

## **Filing Instructions**

### **Austin Community Foundation For The Capital Area**

#### **Amended Exempt Organization Tax Return**

#### **Taxable Year Ended December 31, 2003**

**Date Due:** As soon as possible.

**Remittance:** Your amended Form 990 for the tax year ended 12/31/03 shows no balance due. The return should be signed and dated on page 6 by an officer representing the organization.

**Mail To:** Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404

**Other:** Initial and date the copy of the return, and retain it for your records.

Austin Community Foundation For  
The Capital Area  
P.O. Box 5159  
Austin, TX 78763

**Internal Revenue Service Center**  
**Ogden, UT 84201-0027**



# Return of Organization Exempt From Income Tax

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

**2003**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2003 calendar year, or tax year beginning** , **and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C Name of organization**  
**Austin Community Foundation For The Capital Area**

**D Employer ID number**  
**74-1934031**

**E Telephone number**  
**512-472-4483**

**F Accounting method:**  Cash  Accrual  Other (specify)

**Number and street (or P.O. box if mail is not delivered to street address) Room/suite**  
**P.O. Box 5159**

**City or town, state or country, and ZIP + 4**  
**Austin TX 78763**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations.

**G Website:** **N/A**

**J Organization type**  
 (check only one)  501(c) ( **3** )  4947(a)(1) or  527

**K Check here**  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12** **29,243,548**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **0**  
**H(c)** Are all affiliates included?  Yes  No (If "No," att. a list. See instr.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I Group Exemption Number**  
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

|   |   |            |                   |                   |                   |
|---|---|------------|-------------------|-------------------|-------------------|
| R<br>e<br>v<br>e<br>n<br>u<br>e   | <b>1</b> Contributions, gifts, grants, and similar amounts received:  |            |                   |                   |                   |
|   | <b>a</b> Direct public support  | <b>1a</b>  | <b>24,239,535</b> |                   |                   |
|   | <b>b</b> Indirect public support  | <b>1b</b>  |                   |                   |                   |
|   | <b>c</b> Government contributions (grants)  | <b>1c</b>  |                   |                   |                   |
|   | <b>d Total</b> (add lines 1a through 1c) (cash \$ <b>14,566,103</b> noncash \$ <b>9,673,432</b> )           |            |                   | <b>1d</b>         | <b>24,239,535</b> |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)           |            |                   | <b>2</b>          |                   |
|   | <b>3</b> Membership dues and assessments  |            |                   | <b>3</b>          |                   |
|   | <b>4</b> Interest on savings and temporary cash investments   |            |                   | <b>4</b>          |                   |
|   | <b>5</b> Dividends and interest from securities   |            |                   | <b>5</b>          | <b>1,037,848</b>  |
|   | <b>6a</b> Gross rents   | <b>6a</b>  |                   |                   |                   |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>  |                   |                   |                   |
|   | <b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)  |            |                   | <b>6c</b>         |                   |
| <b>7</b> Other investment income (describe <b>See Stmt 1</b> )  |   |            | <b>7</b>          | <b>446,519</b>    |                   |
| <b>8a</b> Gross amount from sales of assets other than inventory  | (A) Securities  |            | (B) Other         |                   |                   |
|   | <b>3,519,646</b>  | <b>8a</b>  |                   |                   |                   |
|   | <b>2,601,857</b>  | <b>8b</b>  |                   |                   |                   |
|   | <b>917,789</b>  | <b>8c</b>  |                   |                   |                   |
| <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>See Stmt 2</b>  |   |            | <b>8d</b>         | <b>917,789</b>    |                   |
| <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | <b>a</b> Gross revenue (not including contributions reported on line 1a) of                                 |            |                   |                   |                   |
|   | <b>b</b> Less: direct expenses other than fundraising expenses  | <b>9a</b>  |                   |                   |                   |
|   | <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)                           | <b>9b</b>  |                   | <b>9c</b>         |                   |
| <b>10a</b> Gross sales of inventory, less returns and allowances  |   | <b>10a</b> |                   |                   |                   |
|   | <b>b</b> Less: cost of goods sold   | <b>10b</b> |                   |                   |                   |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) |            |                   | <b>10c</b>        |                   |
| <b>11</b> Other revenue (from Part VII, line 103)   |   |            | <b>11</b>         |                   |                   |
| <b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  |   |            | <b>12</b>         | <b>26,641,691</b> |                   |
| <b>E<br/>x<br/>p<br/>e<br/>n<br/>s<br/>e<br/>s</b>  | <b>13</b> Program services (from line 44, column (B))   |            | <b>13</b>         | <b>13,918,844</b> |                   |
|   | <b>14</b> Management and general (from line 44, column (C))   |            | <b>14</b>         | <b>284,745</b>    |                   |
|   | <b>15</b> Fundraising (from line 44, column (D))  |            | <b>15</b>         | <b>62,196</b>     |                   |
|   | <b>16</b> Payments to affiliates (attach schedule)  |            | <b>16</b>         |                   |                   |
|   | <b>17 Total expenses</b> (add lines 16 and 44, column (A))  |            | <b>17</b>         | <b>14,265,785</b> |                   |
| <b>A<br/>s<br/>s<br/>e<br/>t<br/>s</b>  | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)                                  |            | <b>18</b>         | <b>12,375,906</b> |                   |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                       |            | <b>19</b>         | <b>47,223,257</b> |                   |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation) <b>See Stmt 3</b>               |            | <b>20</b>         | <b>6,389,737</b>  |                   |
|   | <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)                         |            | <b>21</b>         | <b>65,988,900</b> |                   |

