53.62	27.00	13°41'08"
C287	53.94	225.00	S33°24'46"W	53.81	27.10	13°44'08"
C288	50.37	225.00	S46°41'37"W	50.26	25.29	12°49'34"
C289	3.32	525.00	S53°17'17"W	3.32	1.66	0°21'45"
C290	57.61	525.00	S56°36'47"W	57.58	28.83	6°17'14"
C291	56.90	525.00	S62°51'40"W	56.87	28.48	6°12'34"
C292	2.79	525.00	S66°07'04"W	2.79	1.39	0°18'15"
C293	3.29	225.00	S12°48'47"W	3.29	1.64	0°50'13"
C294	67.69	225.00	S13°46'36"W	67.43	34.10	17°14'10"
C295	32.73	225.00	S00°59'28"W	32.70	16.39	8°20'06"
C296	9.97	375.00	S02°24'52"E	9.97	4.99	1°31'27"
C297	87.56	375.00	S05°02'14"W	87.37	43.98	13°22'44"
C298	75.30	375.00	S17°28'45"W	75.17	37.78	11°30'18"
C299	84.04	425.00	S17°34'01"W	83.90	42.16	11°19'46"
C300	61.62	425.00	S07°44'54"W	61.57	30.87	8°18'27"
C301	50.22	425.00	S00°12'33"W	50.19	25.14	6°46'15"

Curve Table

Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C302	54.88	775.00	S07°03'32"E	54.87	27.45	4°03'26"
C303	10.01	775.00	S04°38'37"E	10.01	5.01	0°44'24"
C304	87.47	275.00	N85°09'41"W	87.10	44.11	18°13'26"
C305	41.98	275.00	N71°40'34"W	41.94	21.03	8°44'49"
C306	56.21	775.00	N21°39'09"W	56.19	28.11	4°09'19"
C307	68.77	775.00	N17°01'58"W	68.75	34.41	5°05'04"
C308	68.85	775.00	N11°56'43"W	68.83	34.45	5°05'25"
C309	68.84	775.00	N06°51'20"W	68.82	34.44	5°05'21"
C310	15.35	775.00	N03°44'37"W	15.35	7.67	1°08'05"
C311	2.72	525.00	N01°39'28"W	2.72	1.36	0°17'47"
C312	57.19	525.00	N06°35'37"W	57.17	28.63	6°14'31"
C313	57.41	525.00	N12°50'51"W	57.38	28.74	6°15'57"
C314	57.59	525.00	N19°07'23"W	57.56	28.82	6°17'06"
C315	57.21	525.00	N25°23'14"W	57.18	28.63	6°14'36"
C316	57.18	525.00	N31°37'45"W	57.16	28.62	6°14'27"
C317	1.00	525.00	N34°48'15"W	1.00	0.50	0°06'32"
C318	80.06	475.00	S57°56'07"W	79.96	40.12	9°39'25"
C319	29.07	475.00	S64°31'00"W	29.06	14.54	3°30'23"
C320	24.39	475.00	N53°23'15"W	24.39	12.20	2°56'32"
C321	77.94	475.00	N27°12'57"W	77.85	39.06	9°24'03"
C322	77.94	475.00	N17°48'54"W	77.85	39.06	9°24'03"
C323	77.94	475.00	N08°24'51"W	77.85	39.06	9°24'03"
C324	4.46	475.00	N03°26'42"W	4.46	2.23	0°32'15"
C325	44.75	275.00	S88°30'52"E	44.70	22.43	9°19'26"
C326	2.23	275.00	S83°37'13"E	2.23	1.11	0°27'51"
C327	139.30	175.00	S29°24'54"W	135.65	73.58	45°36'24"
C328	2.71	175.00	S52°39'45"W	2.71	1.36	0°53'18"
C329	13.82	475.00	S15°20'33"E	13.82	6.91	1°40'02"
C330	73.55	475.00	S10°04'22"E	73.48	36.85	8°52'21"
C331	35.51	475.00	S03°29'42"E	35.50	17.76	4°16'59"
C332	34.53	60.00	N21°51'28"E	34.06	17.76	32°58'32"
C333	43.27	60.00	N15°17'22"W	42.34	22.62	41°19'08"
C334

THE PRELIMINARY PLAT OF

THE COLONY MUD 1B



VICINITY MAP NOT TO SCALE

DATE: JULY 12, 2019

OWNER:
RICK NEFF
HUNT COMMUNITIES BASTROP, LLC.
A DELAWARE LIMITED LIABILITY COMPANY
4401 N. MESA STREET,
EL PASO, TEXAS 79902
PHONE: (915) 298-4226

ENGINEER & SURVEYOR:
AARON V. THOMASON, R.P.L.S. AND
DOUGLAS R. RUMMEL, JR., P.E.
CARLSON, BRIGANCE & DOERING, Inc.
5501 WEST WILLIAM CANNON
AUSTIN, TX 78749
(512) 280-5160
(512) 280-5165 fax

TOTAL ACREAGE: 155.959 ACRES
SURVEY: JOSE MANUEL BANGS SURVEY, A-5

LANDSCAPE, P.U.E. LOTS:	10	TOTAL: 4.591 ACRES
RESIDENTIAL LOTS:	378	TOTAL: 68.171 ACRES
OPEN SPACE, DRAINAGE & L.S.E. LOTS:	5	TOTAL: 43.455 ACRES
PARK, OPEN SPACE & L.S.E. LOTS:	1	TOTAL: 2.819 ACRES
AMENITY CENTER LOT:	2	TOTAL: 5.870 ACRES
NO. OF BLOCKS:	15	
R.O.W.:		TOTAL: 31.053 ACRES

F.E.M.A. MAP NO. 48021C0195E, 48021C0355E, & 48021C0215E

BASTROP COUNTY, TEXAS DATED: JANUARY 19, 2006

LINEAR FOOTAGE OF RIGHT-OF-WAY

SAM HOUSTON DRIVE	R.O.W. VARIES	4,379 FT	LOCAL
PLUMBAGO LOOP	50' R.O.W.	2,503 FT	LOCAL
ACACIA PASS	50' R.O.W.	793 FT	LOCAL
SMOKEBRUSH TRAIL	50' R.O.W.	1,336 FT	LOCAL
FORSYTHIA TRAIL	50' R.O.W.	664 FT	LOCAL
HORSETAIL COVE	50' R.O.W.	98 FT	LOCAL
ROCKROSE COVE	50' R.O.W.	447 FT	LOCAL
BOTTLEBRUSH COVE	50' R.O.W.	668 FT	LOCAL
SHAGBARK TRAIL	50' R.O.W.	934 FT	LOCAL
FIREBUSH LOOP	50' R.O.W.	1,641 FT	LOCAL
PAMPAS PATH	50' R.O.W.	595 FT	LOCAL
PERIWINKLE LANE	50' R.O.W.	1,410 FT	LOCAL
HACKBERRY LANE	50' R.O.W.	1,772 FT	LOCAL
NANDINA PATH	50' R.O.W.	593 FT	LOCAL
RED OAK PLACE	50' R.O.W.	751 FT	LOCAL
BURROS TAIL PASS	60' R.O.W.	913 FT	LOCAL
IRON BARK BEND	50' R.O.W.	982 FT	LOCAL
SWEETGUM COVE	50' R.O.W.	457 FT	LOCAL
ROSEMARY COURT	50' R.O.W.	374 FT	LOCAL
CHINABERRY BEND	50' R.O.W.	1510 FT	LOCAL
TOTAL		21,971 FT	



GRAPHIC SCALE

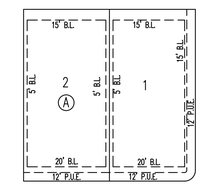
100 0 50 100 200 400

(IN FEET)
1 inch = 100 ft.

SCALE: 1" = 100'

LEGEND

○	1/2" CAPPED IRON ROD SET
●	1/2" IRON ROD FOUND (UNLESS OTHERWISE NOTED)
2	LOT NUMBER
Ⓐ	BLOCK DESIGNATION
B.L.	BUILDING SETBACK LINE
P.U.E.	PUBLIC UTILITY EASEMENT
D.E.	DRAINAGE EASEMENT
L.S.E.	LANDSCAPE EASEMENT
- - -	APPROXIMATE FEMA 100 YEAR FLOODPLAIN



TYPICAL LOT EASEMENTS FOR COLONY - S

SHEET NO. 1 OF 4

Carlson, Brigance & Doering, Inc.
FIRM ID #F3791 ◆ REG. # 10024900
Civil Engineering ◆ Surveying
5501 West William Cannon ◆ Austin, Texas 78749
Phone No. (512) 280-5160 ◆ Fax No. (512) 280-5165

PATH-J:\AC3D\5035\SURVEY\PRELIM PLAT MUD 1B

THE PRELIMINARY PLAT OF

THE COLONY MUD 1B

SAMUEL E. HARKINS (39.925 ACRES) DOC. NO. 201714100

MARY LOU HARKINS (31.909 ACRES) DOC. NO. 201714101

BLUEBONNET SAI VENTURES LLC 29.999 ACRES DOC. No. 201516018

COKER INVESTMENTS, LTD. (24.907 ACRES) DOC. No. 201817666

DOROTHY N. GANTT 20.42 ACRES VOL. 107, PG. 44

N87°34'12"E 1626.97'

MATCH LINE SHEET 1

PLUMBAGO LOOP (50' R.O.W.)

HORSETAIL COVE (60' R.O.W.)

ACACIA PASS (50' R.O.W.)

FORSYTHIA TRAIL (50' R.O.W.)

SMOKEBUSH TRAIL (50' R.O.W.)

SAM HOUSTON DRIVE (R.O.W. VARIES)

CHINABERRY BEND (50' R.O.W.)

PLUMBAGO LOOP (50' R.O.W.)

243 A D.E., OPEN SPACE, & L.S.E. 27.24 ACRES

242 A AMENITY LOT 2.51 ACRES

637 P D.E., OPEN SPACE, & L.S.E. 1.83 ACRES

SUSAN WEEMS WENDEL 4.514 AC. VOL. 1527, PG. 632

WASTEWATER TREATMENT PLANT AND DISCHARGE LINE EASEMENT (11.347 ACRES) DOCUMENT NO. 201511799 HUNT COMMUNITIES BASTROP, LLC. (1258.002 ACRES) DOC. No. 201617588

S88°52'46"W 334.04'

N87°34'12"E 600.32'

S73°49'27"W 292.00'

S73°49'27"W 293.45'

S79°52'12"E 229.58'

N79°52'12"W 137.59'

COLONY MUD 1A, SECTION 2A CAB 6, SLD. 127-A

198 L.S.E./O.S., D.E. & P.U.E. 7.452 AC.

200 L.S.E. & P.U.E. 0.096 AC.

GEORGE MEGGAN LANE

SAM HOUSTON DRIVE (100' R.O.W.)

GRAPHIC SCALE

100 0 50 100 200 400

(IN FEET)

1 inch = 100 ft.