**Part II Statement of**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

**Functional Expenses**

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.   | (A) Total              | (B) Program services | (C) Management and general | (D) Fundraising |
|---|------------------------|----------------------|----------------------------|-----------------|
| <b>22</b> Grants and allocations (attach schedule) <b>Stmt 4</b><br>(cash \$ <b>11905097</b> non-cash \$ )                                    | <b>22</b> 11,905,097   | 11,905,097           |                            |                 |
| <b>23</b> Specific assistance to individuals  | <b>23</b>              |                      |                            |                 |
| <b>24</b> Benefits paid to or for members   | <b>24</b>              |                      |                            |                 |
| <b>25</b> Compensation of officers, directors, etc.   | <b>25</b> 93,600       | 37,440               | 37,440                     | 18,720          |
| <b>26</b> Other salaries and wages  | <b>26</b> 196,768      | 151,299              | 35,152                     | 10,317          |
| <b>27</b> Pension plan contributions  | <b>27</b> 5,113        | 3,324                | 1,278                      | 511             |
| <b>28</b> Other employee benefits   | <b>28</b>              |                      |                            |                 |
| <b>29</b> Payroll taxes   | <b>29</b>              |                      |                            |                 |
| <b>30</b> Professional fundraising fees   | <b>30</b>              |                      |                            |                 |
| <b>31</b> Accounting fees   | <b>31</b>              |                      |                            |                 |
| <b>32</b> Legal fees  | <b>32</b>              |                      |                            |                 |
| <b>33</b> Supplies  | <b>33</b> 3,221        | 966                  | 1,933                      | 322             |
| <b>34</b> Telephone   | <b>34</b> 5,637        | 1,691                | 3,382                      | 564             |
| <b>35</b> Postage and shipping  | <b>35</b> 4,437        | 1,331                | 2,662                      | 444             |
| <b>36</b> Occupancy   | <b>36</b> 29,580       | 8,874                | 17,748                     | 2,958           |
| <b>37</b> Equipment rental and maintenance  | <b>37</b> 6,256        | 1,876                | 3,754                      | 626             |
| <b>38</b> Printing and publications   | <b>38</b> 5,301        | 1,590                | 3,181                      | 530             |
| <b>39</b> Travel  | <b>39</b>              |                      |                            |                 |
| <b>40</b> Conferences, conventions, and meetings  | <b>40</b> 1,176        | 352                  | 706                        | 118             |
| <b>41</b> Interest  | <b>41</b>              |                      |                            |                 |
| <b>42</b> Depreciation, depletion, etc. (attach schedule)   | <b>42</b> 6,181        | 1,854                | 3,709                      | 618             |
| <b>43</b> Other expenses not covered above (itemize):   | <b>43a</b>             |                      |                            |                 |
| <b>b See Statement 5</b>  | <b>43b</b> 2,003,418   | 1,803,150            | 173,800                    | 26,468          |
| <b>c</b>  | <b>43c</b>             |                      |                            |                 |
| <b>d</b>  | <b>43d</b>             |                      |                            |                 |
| <b>e</b>  | <b>43e</b>             |                      |                            |                 |
| <b>44 Total functional expenses</b> (add lines 22 - 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-1544</b> | <b>1544</b> 14,265,785 | 13,918,844           | 284,745                    | 62,196          |

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

**See Statement 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

**a See Statement 7**

(Grants and allocations \$ 11,905,097 ) 13,918,844

**b**

(Grants and allocations \$ )

**c**

(Grants and allocations \$ )

**d**

(Grants and allocations \$ )

**e** Other program services (attach schedule)

(Grants and allocations \$ )

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) **13,918,844**

**Part IV Balance Sheets** (See page 25 of the instructions.)

| <b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.               |   | (A)<br>Beginning of year |     | (B)<br>End of year |
|---|---|--------------------------|-----|--------------------|
| <b>45</b>   | Cash-non-interest-bearing .....   | -32,687                  | 45  | 382,802            |
| <b>46</b>   | Savings and temporary cash investments .....  | 11,254,437               | 46  | 12,741,489         |
| <b>47a</b>  | Accounts receivable .....   |                          |     |                    |
| <b>b</b>  | Less: allowance for doubtful accounts .....   |                          | 47c |                    |
| <b>48a</b>  | Pledges receivable .....  |                          |     |                    |
| <b>b</b>  | Less: allowance for doubtful accounts .....   |                          | 48c |                    |
| <b>49</b>   | Grants receivable .....   |                          | 49  |                    |
| <b>50</b>   | Receivables from officers, directors, trustees, and key employees<br>(attach schedule) .....  |                          | 50  |                    |
| <b>51a</b>  | Other notes and loans receivable (attach<br>schedule) <b>See Worksheet</b> .....  | 534,303                  |     |                    |
| <b>b</b>  | Less: allowance for doubtful accounts .....   |                          | 51c |                    |
| <b>52</b>   | Inventories for sale or use .....   |                          | 52  |                    |
| <b>53</b>   | Prepaid expenses and deferred charges .....   |                          | 53  |                    |
| <b>54</b>   | Investments-securities <b>See Stmt 8</b> <input type="checkbox"/> Cost <input type="checkbox"/> FMV .....   | 33,739,022               | 54  | 46,338,695         |
| <b>55a</b>  | Investments-land, buildings, and<br>equipment: basis .....  | 2,247,070                |     |                    |
| <b>b</b>  | Less: accumulated depreciation (attach<br>schedule) .....   |                          | 55c |                    |
| <b>56</b>   | Investments-other (attach schedule) <b>See Stmt 9</b> .....   | 412,702                  | 56  | 960,249            |
| <b>57a</b>  | Land, buildings, and equipment: basis .....   | 59,871                   |     |                    |
| <b>b</b>  | Less: accumulated depreciation (attach<br>schedule) <b>See Stmt 10</b> .....  |                          | 57c |                    |
| <b>58</b>   | Other assets (describe <b>See Stmt 11</b> ) .....   | 13,105                   | 58  | 10,563             |
| <b>59</b>   | <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....  | 1,172,864                |     | 5,449,642          |
| <b>60</b>   | Accounts payable and accrued expenses .....   | 49,687,757               | 59  | 68,664,813         |
| <b>61</b>   | Grants payable .....  | 132,445                  | 60  | 48,743             |
| <b>62</b>   | Deferred revenue .....  | 60,000                   | 61  | 36,150             |
| <b>63</b>   | Loans from officers, directors, trustees, and key employees (attach<br>schedule) .....  |                          | 62  |                    |
| <b>64a</b>  | Tax-exempt bond liabilities (attach schedule) .....   |                          | 63  |                    |
| <b>b</b>  | Mortgages and other notes payable (attach schedule) .....   |                          | 64a |                    |
| <b>65</b>   | Other liabilities (describe <b>See Stmt 12</b> ) .....  | 2,272,055                | 64b |                    |
| <b>66</b>   | <b>Total liabilities</b> (add lines 60 through 65) .....  | 2,464,500                | 65  | 2,591,020          |
| <b>66</b>   | <b>Total liabilities</b> (add lines 60 through 65) .....  | 2,464,500                | 66  | 2,675,913          |
| <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. |   |                          |     |                    |
| <b>67</b>   | Unrestricted .....  | 20,147,724               | 67  | 31,312,301         |
| <b>68</b>   | Temporarily restricted .....  |                          | 68  |                    |
| <b>69</b>   | Permanently restricted .....  | 27,075,533               | 69  | 34,676,599         |
| <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.                         |   |                          |     |                    |
| <b>70</b>   | Capital stock, trust principal, or current funds .....  |                          | 70  |                    |
| <b>71</b>   | Paid-in or capital surplus, or land, building, and equipment fund .....   |                          | 71  |                    |
| <b>72</b>   | Retained earnings, endowment, accumulated income, or other funds .....  |                          | 72  |                    |
| <b>73</b>   | <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines<br>70 through 72;<br>column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) ..... | 47,223,257               | 73  | 65,988,900         |
| <b>74</b>   | <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) .....   | 49,687,757               | 74  | 68,664,813         |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**Part VI Other Information (See page 28 of the instructions.)**