SCALE: 1" = 100'

north

LEGEND

○	1/2" CAPPED IRON ROD SET
●	1/2" IRON ROD FOUND (UNLESS OTHERWISE NOTED)
2	LOT NUMBER
Ⓐ	BLOCK DESIGNATION
B.L.	BUILDING SETBACK LINE
P.U.E.	PUBLIC UTILITY EASEMENT
D.E.	DRAINAGE EASEMENT
L.S.E.	LANDSCAPE EASEMENT
	APPROXIMATE FEMA 100 YEAR FLOODPLAIN

HUNT COMMUNITIES BASTROP, LLC. REMAINDER OF 1258.002 ACRES Doc. No. 201617588

D.E., OPEN SPACE & L.S.E. 6.93 ACRES

D.E., OPEN SPACE & L.S.E. 7.84 ACRES

WASTEWATER FORCEMAIN ESMT. (4.715 ACRES) DOC. NO. 201511798

ACCESS ESMT DOCUMENT NO. 201511800

D.E., PARK, GREENWAY AND LANDSCAPE BUFFER

PROPOSED THE COLONY MUD 1, PHASE B

HUNT COMMUNITIES BASTROP, LLC. (1258.002 ACRES) DOC. No. 201617588

WASTEWATER FORCEMAIN ESMT. (4.715 ACRES) DOC. NO. 201511798

100YR LOMR FLOODPLAIN CASE NO.: 14-06-0986P

S26°16'45"W 154.66'

S26°14'44"W 229.44'

S08°52'22"W 244.20'

S08°21'54"W 216.65'

D.E., OPEN SPACE & L.S.E. 0.62 ACRES

L.S.E. & P.U.E. 0.11 ACRES

L.S.E. & P.U.E. 0.69 ACRES

L.S.E. & P.U.E. 0.95 ACRES

L.S.E. & P.U.E. 0.88 ACRES

L.S.E. & P.U.E. 0.74 ACRES

L.S.E. & P.U.E. 0.05 ACRES

L.S.E. & P.U.E. 0.45 ACRES

HUNT COMMUNITIES BASTROP, LLC. (1258.002 ACRES) DOC. No. 201617588

DORIS KERSHAW (1.00 ACRE) VOL. 2001, PG. 764

DAVID K. GRASSEL 410.599 ACRES VOL. 714, PG. 306

WASTEWATER FORCEMAIN ESMT. (4.715 ACRES) DOC. NO. 201511798

DOCUMENT NO. 201511798

S86°51'37"W 3169.37'

SHEET NO. 2 OF 4

Carlson, Brigance & Doering, Inc.
FIRM ID #F3791 ◆ REG. # 10024900
Civil Engineering ◆ Surveying
5501 West William Cannon ◆ Austin, Texas 78749
Phone No. (512) 280-5160 ◆ Fax No. (512) 280-5165

PATH–J: \AC3D\5035\SURVEY\PRELIM PLAT MUD 1B

THE PRELIMINARY PLAT OF
THE COLONY MUD 1B

FLOOD PLAIN NOTE:

A PORTION OF THIS TRACT LIES WITHIN A DESIGNATED FLOOD HAZARD AREA, THIS TRACT LIES IN ZONE AE, AS SHOWN ON THE FEDERAL FLOOD INSURANCE ADMINISTRATION RATE MAP NO. 48021 C 0195E, 48021 C 0215E, AND 48021 C 0355E, FOR BASTROP COUNTY TEXAS, DATED JANUARY 19, 2006. COMMUNITY NUMBER 481193.

THIS FLOOD STATEMENT, AS DETERMINED BY A H.U.D.-F.I.A. FLOOD INSURANCE RATE MAP, DOES NOT IMPLY THAT THE PROPERTY OR THE IMPROVEMENTS THEREON WILL BE FREE FROM FLOODING OR FLOOD DAMAGE. ON RARE OCCASIONS, GREATER FLOODS CAN AND WILL OCCUR, AND FLOOD HEIGHTS MAY INCREASE BY MAN-MADE OR NATURAL CAUSES.

THIS STATEMENT SHALL NOT CREATE LIABILITY ON THE PART OF ENGINEER OR SURVEYOR.

1. EROSION AND SEDIMENTATION CONTROLS CONSTRUCTED WITH THE SUBDIVISION ORDINANCE OF THE CITY OF BASTROP ARE REQUIRED FOR ALL CONSTRUCTION ON EACH LOT.
2. FLOOD WARNING: THE DEGREE OF FLOOD WATER PROTECTION REQUIRED BY THE CITY OF BASTROP FLOOD DAMAGE PREVENTION ORDINANCE IS CONSIDERED REASONABLE FOR THE REGULATORY PURPOSES AND IS BASED ON SCIENTIFIC AND ENGINEERING CONSIDERATIONS. ON RARE OCCASIONS, GREATER FLOODS CAN AND WILL OCCUR AND FLOOD HEIGHTS MAY BE INCREASED BY MAN-MADE OR NATURAL CAUSES. ACCEPTANCE OF THIS PRELIMINARY PLAT BY THE CITY COUNCIL DOES NOT IMPLY THAT LAND OUTSIDE OF THE AREA OF SPECIAL FLOOD HAZARDS OR USES PERMITTED IN SUCH AREAS WILL BE FREE FROM FLOODING OR FLOOD DAMAGES. NOR SHALL ACCEPTANCE OF THIS PRELIMINARY PLAT CREATE LIABILITY ON THE PART OF THE CITY OF BASTROP OR ANY OFFICIAL OR EMPLOYEE THEREOF FOR ANY FLOOD DAMAGES THAT RESULT FROM RELIANCE ON THE INFORMATION CONTAINED WITHIN THIS PRELIMINARY PLAT OR ANY ADMINISTRATION DECISION LAWFULLY MADE HEREUNDER.
3. ALL DRAINAGE EASEMENTS, STORM WATER FACILITIES / FEATURE SHALL BE MAINTAINED BY THE PROPERTY OWNER OR HIS OR HER ASSIGNS.
4. TEMPORARY OR PERMANENT EASEMENTS ARE TO BE PROVIDED AS REQUIRED AT THE CITY'S SOLE DISCRETION FOR OFF-SITE WATER, WASTEWATER AND DRAINAGE IMPROVEMENTS.
5. PROPERTY OWNERS SHALL PROVIDE FOR ACCESS TO ALL EASEMENTS AS MAY BE NECESSARY AND SHALL NOT PROHIBIT ACCESS BY GOVERNMENTAL AUTHORITIES.
6. ALL WORK, INCLUDING SIGNS, SHALL COMPLY WITH THE CITY OF BASTROP ORDINANCES AND THE CONSENT AGREEMENT FOR THE COLONY MUD NUMBER 1 AND SUBSEQUENT AMENDMENTS.
7. THE DEVELOPER, BUILDER, SELLER, OR AGENT SHALL INFORM, IN WRITING, EACH BUYER OF SUBDIVISION LOTS OR PROPERTY LOCATED WITHIN THE FLOOD HAZARD AREAS THAT SUCH PROPERTY IS AN IDENTIFIED FLOOD HAZARD AREA.

GENERAL NOTES:

1. ALL SUBDIVISION PERMITS SHALL CONFORM TO THE CITY OF BASTROP CODE OF ORDINANCES, CONSTRUCTION STANDARDS, AND GENERALLY ACCEPTED ENGINEERING PRACTICES.
2. CONSTRUCTION PLANS AND SPECIFICATIONS FOR ALL SUBDIVISION IMPROVEMENTS SHALL BE REVIEWED AND ACCEPTED BY THE CITY OF BASTROP PRIOR TO ANY CONSTRUCTION WITHIN THE SUBDIVISION.
3. THE CITY WILL PERFORM A FINAL INSPECTION OF INFRASTRUCTURE THAT WILL BE DEDICATED TO THE MUD.
4. THE OWNER OF THIS SUBDIVISION, AND HIS OR HER SUCCESSORS AND ASSIGNS, ASSUMES SOLE RESPONSIBILITY FOR PLANS FOR CONSTRUCTION OF SUBDIVISION IMPROVEMENTS WHICH COMPLY WITH APPLICABLE CODES AND REQUIREMENTS OF THE CITY OF BASTROP. THE OWNER UNDERSTANDS AND ACKNOWLEDGES THAT A NEW PRELIMINARY PLAT MAY NEED TO BE SUBMITTED AND APPROVED, AT THE OWNER'S SOLE EXPENSE IF THE PRELIMINARY PLANS CHANGE SUBSTANTIALLY.
5. BY APPROVING THIS PRELIMINARY PLAT, THE CITY OF BASTROP ASSUMES NO OBLIGATION TO CONSTRUCT ANY INFRASTRUCTURE IN CONNECTION WITH THIS SUBDIVISION. ANY SUBDIVISION INFRASTRUCTURE REQUIRED FOR THE DEVELOPMENT OF THE LOTS IN THIS SUBDIVISION IS THE SOLE RESPONSIBILITY OF THE DEVELOPER AND/OR THE OWNERS OF THE LOTS. FAILURE TO CONSTRUCT ANY REQUIRED INFRASTRUCTURE TO THE CITY STANDARDS MAY BE JUST CAUSE FOR THE CITY TO DENY APPLICATIONS FOR CERTAIN DEVELOPMENT PERMITS INCLUDING BUILDING PERMITS, SITE PLAN APPROVALS AND/OR CERTIFICATE OF OCCUPANCY.
6. NO LOT OR STRUCTURE SHALL BE OCCUPIED PRIOR TO THE APPLICANT SUBMITTING TO THE CITY OF BASTROP DOCUMENTATION OF SUBDIVISION/SITE REGISTRATION WITH THE TEXAS DEPARTMENT OF LICENSING AND REGULATIONS (TDLR) AND PROVIDING DOCUMENTATION OF REVIEW AND COMPLIANCE OF THE SUBDIVISION CONSTRUCTION PLANS WITH TEXAS ARCHITECTURAL BARRIERS ACT (TABA).
7. WATER IS PROVIDED BY THE COLONY MUD 1B.
8. WASTEWATER SERVICE IS PROVIDED BY THE COLONY MUD 1B.
9. ELECTRIC SERVICE WILL PROVIDED BY BLUEBONNET ELECTRIC.
10. GAS SERVICE WILL BE PROVIDED BY CENTER POINT ENERGY.
11. CABLE SERVICE IS PROVIDED BY SPECTRUM.
12. NO LOT IN THIS SUBDIVISION SHALL BE OCCUPIED UNTIL CONNECTED TO THE APPROVED WATER DISTRIBUTION AND WASTEWATER COLLECTION FACILITIES
13. WASTEWATER AND WATER SYSTEMS SHALL CONFORM TO TCEQ (TEXAS COMMISSION ON ENVIRONMENTAL QUALITY) REQUIREMENTS.
14. DEVELOPER/OWNER SHALL BE SOLELY RESPONSIBLE FOR ALL RELOCATIONS AND MODIFICATIONS TO EXISTING UTILITIES.
15. ALL EASEMENTS OF RECORD AS INDICATED ON THE MOST RECENT TITLE RUN DATED: 12-01-2016, CONDUCTED BY CHICAGO TITLE INSURANCE COMPANY, TITLE COMMITMENT GF. NO. 4210005324 ISSUED BY CHICAGO TITLE INSURANCE COMPANY FOR THIS PROPERTY ARE SHOWN ON THIS PRELIMINARY PLAT.
16. IT IS THE RESPONSIBILITY OF EACH RESIDENTIAL BUILDER TO DESIGN AND CONSTRUCT A SUITABLE GRADING AND DRAINAGE SCHEME WHICH WILL CONVEY SURFACE WATER WITHOUT PONDING IN OR AROUND THE LOT, FROM ITS STRUCTURE TO THE DRAINAGE SYSTEM CONSTRUCTED BY THE SUBDIVISION DEVELOPER.
17. PUBLIC UTILITY AND DRAINAGE EASEMENTS WHERE SHOWN HEREON ARE INTENDED TO INDICATE AN EASEMENT FOR CONSTRUCTION, OPERATIONS AND MAINTENANCE OF PUBLIC UTILITIES AND DRAINAGE WAYS; INCLUDING BUT NOT LIMITED TO SANITARY SEWERS, FORCE MAINS, WATER LINES, TELEPHONE SIGNAL CONDUITS, ELECTRIC CONDUCTORS, DRAINAGE PIPES AND NATURAL GAS LINES.
18. AN OWNER'S ASSOCIATION AND OR MUD IS RESPONSIBLE FOR THE MAINTNANCE OF LANDSCAPE EASEMENTS, DRAINAGE EASEMENTS AND PRIVATE PARKS AND ALL OTHER COMMON AREAS.
19. IMPERVIOUS COVER IS LIMITED TO 55% FOR LOTS 45 FOOT WIDE OR LESS, AND 45% FOR LOTS GREATER THAN 45 FEET WIDE.
20. STREET LIGHTING LOCATION WILL BE ADDED ON THE FINAL CONSTRUCTION PLANS.
21. A STORMWATER MANAGEMENT PLAN WILL BE PROVIDED PRIOR TO FINAL ACCEPTANCE.
22. PERMITS: PROPERTY IN THIS SUBDIVISION SHALL BE DEVELOPED IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE, AND LOCAL REGULATIONS INCLUDING, BUT NOT LIMITED TO: BASTROP COUNTY 9-1-1 ADDRESSING ASSIGNMENT, DRIVEWAY/CULVERT, DEVELOPMENT, FLOODPLAIN, ON-SITE SEWAGE FACILITY, AND LOST PINES HABITAT CONSERVATION PLAN. COUNTY PERMITS ARE OBTAINED AND ISSUED THROUGH THE BASTROP COUNTY DEVELOPMENT SERVICES DEPARTMENT.
23. SAM HOUSTON, CHINABERRY ROAD, AND BURROS TRAIL PASS SHALL NOT BE GATED, BUT THE RESIDENTIAL STREETS OFF OF SAM HOUSTON, CHINABERRY ROAD, AND BURROS TRAIL PASS SHALL RESERVE THE RIGHT TO BE GATED.