|     |  | Yes | No     |
|-----|--|-----|--------|
| 76  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X      |
| 77  | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.  |     | X      |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |     | X      |
| b   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?  |     |        |
| 79  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  |     | X      |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  | X   |        |
| b   | If "Yes," enter the name of the organization <b>Charitable Holdings</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.  |     |        |
| 81a | Enter direct and indirect political expenditures. See line 81 instructions   | 81a |        |
| b   | Did the organization file <b>Form 1120-POL</b> for this year?  | 81b | X      |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  | 82a | X      |
| b   | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)   | 82b | 29,580 |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications?  | 83a | X      |
| b   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | 83b | X      |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible?  | 84a | X      |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 84b | N/A    |
| 85  | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  | 85a | N/A    |
| b   | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.          | 85b | N/A    |
| c   | Dues, assessments, and similar amounts from members  | 85c |        |
| d   | Section 162(e) lobbying and political expenditures   | 85d |        |
| e   | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | 85e |        |
| f   | Taxable amount of lobbying and political expenditures (line 85d less 85e)  | 85f |        |
| g   | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | 85g | N/A    |
| h   | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                             | 85h | N/A    |
| 86  | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12   | 86a |        |
| b   | Gross receipts, included on line 12, for public use of club facilities   | 86b |        |
| 87  | 501(c)(12) orgs. Enter: a Gross income from members or shareholders  | 87a |        |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | 87b |        |
| 88  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88  | X      |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>   |     |        |
| b   | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction         | 89b | X      |
| c   | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     | 0      |
| d   | Enter: Amount of tax on line 89c, above, reimbursed by the organization  |     | 0      |
| 90a | List the states with which a copy of this return is filed <b>None</b>  |     |        |
| b   | Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)  | 90b | 4      |
| 91  | The books are in care of <b>Executive Director</b> Telephone no. <b>512-472-4483</b><br>Located at <b>P.O. Box 5159 Austin, TX</b> ZIP + 4 <b>78763</b>  |     |        |
| 92  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>                                    |     |        |

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

|  | Unrelated business income |               | Excluded by sec. 512, 513, or 514 |                | (E)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|-----------------------------------|----------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion<br>code          | (D)<br>Amount  |  |
| <b>Note:</b> Enter gross amounts unless otherwise indicated.           |                           |               |                                   |                |  |
| <b>93</b> Program service revenue:                                     |                           |               |                                   |                |  |
| <b>a</b> _____   |                           |               |                                   |                |  |
| <b>b</b> _____   |                           |               |                                   |                |  |
| <b>c</b> _____   |                           |               |                                   |                |  |
| <b>d</b> _____   |                           |               |                                   |                |  |
| <b>e</b> _____   |                           |               |                                   |                |  |
| <b>f</b> Medicare/Medicaid payments .....                              |                           |               |                                   |                |  |
| <b>g</b> Fees and contracts from government agencies .....             |                           |               |                                   |                |  |
| <b>94</b> Membership dues and assessments .....                        |                           |               |                                   |                |  |
| <b>95</b> Interest on savings and temporary cash investments .....     |                           |               |                                   |                |  |
| <b>96</b> Dividends and interest from securities .....                 |                           |               |                                   |                | <b>1,037,848</b>                               |
| <b>97</b> Net rental income or (loss) from real estate:                |                           |               |                                   |                |  |
| <b>a</b> debt-financed property .....                                  |                           |               |                                   |                |  |
| <b>b</b> not debt-financed property .....                              |                           |               |                                   |                |  |
| <b>98</b> Net rental income or (loss) from personal property .....     |                           |               |                                   |                |  |
| <b>99</b> Other investment income .....                                |                           |               |                                   |                | <b>446,519</b>                                 |
| <b>100</b> Gain or (loss) from sales of assets other than inventory .. |                           |               | <b>18</b>                         | <b>917,789</b> |  |
| <b>101</b> Net income or (loss) from special events .....              |                           |               |                                   |                |  |
| <b>102</b> Gross profit or (loss) from sales of inventory .....        |                           |               |                                   |                |  |
| <b>103</b> Other revenue: <b>a</b> _____                               |                           |               |                                   |                |  |
| <b>b</b> _____   |                           |               |                                   |                |  |
| <b>c</b> _____   |                           |               |                                   |                |  |
| <b>d</b> _____   |                           |               |                                   |                |  |
| <b>e</b> _____   |                           |               |                                   |                |  |
| <b>104</b> Subtotal (add columns (B), (D), and (E)) .....              |                           | <b>0</b>      |                                   | <b>917,789</b> | <b>1,484,367</b>                               |
| <b>105 Total</b> (add line 104, columns (B), (D), and (E)) .....       |                           |               |                                   |                | <b>2,402,156</b>                               |