STATE OF TEXAS)(
COUNTY OF TRAVIS)(KNOW ALL MEN BY THESE PRESENTS:

I, DOUGLAS R. RUMMEL, JR., P.E. DO HEREBY CERTIFY THAT THE STREETS AND DRAINAGE DESIGN, AS SHOWN HEREON, COMPLIES WITH THE SUBDIVISION REGULATIONS FOR THE CITY OF BASTROP, AND THAT THE 100 YEAR FLOOD PLAIN IS AS SHOWN AND WILL BE CONTAINED WITHIN THE DRAINAGE EASEMENT AND OR DRAINAGE RIGHT-OF-WAY, AS SHOWN HEREON.

ENGINEERING BY: _____ DATE _____
DOUGLAS R. RUMMEL, JR., P.E. NO. 97387
CARLSON, BRIGANCE & DOERING, INC.
5501 WEST WILLIAM CANNON DRIVE
AUSTIN, TEXAS 78749

STATE OF TEXAS
DOUGLAS R. RUMMEL, JR.
97387
LICENSED
PROFESSIONAL ENGINEER

STATE OF TEXAS)(
COUNTY OF TRAVIS)(KNOW ALL MEN BY THESE PRESENTS:

THAT I, AARON V. THOMASON, DO HEREBY CERTIFY THAT I PREPARED THIS PLAT FROM AN ACTUAL AND ACCURATE ON-THE-GROUND SURVEY OF THE LAND AND THAT THE CORNER MONUMENTS SHOWN THEREON WERE PROPERLY PLACED UNDER MY PERSONAL SUPERVISION, IN ACCORDANCE WITH THE SUBDIVISION REGULATION OF THE CITY OF BASTROP, BASTROP COUNTY, TEXAS. ALL EASEMENTS OF RECORD HAVE BEEN IDENTIFIED ON THIS PLAT TO THE BEST OF MY KNOWLEDGE.

SURVEYED BY: _____ DATE _____
AARON V. THOMASON ~ R.P.L.S. NO. 6214
CARLSON, BRIGANCE & DOERING, INC.
5501 WEST WILLIAM CANNON DRIVE
AUSTIN, TEXAS 78749

STATE OF TEXAS
REGISTERED
AARON V. THOMASON
6214
PROFESSIONAL
LAND SURVEYOR

APPROVED THIS DAY _____ OF _____, 2019 A.D. BY THE CITY COUNCIL OF THE CITY OF BASTROP, TEXAS.

APPROVED: ATTEST:

_____ _____
MAYOR, CONNIE SCHROEDER CITY SECRETARY

FIELD NOTES

BEING ALL OF THAT CERTAIN 155.959 ACRE TRACT OF LAND OUT OF THE JOSE MANUEL BANGS, ABSTRACT NO. 5, SITUATED IN BASTROP COUNTY, TEXAS, BEING A PORTION OF A CALLED 1258.002 ACRE TRACT OF LAND CONVEYED TO HUNT COMMUNITIES BASTROP, LLC., RECORDED IN DOCUMENT NUMBER 201617588 OF THE OFFICIAL PUBLIC RECORDS OF BASTROP COUNTY, TEXAS (O.P.R.B.C.TX.), SAID 155.959 ACRE TRACT OF LAND BEING MORE FULLY DESCRIBED BY METES AND BOUNDS AS FOLLOWS:

BEGINNING, AT AN IRON ROD FOUND IN THE NORTH BOUNDARY LINE OF SAID 1258.002 ACRE TRACT, BEING ALSO THE SOUTHEAST CORNER OF A CALLED 39.925 ACRE TRACT OF LAND CONVEYED TO SAMUEL E. HARKINS IN DOCUMENT NUMBER 201714100 (O.P.R.B.C.TX.), AND BEING ALSO THE SOUTHWEST CORNER OF A CALLED 31.909 ACRE TRACT OF LAND CONVEYED TO MARY LOU HARKINS IN DOCUMENT NUMBER 201714101 (O.P.R.B.C.TX.), FOR THE POINT OF BEGINNING FOR THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE COMMON BOUNDARY LINE OF SAID 1258.002 ACRE TRACT, SAID 31.909 ACRE TRACT, A CALLED 29.999 ACRE TRACT OF LAND CONVEYED TO BLUEBONNET SAI VENTURES, LLC IN DOCUMENT NUMBER 201516018 (O.P.R.B.C.TX.), AND A CALLED 24.907 ACRE TRACT OF LAND CONVEYED TO COKER INVESTMENTS, LTD., IN DOCUMENT NUMBER 201817666 (O.P.R.B.C.TX.), N87°34'12"E, A DISTANCE OF 1626.97 FEET TO A 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', BEING A POINT ON A THE NORTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A SOUTHERN BOUNDARY LINE OF SAID 24.907 ACRE TRACT, SAME BEING THE NORTHWEST CORNER OF A WASTEWATER TREATMENT PLANT AND DISCHARGE LINE EASEMENT DESCRIBED IN DOCUMENT NUMBER 201511799 (O.P.R.B.C.TX.), FOR THE NORTHEAST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, CROSSING SAID 1258.002 ACRE TRACT, THE FOLLOWING FIVE (5) COURSES AND DISTANCES, NUMBERED 1 THROUGH 5,

1. S02°28'43"E, A DISTANCE OF 700.00 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
2. S18°02'02"E, A DISTANCE OF 122.95 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
3. N73°49'27"E, A DISTANCE OF 300.42 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE RIGHT,
4. WITH SAID CURVE TO THE RIGHT, HAVING A RADIUS OF 840.00 FEET, AN ARC LENGTH OF 372.11 FEET, AND WHOSE CHORD BEARS N86°29'30"E, A DISTANCE OF 369.08 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AND
5. S88°58'55"E, A DISTANCE OF 58.19 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE RIGHT, BEING A POINT ON A SOUTHWESTERN BOUNDARY LINE OF LOT 198, BLOCK C OF COLONY MUD 1A, SECTION 2A, A SUBDIVISION RECORDED IN CABINET 6, SLIDE 127-A OF THE PLAT RECORDS OF BASTROP COUNTY, TEXAS (P.R.B.C.TX.),

THENCE, WITH THE SAID SOUTHWESTERN BOUNDARY LINE OF SAID LOT 198, BLOCK C, COLONY MUD 1A, SECTION 2A, AND WITH SAID CURVE TO THE RIGHT HAVING A RADIUS OF 850.00 FEET, AN ARC LENGTH OF 86.93 FEET, AND WHOSE CHORD BEARS S73°51'09"E, A DISTANCE OF 86.89 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', BEING A SOUTHEASTERN CORNER OF SAID LOT 198, BLOCK C AND BEING ALSO A NORTHWESTERN TERMINUS CORNER OF SAM HOUSTON DRIVE (100' R.O.W.), FOR THE EASTERNMOST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE WESTERN TERMINUS LINE OF SAID SAM HOUSTON DRIVE, S27°07'07"W, A DISTANCE OF 100.00 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', BEING A SOUTHWESTERN TERMINUS CORNER OF SAID SAM HOUSTON DRIVE,

THENCE, CROSSING SAID 1258.002 ACRE TRACT, THE FOLLOWING FIFTEEN (15) COURSES AND DISTANCES, NUMBERED 1 THROUGH 15,

1) N79°52'12"W, A DISTANCE OF 137.59 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
2) S01°17'11"E, A DISTANCE OF 71.20 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
3) S25°39'34"W, A DISTANCE OF 48.21 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
4) S50°15'50"W, A DISTANCE OF 111.19 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
5) N88°02'50"W, A DISTANCE OF 133.80 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
6) S19°25'06"W, A DISTANCE OF 45.59 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
7) S76°22'12"W, A DISTANCE OF 76.48 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
8) S07°52'22"W, A DISTANCE OF 244.20 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
9) S22°16'45"W, A DISTANCE OF 154.66 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
10) S54°49'06"W, A DISTANCE OF 69.01 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
11) S86°53'55"W, A DISTANCE OF 72.69 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
12) N58°35'01"W, A DISTANCE OF 68.78 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
13) S38°21'54"W, A DISTANCE OF 216.85 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE',
14) S26°14'44"W, A DISTANCE OF 229.44 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', AND
15) S05°47'14"W, A DISTANCE OF 115.34 FEET TO A CAPPED 1/2 INCH IRON ROD FOUND STAMPED 'CBD SETSTONE', BEING A POINT ON A SOUTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A NORTHERN BOUNDARY LINE OF A CALLED 410.599 ACRE TRACT OF LAND CONVEYED TO DAVID K. GRASSEL IN VOLUME 714, PAGE 306 OF THE DEED RECORDS OF BASTROP COUNTY, TEXAS (D.R.B.C.TX.), FOR THE SOUTHEAST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE COMMON BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND SAID 410.599 ACRE TRACT, S86°51'37"W, A DISTANCE OF 3169.37 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', BEING A POINT ON A SOUTHERN BOUNDARY LINE IF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A NORTHERN BOUNDARY LINE OF SAID 410.599 ACRE TRACT, FOR THE SOUTHWEST CORNER OF THE HEREIN DESCRIBED TRACT, FROM WHICH AN IRON ROD FOUND AT AN ANGLE POINT ON A SOUTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A NORTHERN BOUNDARY LINE OF LOT 31, BLOCK A, OF THE WOODLANDS SUBDIVISION, A SUBDIVISION RECORDED IN CABINET 2, PAGE 350A (P.R.B.C.TX.), BEARS S86°51'37"W, A DISTANCE OF 5,147.97 FEET,

THENCE, CROSSING SAID 1258.002 ACRE TRACT, THE FOLLOWING FIFTEEN (15) COURSES AND DISTANCES, NUMBERED 1 THROUGH 15,

1) N13°00'41"W, A DISTANCE OF 116.19 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE LEFT,
2) WITH SAID CURVE TO THE LEFT, HAVING A RADIUS OF 50.00 FEET, AN ARC LENGTH OF 30.84 FEET, AND WHOSE CHORD BEARS N25°47'24"E, A DISTANCE OF 30.35 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
3) N88°36'06"E, A DISTANCE OF 24.83 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
4) N29°21'55"E, A DISTANCE OF 136.97 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
5) N31°53'32"W, A DISTANCE OF 48.09 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
6) N19°53'53"E, A DISTANCE OF 124.68 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
7) N16°58'28"E, A DISTANCE OF 132.96 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
8) N24°55'51"W, A DISTANCE OF 83.09 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
9) N43°34'52"W, A DISTANCE OF 70.00 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
10) N00°34'18"E, A DISTANCE OF 388.94 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
11) N08°34'16"W, A DISTANCE OF 530.69 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE LEFT,
12) WITH SAID CURVE TO THE LEFT, HAVING A RADIUS OF 420.00 FEET, AN ARC LENGTH OF 314.86 FEET, AND WHOSE CHORD BEARS N30°02'50"W, A DISTANCE OF 307.54 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE',
13) S38°28'36"W, A DISTANCE OF 120.00 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AT A POINT OF CURVATURE, FOR A CURVE TO THE LEFT,
14) WITH SAID CURVE TO THE LEFT, HAVING A RADIUS OF 300.00 FEET, AN ARC LENGTH OF 46.47 FEET, AND WHOSE CHORD BEARS N55°56'44"W, A DISTANCE OF 46.42 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', AND
15) N29°37'54"E, A DISTANCE OF 196.93 FEET TO A CAPPED 1/2 INCH IRON ROD SET STAMPED 'CBD SETSTONE', BEING A POINT ON A NORTHERN BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND BEING ALSO A POINT ON A SOUTHERN BOUNDARY LINE OF SAID 39.925 ACRE TRACT, FOR THE NORTHWEST CORNER OF THE HEREIN DESCRIBED TRACT,

THENCE, WITH THE COMMON BOUNDARY LINE OF SAID 1258.002 ACRE TRACT AND SAID 39.925 ACRE TRACT, N87°34'20"E, A DISTANCE OF 1,892.55 FEET TO THE POINT OF BEGINNING AND CONTAINING 155.959 ACRE TRACT.

Carlson, Brigance & Doering, Inc.
FIRM ID #F3791 ◆ REG. # 10024900
Civil Engineering ◆ Surveying
5501 West William Cannon ◆ Austin, Texas 78749
Phone No. (512) 280-5160 ◆ Fax No. (512) 280-5165

PATH-J:\AC3D\5035\SURVEY\PRELIM PLAT MUD 1B

THE PRELIMINARY PLAT OF

THE COLONY MUD 1B

Curve Table						
Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C1	241.35	850.00	S79°03'26"E	240.54	121.49	16°16'08"
C2	30.84	50.00	N25°47'24"E	30.35	15.93	35°20'09"
C3	314.86	420.00	N30°02'50"W	307.54	165.24	42°57'11"
C4	46.47	300.00	N55°56'44"W	46.42	23.28	8°52'28"
C5	24.05	15.00	N27°53'42"E	21.55	15.49	91°51'29"
C6	280.14	850.00	S83°22'00"W	278.88	141.35	18°53'00"
C7	24.05	15.00	S27°53'42"W	21.55	15.49	91°51'29"
C8	27.29	175.00	S22°30'04"E	27.26	13.67	8°56'03"
C9	46.93	175.00	S55°20'56"W	46.79	23.61	15°21'56"
C10	20.38	15.00	S08°44'34"W	18.85	12.11	77°50'48"
C11	24.99	175.00	N26°05'25"W	24.97	12.52	8°10'52"
C12	132.73	175.00	N89°43'41"E	129.57	69.74	43°27'20"
C13	23.56	15.00	S66°27'21"W	21.21	15.00	90°00'00"
C14	16.28	15.00	S09°38'36"E	15.50	9.05	62°11'55"
C15	309.25	60.00	S73°05'15"E	64.20	38.00	295°18'37"
C16	13.90	15.00	N48°00'42"E	13.41	7.50	53°06'42"
C17	114.94	175.00	N02°38'24"E	112.89	59.63	37°37'55"
C18	23.56	15.00	N61°10'33"W	21.21	15.00	90°00'00"
C19	15.12	15.00	S44°56'22"W	14.49	8.28	57°46'09"
C20	309.49	60.00	S16°10'33"E	64.00	37.83	295°32'17"
C21	15.12	15.00	S77°17'29"E	14.49	8.28	57°46'09"
C22	69.94	125.00	N57°47'46"E	69.03	35.91	32°03'22"
C23	20.38	15.00	N02°50'40"E	18.85	12.11	77°50'48"
C24	60.79	175.00	S26°07'39"E	60.48	30.70	19°54'10"
C25	23.56	15.00	N61°10'33"W	21.21	15.00	90°00'00"
C26	22.25	15.00	S31°20'05"W	20.26	13.74	84°58'43"
C27	585.56	1210.00	N02°42'32"E	579.86	298.63	27°43'39"
C28	556.52	1150.00	N02°42'32"E	551.11	283.82	27°43'39"
C29	23.62	15.00	N56°16'15"W	21.26	15.06	90°13'56"
C30	164.04	527.00	N87°31'48"E	163.37	82.69	17°50'02"
C31	21.63	15.00	S55°08'46"W	19.80	13.18	82°36'07"
C32	48.44	540.00	N16°24'54"E	48.42	24.24	5°08'22"
C33	24.13	15.00	S22°51'16"E	21.61	15.58	92°10'19"
C34	85.89	275.00	S77°53'15"E	85.54	43.30	17°53'40"
C35	15.12	15.00	N64°16'51"E	14.49	8.28	57°46'09"
C36	309.49	60.00	N03°09'55"E	64.00	37.83	295°32'17"
C37	15.12	15.00	N57°57'01"W	14.49	8.28	57°46'09"
C38	104.40	325.00	S77°37'55"E	103.95	52.65	18°24'20"
C39	23.13	15.00	S67°24'05"W	20.90	14.57	88°20'21"
C40	80.66	175.00	S10°01'40"W	79.95	41.06	26°24'29"
C41	23.56	15.00	S48°10'35"E	21.21	15.00	90°00'00"
C42	84.48	275.00	N78°01'22"E	84.15	42.58	17°36'06"
C43	15.12	15.00	N40°20'15"E	14.49	8.28	57°46'09"
C44	309.49	60.00	N20°46'41"W	64.00	37.83	295°32'17"
C45	15.12	15.00	N81°53'37"W	14.49	8.28	57°46'09"
C46	99.84	325.00	N78°01'22"E	99.45	50.32	17°36'06"
C47	84.39	325.00	S85°44'15"E	84.15	42.43	14°52'39"
C48	13.68	15.00	S75°34'02"W	13.21	7.36	52°16'04"
C49	187.73	60.00	S40°56'03"E	120.00	9357.65	179°15'55"
C50	15.12	15.00	N19°46'50"E	14.49	8.28	57°46'09"
C51	69.08	825.00	S06°40'20"E	69.06	34.56	4°47'50"
C52	24.08	15.00	N50°15'22"W	21.57	15.52	91°57'55"
C53	145.01	475.00	S75°00'56"W	144.45	73.07	17°29'29"
C54	23.56	15.00	S21°16'12"W	21.21	15.00	90°00'00"
C55	295.95	825.00	N13°27'12"W	294.37	149.58	20°33'13"
C56	14.93	15.00	S31°41'14"E	14.32	8.15	57°01'18"
C57	193.40	60.00	N32°08'29"E	119.90	1468.72	184°40'43"
C58	13.82	15.00	N81°54'29"W	13.33	7.44	52°46'38"
C59	85.77	325.00	N79°15'48"E	85.52	43.13	15°07'13"
C60	55.52	325.00	S88°16'56"E	55.45	27.83	9°47'17"
C61	11.32	15.00	S74°59'46"W	11.05	5.94	43°13'52"
C62	184.79	60.00	S38°23'18"E	119.94	1942.96	176°27'45"
C63	11.32	15.00	N28°13'39"E	11.05	5.94	43°13'52"
C64	182.59	225.00	S29°51'33"W	177.62	96.66	46°29'42"
C65	120.61	525.00	S59°41'18"W	120.35	60.57	13°09'48"
C66	23.56	15.00	N21°16'12"E	21.21	15.00	90°00'00"
C67	0.99	5.00	N29°23'22"W	0.99	0.50	11°19'07"
C68	34.57	175.00	S29°23'22"E	34.51	17.34	11°19'07"
C69	24.45	15.00	N70°25'11"W	21.83	15.91	93°22'46"
C70	164.78	965.00	S57°59'55"W	164.58	82.59	9°47'02"
C71	100.98	1235.00	N55°26'57"E	100.95	50.52	4°41'05"
C72	35.08	225.00	S22°30'04"E	35.05	17.58	8°56'03"
C73	21.99	14.00	N18°01'54"E	19.80	14.00	90°00'00"
C74	60.34	225.00	S55°20'56"W	60.16	30.35	15°21'56"
C75	20.91	15.00	N87°35'43"E	19.26	12.55	79°51'31"
C76	79.19	125.00	S34°19'32"E	77.88	40.98	36°17'58"
C77	23.56	15.00	S28°49'27"W	21.21	15.00	90°00'00"
C78	22.12	15.06	N60°12'29"W	20.19	13.60	84°09'32"

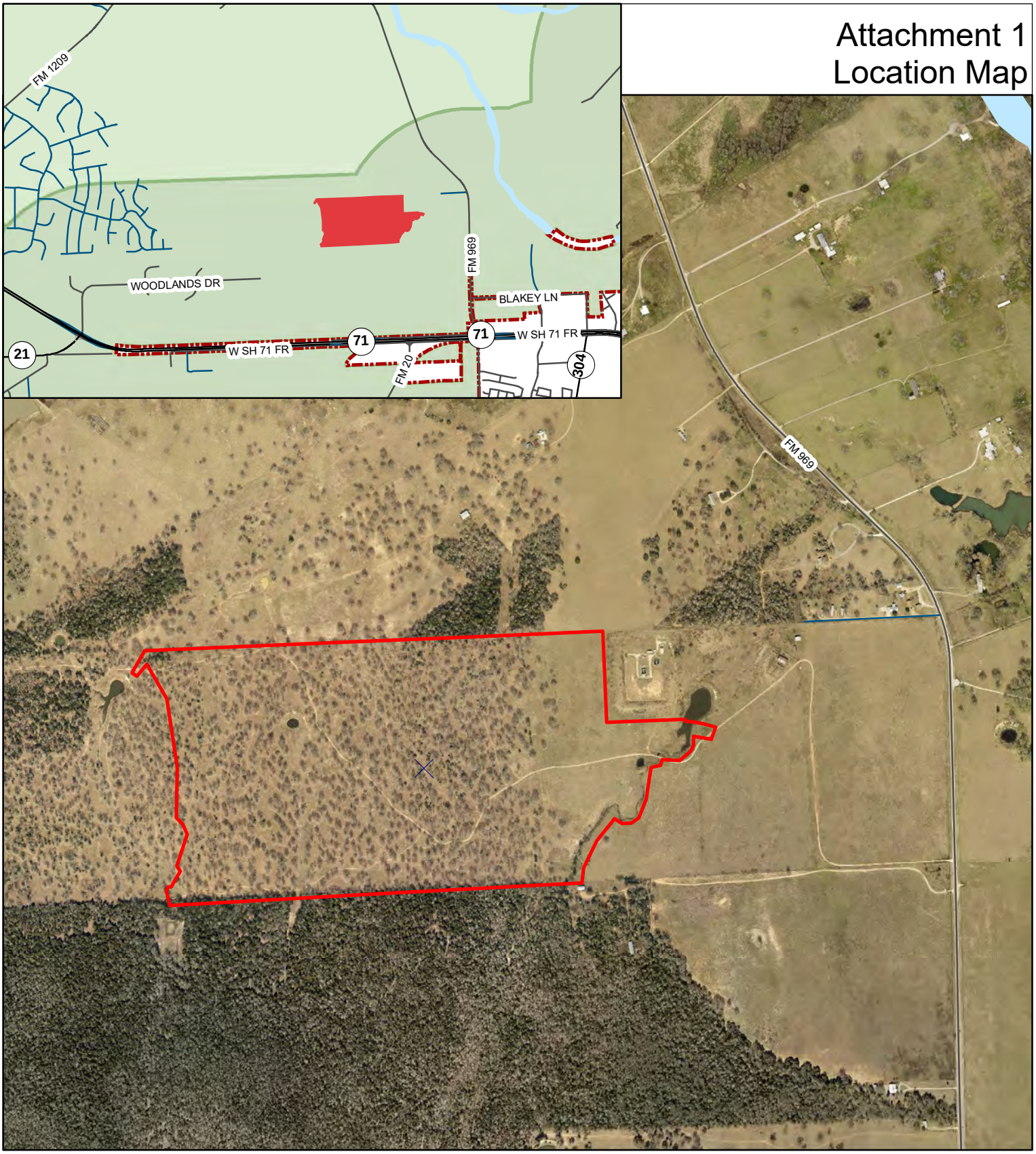
Curve Table						
Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C79	43.07	527.35	S69°33'30"E	43.06	21.55	4°40'46"
C80	22.55	15.00	N28°49'58"W	20.49	14.02	86°07'58"
C81	37.69	460.00	N16°34'51"E	37.68	18.86	4°41'41"
C82	23.42	15.00	N67°57'52"E	21.11	14.86	89°27'57"
C83	152.99	325.00	N80°47'17"W	151.58	77.94	26°58'15"
C84	24.16	15.00	S48°07'51"E	21.63	15.61	92°17'08"
C85	72.09	975.00	S00°07'49"W	72.08	36.06	4°14'11"
C86	33.74	960.00	S07°37'02"W	33.74	16.87	2°00'50"
C87	24.83	15.00	S56°02'20"W	46.92	23.55	9°47'17"
C88	155.69	965.00	N71°55'28"W	155.52	78.01	9°14'38"
C89	23.80	15.00	N21°50'52"W	21.38	15.24	90°54'36"
C90	103.70	225.00	S10°01'40"W	102.79	52.79	26°24'29"
C91	23.56	15.00	N41°49'25"E	21.21	15.00	90°00'00"
C92	23.56	15.00	S48°10'35"E	21.21	15.00	90°00'00"
C93	172.84	375.00	S10°01'40"W	171.31	87.98	26°24'29"
C94	23.42	15.00	S67°57'52"W	21.11	14.86	89°27'57"
C95	23.70	15.00	N22°02'08"W	21.31	15.14	90°32'03"
C96	195.89	425.00	S10°01'40"W	194.16	99.71	26°24'29"
C97	23.56	15.00	N41°49'25"E	21.21	15.00	90°00'00"
C98	103.35	275.00	S82°24'35"E	102.74	52.29	21°31'59"
C99	16.38	15.00	S40°21'25"E	15.58	9.12	62°34'21"
C100	64.89	775.00	S06°40'20"E	64.87	32.46	4°47'50"
C101	23.56	15.00	S40°43'35"W	21.21	15.00	90°00'00"
C102	129.45	275.00	N80°47'17"W	128.26	65.95	26°58'15"
C103	38.45	1040.00	S07°43'21"W	38.45	19.23	2°07'06"
C104	75.33	1025.00	S00°04'12"E	75.32	37.68	4°12'40"
C105	22.59	15.00	N40°58'32"E	20.52	14.06	86°18'07"
C106	163.62	525.00	S75°11'54"W	162.96	82.48	17°51'24"
C107	23.56	15.00	S68°43'48"E	21.21	15.00	90°00'00"
C108	0.99	5.00	S18°04'15"E	0.99	0.50	11°19'07"
C109	34.57	175.00	N18°04'15"W	34.51	17.34	11°19'07"
C110	24.45	15.00	S22°57'35"W	21.83	15.91	93°22'46"
C111	457.51	965.00	S83°13'53"W	453.24	233.14	27°09'51"
C112	24.08	15.00	N37°12'09"W	21.57	15.52	91°58'05"
C113	278.02	775.00	N13°27'12"W	276.53	140.52	20°33'13"
C114	17.93	15.00	N31°04'07"E	16.88	10.21	68°29'24"
C115	103.24	275.00	N76°04'07"E	102.63	52.23	21°30'36"
C116	23.56	15.00	S48°10'35"E	21.21	15.00	90°00'00"
C117	290.30	525.00	N19°01'03"W	286.62	148.97	31°40'56"
C118	23.03	15.00	S09°07'27"W	20.83	14.48	87°57'55"
C119	109.13	475.00	S59°41'18"W	108.89	54.80	13°09'48"
C120	23.56	15.00	N68°43'48"W	21.21	15.00	90°00'00"
C121	262.66	475.00	N19°01'03"W	259.32	134.78	31°40'56"
C122	23.56	15.00	N41°49'25"E	21.21	15.00	90°00'00"
C123	46.98	275.00	S88°16'56"E	46.92	23.55	9°47'17"
C124	23.56	15.00	S38°23'18"E	21.21	15.00	90°00'00"
C125	142.01	175.00	S29°51'33"W	138.15	75.18	46°29'42"
C126	24.09	15.00	N80°52'33"W	21.59	15.54	92°02'05"
C127	23.56	15.00	S61°10'33"E	21.21	15.00	90°00'00"
C128	122.88	475.00	S08°45'53"E	122.54	61.79	14°49'21"
C129	10.39	15.00	S18°29'46"W	10.19	5.41	39°41'56"
C130	152.80	60.00	N34°36'37"W	114.73	195.71	145°54'42"
C131	6.60	25.00	N79°59'43"E	6.58	3.32	15°07'24"
C132	361.33	625.00	S71°04'54"W	356.32	185.87	33°07'27"
C133	22.55	15.00	S82°25'12"E	20.48	14.02	86°07'14"
C134	325.42	60.00	S50°38'24"W	50.00	27.50	310°45'05"
C135	22.70	15.00	N03°59'47"E	20.60	14.16	86°42'46"
C136	406.42	625.00	S28°43'27"W	399.30	210.69	37°15'28"
C137	22.99	15.00	N54°01'25"E	20.81	14.44	87°49'00"
C138	505.86	1035.00	S82°55'49"W	500.84	258.09	28°00'13"
C139	22.60	15.00	S66°54'03"E	20.53	14.07	86°20'29"
C140	167.53	275.00	S21°26'05"E	164.95	86.45	34°54'13"
C141	15.12	15.00	S24°54'05"W	14.49	8.28	57°46'09"
C142	309.49	60.00	S86°01'01"W	64.00	37.83	295°32'17"
C143	15.12	15.00	N32°52'03"W	14.49	8.28	57°46'09"
C144	197.98	325.00	S21°26'05"E	194.94	102.17	34°54'13"
C145	23.56	15.00	N06°06'48"E	21.21	15.00	90°00'00"
C146	84.96	475.00	N56°14'14"E	84.85	42.59	10°14'53"
C147	60.60	275.00	N67°40'26"E	60.48	30.42	12°37'32"
C148	15.77	15.00	S75°53'55"E	15.05	8.70	60°13'45"
C149	309.43	60.00	S13°31'37"E	64.05	37.87	295°29'10"
C150	14.62	15.00	S46°39'04"W	14.05	7.95	55°50'31"
C151	74.94	325.00	N67°58'00"E	74.77	37.63	13°12'39"
C152	93.90	525.00	N56°14'14"E	93.78	47.08	10°14'53"
C153	23.56	15.00	N83°53'12"W	21.21	15.00	90°00'00"
C154	22.60	15.00	N19°26'26"E	20.53	14.07	86°20'29"
C155	171.69	1035.00	S57°51'33"W	171.50	86.04	9°30'17"
C156	91.40	1165.00	N55°21'16"E	91.38	45.72	4°29'43"

Curve Table						
Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C157	23.85	15.00	N43°53'55"W	21.41	15.29	91°05'25"
C158	112.38	525.00	S07°29'09"E	112.17	56.41	12°15'53"
C159	22.89	15.00	N33°06'10"E	20.73	14.34	87°26'32"
C160	24.97	275.00	N76°25'29"E	24.96	12.49	5°12'06"
C161	23.56	15.00	S55°58'28"E	21.21	15.00	90°00'00"
C162	46.18	275.00	S06°09'50"E	46.12	23.14	9°37'15"
C163	23.28	15.00	S47°06'05"W	21.01	14.72	88°54'35"
C164	23.85	15.00	N46°53'55"W	21.41	15.29	91°05'25"
C165	23.28	15.00	N43°06'54"E	21.02	14.72	88°56'13"
C166	361.53	325.00	S55°42'56"W	343.18	202.04	63°44'09"
C167	23.16	15.00	N68°04'25"E	20.92	14.60	88°27'08"
C168	216.19	1235.00	N72°42'55"W	215.92	108.37	10°01'48"
C169	25.37	15.00	S29°16'36"E	22.45	16.93	96°54'27"
C170	687.18	575.00	S53°24'51"W	647.01	391.32	68°28'28"
C171	23.84	15.00	N46°53'06"W	21.41	15.28	91°03'47"
C172	54.57	325.00	S06°09'50"E	54.51	27.35	9°37'15"
C173	24.11	15.00	N35°04'54"E	21.60	15.56	92°06'43"
C174	537.05	975.00	S83°04'57"E	530.29	275.53	31°33'35"
C175	23.86	15.00	S21°43'39"E	21.43	15.30	91°09'00"
C176	305.91	275.00	S55°42'56"W	290.38	170.96	63°44'09"
C177	23.54	15.00	N61°13'37"W	21.19	14.97	89°53'53"
C178	23.59	15.00	N28°46'17"E	21.23	15.03	90°05'54"
C179	931.34	1373.00	S86°44'36"E	913.59	484.39	38°51'55"
C180	187.85	1035.00	N72°30'07"W	187.59	94.18	10°23'56"
C181	22.99	15.00	S33°47'35"E	20.81	14.44	87°49'00"
C182	40.35	25.00	S56°21'02"W	36.11	26.10	92°28'13"
C183	6.17	25.00	N79°30'27"E	6.16	3.10	14°08'51"
C184	209.13	1185.00	N72°21'30"W	208.86	104.84	10°06'42"
C185	602.38	1025.00	S84°08'19"E	593.74	310.17	33°40'18"
C186	29.50	325.00	N76°25'29"E	29.49	14.76	5°12'06"
C187	66.49	125.00	N37°14'15"W	65.71	34.05	30°28'32"
C188	23.56	15.00	N23°00'01"E	21.21	15.00	90°00'00"
C189	94.81	125.00	N89°43'41"E	92.55	49.81	43°27'20"
C190	23.56	15.00	S23°32'39"E	21.21	15.00	90°00'00"
C191	147.78	225.00	N02°38'24"E	145.14	76.67	37°37'55"
C192	23.56	15.00	S28°49'27"W	21.21	15.00	90°00'00"
C193	97.91	175.00	N57°47'46"E	96.64	50.27	32°03'22"
C194	22.45	15.00	S84°38'47"W	20.41	13.93	85°45'24"
C195	11.22	175.00	S61°11'43"W	11.22	5.61	3°40'23"
C196	35.71	175.00	S53°30'44"W	35.65	17.92	11°41'33"
C197	40.23	175.00	N74°35'11"E	40.14	20.20	13°10'19"
C198	92.50	175.00	S83°41'09"E	91.42	47.36	30°17'01"
C199	2.63	15.00	S16°26'08"W	2.63	1.32	10°02'26"
C200	13.65	15.00	S14°39'49"E	13.19	7.34	52°09'29"
C201	45.38	60.00	N19°04'28"W	44.31	23.84	43°20'12"
C202	39.72	60.00	N21°33'36"E	39.00	20.62	37°55'56"
C203	29.07	60.00	N54°24'20"E	28.79	14.83	27°45'32"
C204	32.39	60.00	N83°45'07"E	32.00	16.60	30°56'00"
C205	32.64	60.00	S65°11'55"E	32.24	16.73	31°09'56"
C206	28.75	60.00	S35°53'14"E	28.48	14.66	27°27'27"
C207	31.37	60.00	S07°10'54"E	31.01	16.05	29°57'13"
C208	44.81	60.00	S29°11'31"W	43.78	23.51	42°47'39"
C209	25.11	60.00	S62°34'42"W	24.93	12.74	23°58'42"
C210	45.62	60.00	N37°50'05"E	44.52	23.97	43°33'35"
C211	46.13	60.00	N81°38'20"E	45.00	24.27	44°02'55"
C212	31.99	60.00	S61°03'47"E	31.61	16.38	30°32'52"
C213	79.02	60.00	S08°03'43"E	73.43	46.42	75°27'16"
C214	54.47	60.00	S55°40'22"W	52.62	29.27	52°00'53"
C215	52.27	60.00	N73°21'48"W	50.63	27.92	49°54'47"
C216	422.56	1210.00	N01°09'01"W	420.42	213.45	20°00'32"
C217	73.22	1210.00	N10°35'17"E	73.21	36.62	3°28'02"
C218	78.49	1210.00	N14°10'48"E	78.48	39.26	3°43'01"
C219	11.28	1210.00	N16°18'20"E	11.28	5.64	0°32'03"
C220	16.60	125.00	N70°01'07"E	16.59	8.31	7°36'39"
C221	47.76	125.00	N55°16'05"E	47.47	24.17	21°53'26"
C222	5.57	125.00	N43°02'43"E	5.57	2.79	2°33'17"
C223	8.45	125.00	N69°56'10"E	8.44	4.22	3°52'17"
C224	86.36	125.00	S88°20'10"E	84.65	44.98	39°35'03"
C225	86.11	225.00	N10°29'33"E	85.58	43.59	21°55'36"
C226	61.67	225.00	N08°19'24"W	61.48	31.03	15°42'18"
C227	28.11	175.00	N69°13'18"E	28.08	14.09	9°12'17"
C228	40.66	175.00	N57°57'45"E	40.57	20.42	13°18'49"
C229	29.13	175.00	N46°32'13"E	29.10	14.60	9°32'16"
C230	1.26	15.00	S44°10'55"W	1.26	0.63	4°49'41"
C231	21.19	15.00	S87°03'37"W	19.47	12.80	80°55'43"
C232	42.66	275.00	S73°23'04"E	42.62	21.37	8°53'18"
C233	43.23	275.00	S82°19'54"E	43.18	21.66	9°00'22"
C234	41.22	60.00	S55°04'44"W	40.42	21.46	39°21'56"

Curve Table						
Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C235	46.80	60.00	N82°53'41"W	45.62	24.66	44°41'13"
C236	102.08	60.00	N11°48'47"W	90.20	68.39	97°28'35"
C237	48.17	60.00	N59°55'23"E	46.88	25.47	45°59'45"
C238	68.43	60.00	S64°24'26"E	64.78	38.48	65°20'38"
C239	2.80	60.00	S30°24'02"E	2.80	1.40	2°40'10"
C240	1.37	325.00	S86°42'52"E	1.37	0.68	0°14'27"
C241	103.04	325.00	S77°30'42"E	102.61	51.95	18°09'54"
C242	60.39	275.00	N80°31'58"E	60.27	30.32	12°34'53"
C243	24.10	275.00	N71°43'55"E	24.09	12.06	5°01'13"
C244	49.66	60.00	S35°09'51"W	48.26	26.35	47°25'21"
C245	41.25	60.00	S78°34'18"W	40.44	21.48	39°23'35"
C246	38.85	60.00	N63°10'52"W	38.18	20.13	37°06'04"
C247	131.34	60.00	N18°04'55"E	106.65	116.31	125°25'31"
C248	48.38	60.00	S76°06'26"E	47.08	25.59	46°11'47"
C249	13.51	15.00	N78°48'08"W	13.05	7.25	51°35'12"
C250	1.62	15.00	S72°18'47"W	1.62	0.81	6°10'57"
C251	45.50	325.00	N73°13'57"E	45.46	22.79	8°01'17"
C252	54.34	325.00	N82°02'00"E	54.28	27.24	9°34'49"
C253	22.53	325.00	N88°48'34"E	22.52	11.27	3°58'19"
C254	61.86	325.00	S83°45'06"E	61.77	31.02	10°54'20"
C255	8.96	15.00	S84°35'09"W	8.83	4.62	34°13'50"
C256	4.72	15.00	S58°27'07"W	4.70	2.38	18°02'14"
C257	52.02	60.00	N74°16'12"E	50.40	27.77	49°40'25"
C258	41.09	60.00	S61°16'27"E	40.29	21.39	39°14'15"
C259	40.99	60.00	S22°05'10"E	40.19	21.33	39°08'19"
C260	53.63	60.00	S23°05'27"W	51.86	28.76	51°12'55"
C261	47.70	825.00	S07°24'52"E	47.69	23.86	3°18'46"
C262	21.37	825.00	S05°00'57"E	21.37	10.69	1°29'04"
C263	76.15	475.00	S79°10'07"W	76.07	38.16	9°11'07"
C264	68.86	475.00	S70°25'23"W	68.80	34.49	8°18'22"
C265	69.00	825.00	N21°20'03"W	68.98	34.52	4°47'31"
C266	65.86	825.00	N16°39'04"W	65.84	32.95	4°34'27"
C267	58.20	825.00	N12°20'36"W	58.18	29.11	4°02'30"
C268	58.27	825.00	N08°17'57"W	58.25	29.14	4°02'47"
C269	44.63	825.00	N04°43'34"W	44.63	22.32	3°05'58"
C270	30.02	60.00	N45°51'55"W	29.71	15.33	28°39'57"
C271	40.72	60.00	N12°05'32"W	39.94	21.18	38°52'48"
C272	41.56	60.00	N27°11'23"E	40.73	21.65	39°41'03"
C273	40.88	60.00	N66°33'08"E	40.10	21.27	39°02'27"
C274	40.22	60.00	S74°43'24"E	39.47	20.90	38°24'28"
C275	9.40	325.00	N72°31'55"E	9.40	4.70	1°39'27"
C276	60.69	325.00	N78°42'39"E	60.61	30.44	10°42'01"
C277	15.67	325.00	N85°26'32"E	15.67	7.84	2°45'46"
C278	48.43	325.00	S88°54'27"E	48.39	24.26	8°32'17"
C279	7.09	325.00	S84°00'48"E	7.09	3.55	1°15'01"
C280	26.78	60.00	N66°09'57"E	26.56	13.62	25°34'15"
C281	42.93	60.00	S80°32'58"E	42.02	22.43	40°59'54"
C282	36.97	60.00	S42°23'51"E	36.39	19.09	35°18'20"
C283	46.04	60.00	S02°45'39"E	44.92	24.22	43°58'03"
C284	32.07	60.00	S34°31'59"W	31.69	16.43	30°37'13"
C285	24.53	225.00	S09°44'08"W	24.52	12.28	6°14'52"
C286	53.74	225.00	S19°42'08"W	53.62	27.00	13°41'08"
C287	53.94	225.00	S33°24'46"W	53.81	27.10	13°44'08"
C288	50.37	225.00	S46°41'37"W	50.26	25.29	12°49'34"
C289	3.32	525.00	S53°17'17"W	3.32	1.66	0°21'45"
C290	57.61	525.00	S56°36'47"W	57.58	28.83	6°17'14"
C291	56.90	525.00	S62°51'40"W	56.87	28.48	6°12'34"
C292	2.79	525.00	S66°07'04"W	2.79	1.39	0°18'15"
C293	3.29	225.00	S22°48'47"W	3.29	1.64	0°50'13"
C294	67.69	225.00	S13°46'36"W	67.43	34.10	17°14'10"
C295	32.73	225.00	S00°59'28"W	32.70	16.39	8°20'06"
C296	9.97	375.00	S02°24'52"E	9.97	4.99	1°31'27"
C297	87.56	375.00	S05°02'14"W	87.37	43.98	13°22'44"
C298	75.30	375.00	S17°28'45"W	75.17	37.78	11°30'18"
C299	84.04	425.00	S17°34'01"W	83.90	42.16	11°19'46"
C300	61.62	425.00	S00°44'54"W	61.57	30.87	8°18'27"
C301	50.22	425.00	S00°12'33"W	50.19	25.14	6°46'15"
C302	54.88	775.00	S07°02'32"E	54.87	27.45	4°03'26"
C303	10.01	775.00	S04°38'37"E	10.01	5.01	0°44'24"
C304	87.47	275.00	N85°09'41"W	87.10	44.11	18°13'26"
C305	41.98	275.00	N71°40'34"W	41.94	21.03	8°44'49"
C306	56.21	775.00	N17°01'58"W	56.19	28.11	4°09'19"
C307	68.77	775.00	N17°01'58"W	68.75	34.41	5°05'04"
C308	68.85	775.00	N11°56'43"W	68.83	34.45	5°05'25"
C309	68.84	775.00	N06°51'20"W	68.82	34.44	5°05'21"
C310	15.35	775.00	N03°44'37"W	15.35	7.67	1°08'05"
C311	2.72	525.00	N03°19'28"W	2.72	1.36	0°17'47"
C312	57.19	525.00	N06°35'37"W	57.17	28.63	6°14'31"

Curve Table						
Curve #	Length	Radius	Chord Direction	Chord Length	Tangent	DELTA
C313	57.41	525.00	N12°50'51"W	57.38	28.74	6°15'57"
C314	57.59	525.00	N19°07'23"W	57.56	28.82	6°17'06"
C315	57.21	525.00	N25°23'14"W	57.18	28.63	6°14'36"
C316	57.18	525.00	N31°37'45"W	57.16	28.62	6°14'27"
C317	1.00	525.00	N34°48'15"W	1.00	0.50	0°06'32"
C318	80.06	475.00	S57°56'07"W	79.96	40.12	9°39'25"
C319	29.07	475.00	S64°31'00"W	29.06	14.54	3°30'23"
C320	24.39	475.00	N33°23'15"W	24.39	12.20	2°56'32"
C321	77.94	475.00	N27°12'57"W	77.85	39.06	9°24'03"
C322	77.94	475.00	N17°48'54"W	77.85	39.06	9°24'03"
C323	77.94	475.00	N08°24'51"W	77.85	39.06	9°24'03"
C324	4.46	475.00	N03°26'42"W	4.46	2.23	0°32'15"
C325	44.75	275.00	S88°30'52"E	44.70	22.43	9°19'26"
C326	2.23	275.00	S83°37'13"E	2.23	1.11	0°27'51"
C327	139.30	175.00	S29°24'54"W	135.65	73.58	45°36'24"
C328	2.71	175.00	S52°39'45"W	2.71	1.36	0°53'18"
C329	13.82	475.00	S15°20'33"E	13.82	6.91	1°40'02"
C330	67.67	475.00	S10°25'40"E	67.61	33.89	8°09'44"
C331	41.40	475.00	S03°51'00"E	41.38	20.71	4°59'36"
C332	24.76	60.00	N26°31'18"E	24.59	12.56	23°38'51"
C333	53.04

Attachment 1
Location Map



The Colony MUD 1B
Preliminary Plat

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Heart of the Lost Pines
Est. 1832

0 275 550 1,100
Feet

1 inch = 1,000 feet

N

Date: 6/26/2019

The accuracy and precision of this cartographic data is limited and should be used for information /planning purposes only. This data does not replace surveys conducted by registered Texas land surveyors nor does it constitute an "official" verification of zoning, land use classification, or other classification set forth in local, state, or federal regulatory processes. The City of Bastrop, nor any of its employees, do not make any warranty of merchantability and fitness for particular purpose, or assumes any legal liablity or responsibility for the accuracy, completeness or usefullness of any such information, nor does it represent that its use would not infringe upon privately owned rights.

Attachment 2

Notice of Pending Subdivision Approval
City of Bastrop
Planning & Zoning Commission and City Council

Dear Property Owner:

The **Planning & Zoning Commission** will hold a meeting **Tuesday, July 9, 2019 at 4:00 p.m.** and the **City Council** will hold a meeting on **Tuesday, July 23, 2019 at 6:30 p.m.** in the **City Hall Council Chambers** located at **1311 Chestnut Street**, **Bastrop, Texas** to consider approval of The Colony MUD 1B Preliminary Plat, being 155.969 acres out of the Jose Manuel Bangs Survey, Abstract 5, located west of FM 969, at the west extension of Sam Houston Boulevard, within the City of Bastrop Statutory (one-mile) Extraterritorial Jurisdiction

Owner/Applicant:	Rick Neff/Carlson, Brigance & Doering Inc.
Address:	west of FM 969, at the west extension of Sam Houston Boulevard
Legal Description:	155.959 acres out of the Jose Manuel Bangs Survey, Abstract 5
Number of Lots:	370 single family lots, 10 landscape, 5 open space and drainage easement lots and 2 HOA lots

The site location map and preliminary plat are attached for reference.

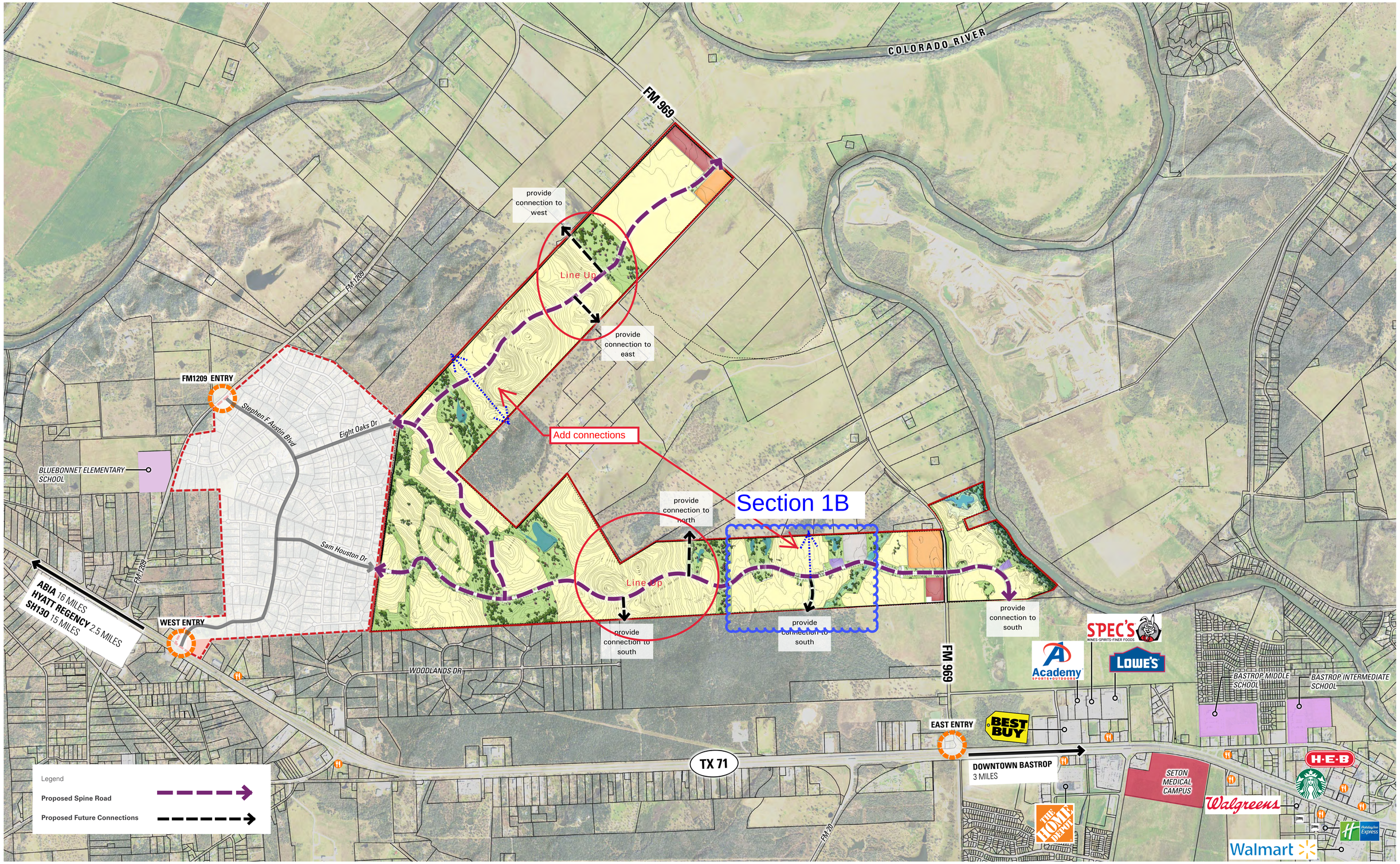
As a property owner within 200 feet of the above referenced property, you are being notified of the upcoming meetings per the Bastrop Code of Ordinances Subdivision Regulations.

Property owners wishing to subdivide land must follow the rules within the City Subdivision Regulations, which can be read online at:

https://library.municode.com/tx/bastrop/codes/code_of_ordinances?nodeId=CH10SU

For more information on this project, you can contact the Planning & Development offices at (512) 332-8840, plan@cityofbastrop.org, or visit the office at 1311 Chestnut Street, Bastrop, Texas.

Attachment 3



TBG

THE COLONY

HUNT

connectivity framework plan

Bastrop, Texas
05/31/2019

TBG
1705 Guadalupe St.
Suite 500
Austin, Texas 78701

[512] 327 1011
tbgpartners.com

0 500' 1000' 2000'

The information shown is based on the best information available and is subject to change without notice.

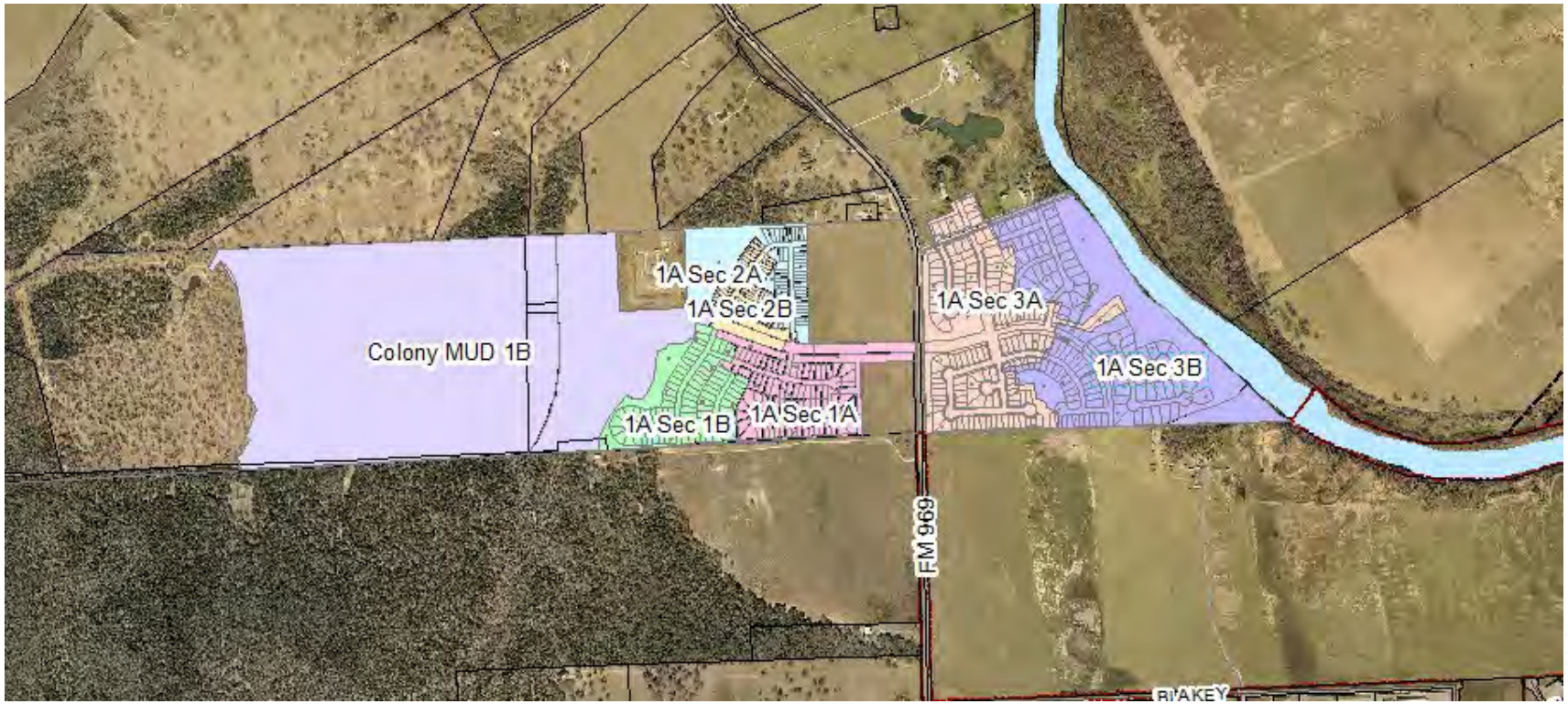
The Colony MUD 1B Preliminary Plat

Consider action to approve Resolution R-2019-xx of the City Council of the City of Bastrop to approving The Colony MUD 1B, Preliminary Plat being 155.959 acres out of the Jose Manuel Bangs Survey, Abstract 5, located west of FM 969, at the west extension of Sam Houston Boulevard within the Statutory Extra-Territorial Jurisdiction of Bastrop, Texas, as shown in Exhibit A; providing for conditions, providing for a repealing clause; and establishing an effective date.

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Location

- West of FM 969 and the previously platted Section 1A, Phases 1A, 1B, 2A, and 2B
- In the Statutory Extraterritorial Jurisdiction

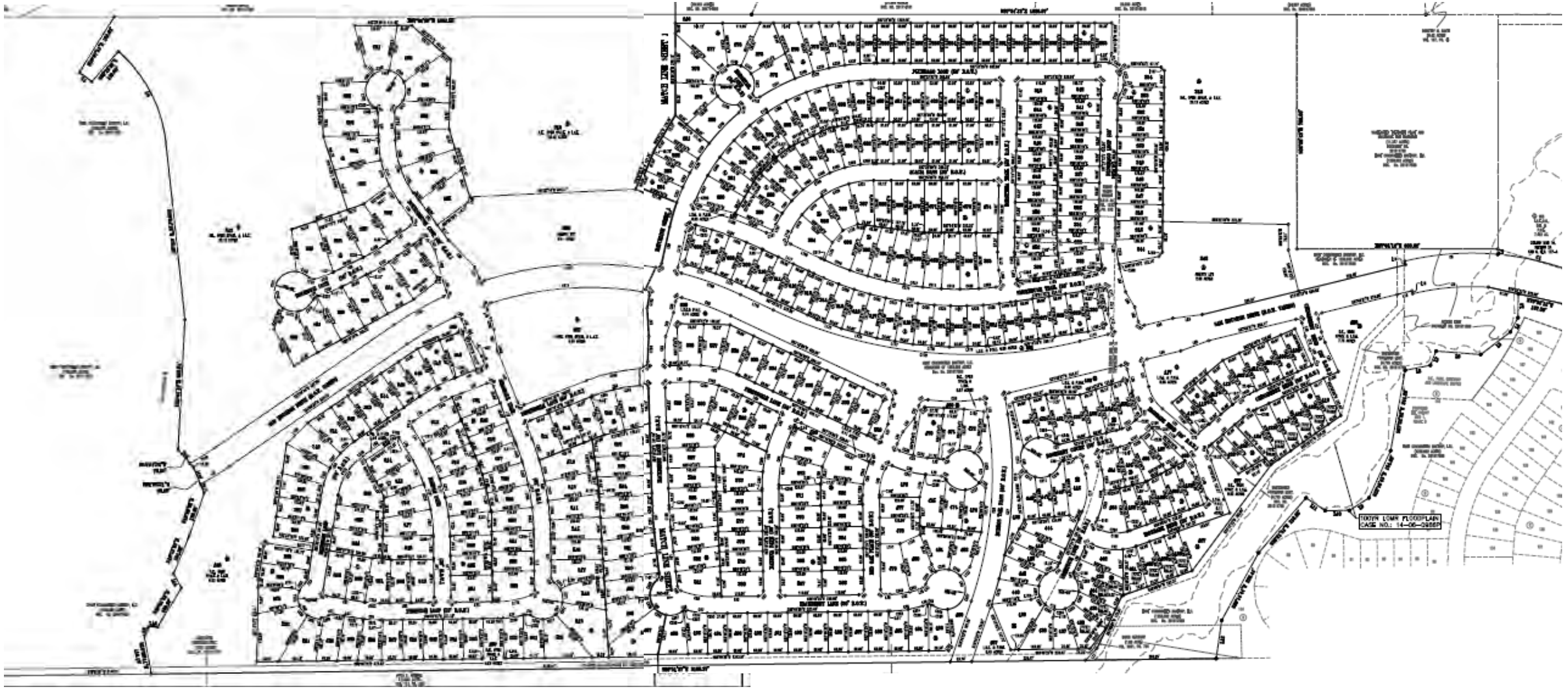


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Preliminary Plat

- Required by the Bastrop Subdivision Ordinance and Texas Local Government Code (LGC).
- Plats that meet the ordinance and LGC must be approved.
- Once approved, Public Improvement Construction Plan can be submitted for review.

Preliminary Plat



Site Information

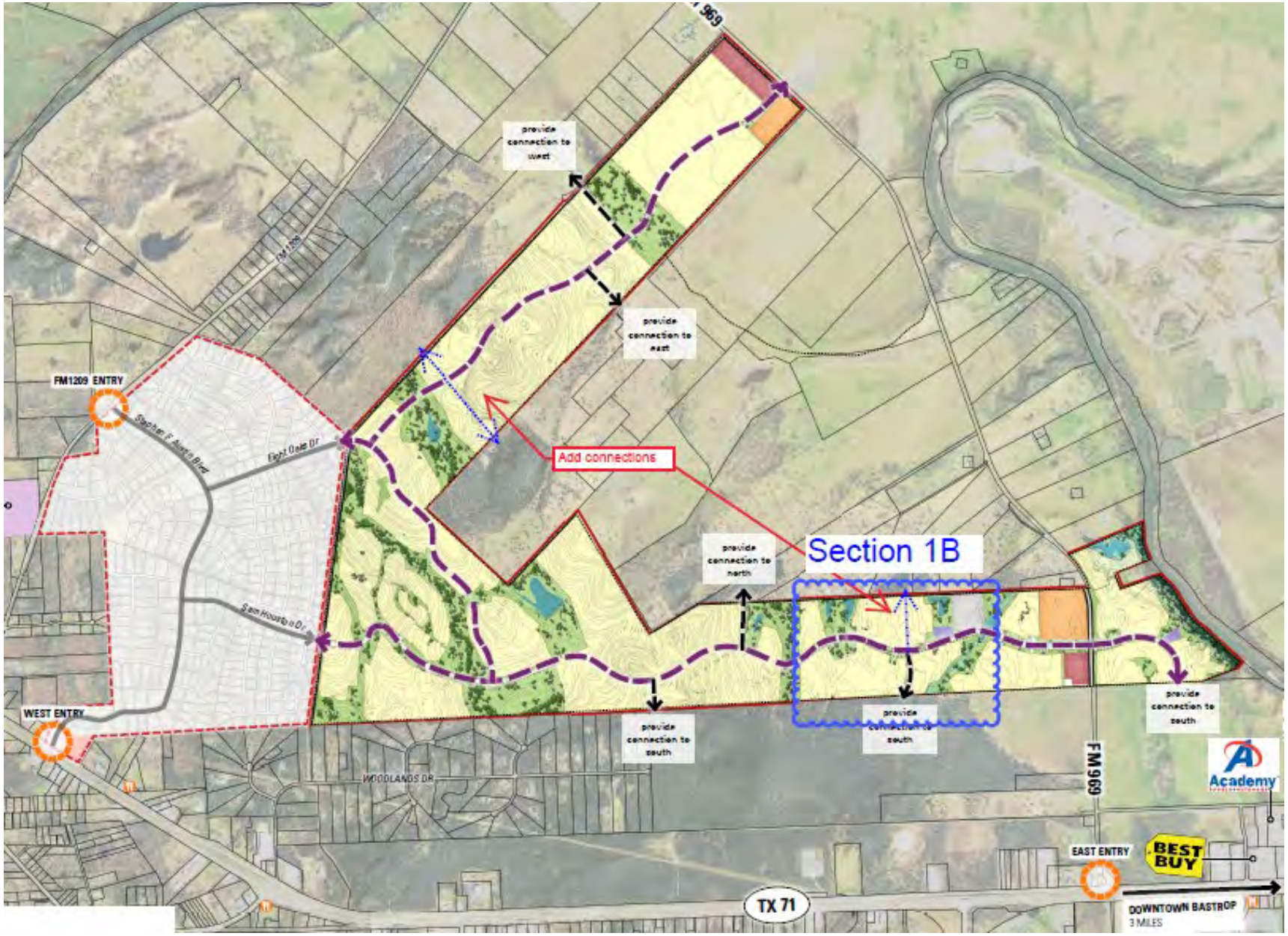
- Size: 155.959 acres
- Number of Lots: 370 single-family lots, 1 HOA amenity lot, 16 associated drainage, landscape and open space lots
- Existing Use: Undeveloped
- Zoning: None. 1-mile Extra-territorial Jurisdiction
- Lot Standards: Consent Agreement for the Colony Municipal Utility District No. 1, Second Amendment
- Land Use: Neighborhood Residential

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Connectivity

- Developer is proposing five connections for 2,270 to 4,070 homes.
- Five connections to serve an average 454 to 841 homes between FM 969 and FM 1209.
- Staff if proposing one additional connection from 1B to the north.

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Private Streets

- Plat proposed by developer states streets are private and develop may gate them in the future.
- Chapter 10 Subdivision, Section 5.20.9 - Private Streets: To prevent future conflicts regarding street maintenance, private streets are prohibited, except where justified by special considerations.
- Consent agreement is silent regarding streets.
- Staff recommends only allowing some gated streets, if a stub out to the north is provided (in addition to the one to the south, and Sam Houston and stub streets remain ungated for emergency management.

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Staff Recommendation

- Recommend approval of The Colony MUD 1B Preliminary Plat with the following conditions:
  - An additional stub out is added to the north;
  - Sam Houston and stub out streets remain ungated;
  - All other streets can be gated as long as the first two conditions are met.

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Planning & Zoning Commission Recommendation

- Reviewed the preliminary plat at the July 9, 2019 Special meeting. By a vote of 7-0, the Commission recommended approval, with the inclusion of the two conditions recommended by staff.

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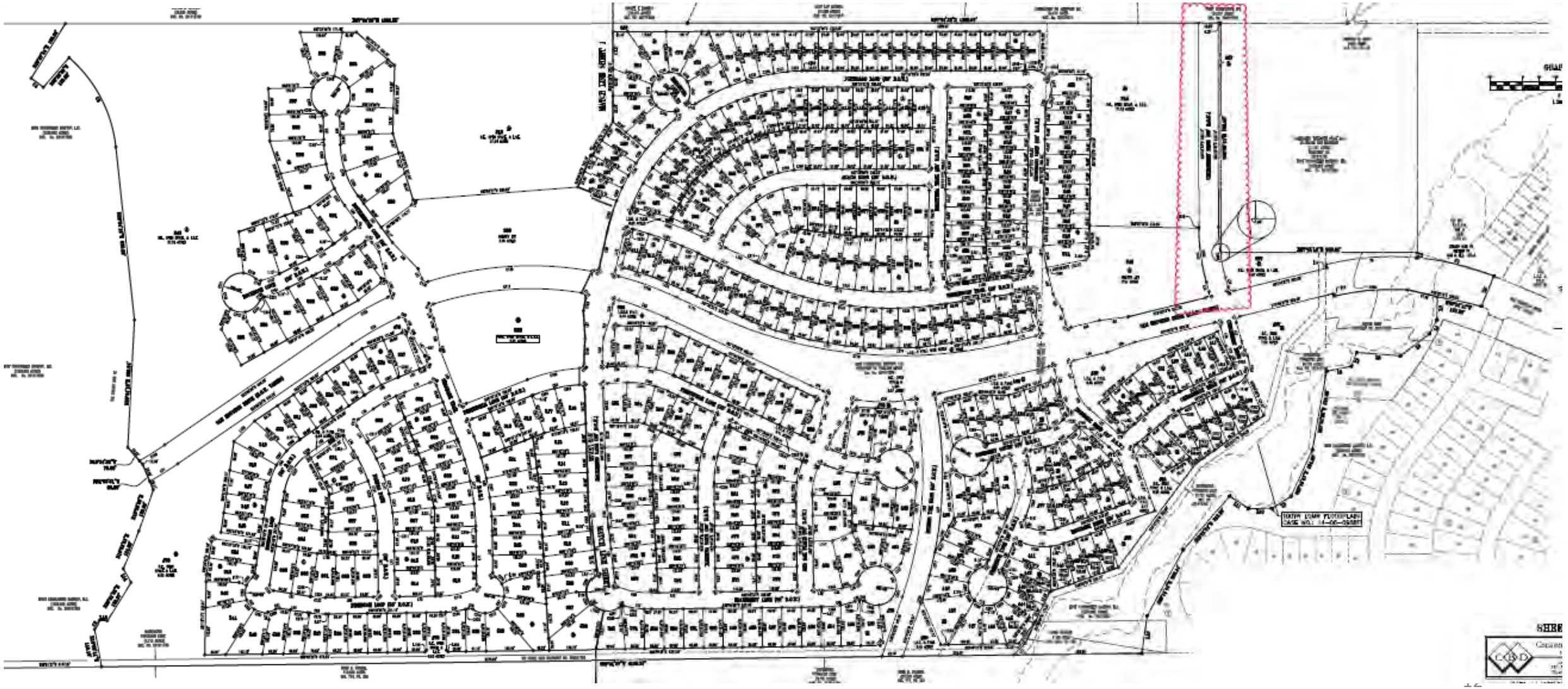
Revised Plat from Applicant

- On July 12, 2019, the applicant sent a revised plat for The Colony MUD 1B in response to the P&Z recommendation.
  - The revised plat that adds Chinaberry Bend on the east side of MUD 1B, and will connect Sam Houston to future development to the north.
  - There is also a plat note that states:

    Sam Houston, Chinaberry Bend, and Burros Tail Pass shall not be gated, but the residential streets off of Sam Houston, Chinaberry Bend and Burros Tail Pass shall reserve the right to be gated.

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Revised Preliminary Plat



Questions?

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STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 10A

TITLE:
The City Council shall convene into executive session pursuant to Section 551.071 of the Texas Government Code to deliberate and seek advice of its attorneys regarding the operation of Hunters Crossing Public Improvement District.

STAFF REPRESENTATIVE:
Lynda Humble, City Manager

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 10B

TITLE:
City Council shall convene into closed executive session pursuant to Texas Government Code Sections 551.071 and 551.072, regarding real estate matters including possible acquisition of real estate related to the Municipal Wastewater Treatment Plant.

STAFF REPRESENTATIVE:
Lynda Humble, City Manager

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 10C

TITLE:
City Council shall convene into closed executive session pursuant to Texas Government Code Sections 551.071 and 551.072, regarding real estate matters including possible acquisition and/or abandonment of public right-of-way downtown.

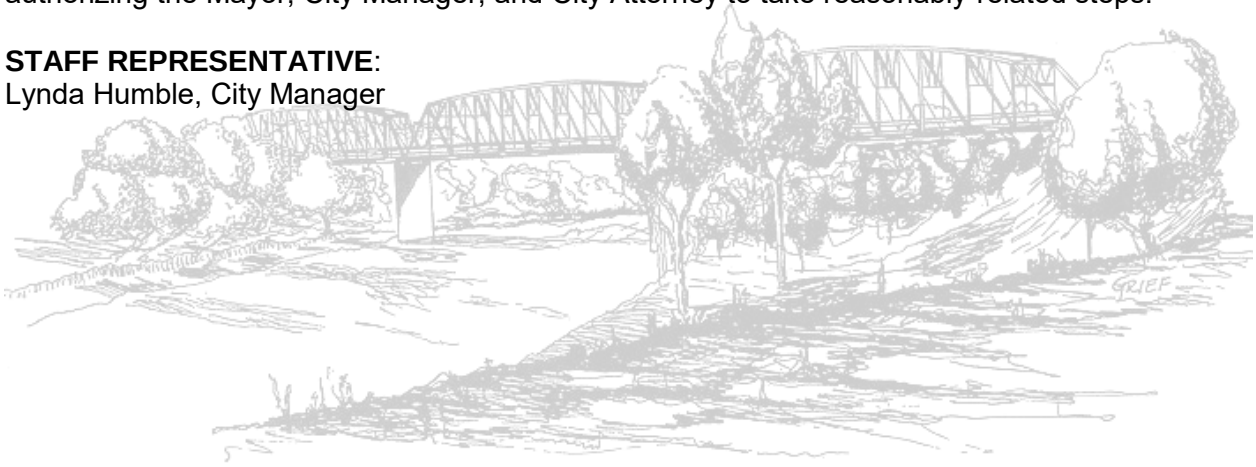
STAFF REPRESENTATIVE:
Lynda Humble, City Manager

STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 10D

TITLE:
City Council shall convene into closed executive session for a Legal Briefing by the City Attorney pursuant to Texas Government Code Section 551.071, regarding Resolution No. R-2019-64 of the City Council of the City of Bastrop, Texas, approving the representation of Bickerstaff Heath Delgado Acosta LLP in connection with municipal coalition litigation to challenge the constitutionality of Senate Bill 1004 (2017) and Senate Bill 1152 (2019) as unlawfully granting corporate use of public right-of-way without fair and reasonable compensation to the public; and authorizing the Mayor, City Manager, and City Attorney to take reasonably-related steps.

STAFF REPRESENTATIVE:
Lynda Humble, City Manager



STAFF REPORT

MEETING DATE: July 23, 2019 **AGENDA ITEM**: 11

TITLE:
Take any necessary or appropriate action on matters posted for consideration in closed/executive session

STAFF REPRESENTATIVE:
Lynda Humble, City Manager