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

| Line No.   | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|------------|---|
| <b>N/A</b> |   |
|            |   |
|            |   |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| <b>N/A</b>   | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Yes**  **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  **Yes**  **No**

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date **11/05/04** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **Gindler, Chappell, Morrison & Co., P.C** EIN **74-2532710** Phone no. **512-833-9600**

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

**Organization Exempt Under Section 501(c)(3)**  
**(Except Private Foundation) and Section 501(e), 501(f), 501(k),**  
**501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**  
**Supplementary Information-(See separate instructions.)**

OMB No. 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
**Austin Community Foundation For  
The Capital Area**

Employer identification number  
**74-1934031**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
**(See page 1 of the instructions. List each one. If there are none, enter "None.")**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee ben. plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|--|--|
| <b>NONE</b>   |  |                  |  |  |
| .....   |  |                  |  |  |
| .....   |  |                  |  |  |
| .....   |  |                  |  |  |
| .....   |  |                  |  |  |

Total number of other employees paid over \$50,000 ▶

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
**(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")**

| (a) Name and address of each independent contractor paid more than \$ 50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| <b>NONE</b>  |                     |                  |
| .....  |                     |                  |
| .....  |                     |                  |
| .....  |                     |                  |
| .....  |                     |                  |

Total number of others receiving over \$50,000 for professional services ▶

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

Schedule A (Form 990 or 990-EZ) 2003

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

|  |    |   |   |
|--|----|---|---|
| <p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p> | 1  |   | X |
| <p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>   |    |   |   |
| <p><b>a</b> Sale, exchange, or leasing of property?</p>  | 2a |   | X |
| <p><b>b</b> Lending of money or other extension of credit?</p>   | 2b |   | X |
| <p><b>c</b> Furnishing of goods, services, or facilities?</p>  | 2c |   | X |
| <p><b>d</b> Payment of compensation (or payment or reimbursement of expiration if more than \$1,000)?</p>  | 2d | X |   |
| <p>See Stmt 14</p>   |    |   |   |
| <p><b>e</b> Transfer of any part of its income or assets?</p>  | 2e |   | X |
| <p><b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>  | 3a | X |   |
| <p>See Stmt 15</p>   |    |   |   |
| <p><b>3b</b> Do you have a section 403(b) annuity plan for your employees?</p>   | 3b |   | X |
| <p><b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>  | 4  |   | X |

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
|  |                            |
|  |                            |

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) ▶   | (a) 2002   | (b) 2001   | (c) 2000   | (d) 1999   | (e) Total  |
|---|------------|------------|------------|------------|------------|
| <b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)  | 10,973,044 | 11,558,384 | 20,252,356 | 15,711,851 | 58,495,635 |
| <b>16</b> Membership fees received  |            |            |            |            | 0          |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   |            |            |            |            | 0          |
| <b>18</b> Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 1,459,978  | 1,815,989  | 2,057,158  | 3,520,014  | 8,853,139  |
| <b>19</b> Net income from unrelated business activities not included in line 18   |            |            |            |            | 0          |
| <b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf   |            |            |            |            | 0          |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.   |            |            |            |            | 0          |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets  |            |            |            |            | 0          |
| <b>23</b> Total of lines 15 through 22  | 12,433,022 | 13,374,373 | 22,309,514 | 19,231,865 | 67,348,774 |
| <b>24</b> Line 23 minus line 17   | 12,433,022 | 13,374,373 | 22,309,514 | 19,231,865 | 67,348,774 |
| <b>25</b> Enter 1% of line 23   | 124,330    | 133,744    | 223,095    | 192,319    |            |

|  |       |            |
|--|-------|------------|
| <b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24   | ▶ 26a | 1,346,975  |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | ▶ 26b | 26,422,930 |
| c Total support for section 509(a)(1) test: Enter line 24, column (e)  | ▶ 26c | 67,348,774 |
| d Add: Amounts from column (e) for lines: 18 <u>8,853,139</u> 19 _____ 22 _____ 26b <u>26,422,930</u>  | ▶ 26d | 35,276,069 |
| e Public support (line 26c minus line 26d total)   | ▶ 26e | 32,072,705 |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   | ▶ 26f | 47.6218%   |

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A

|   |
|---|
| (2002) _____ (2001) _____ (2000) _____ (1999) _____   |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <span style="float: right;">N/A</span> |
| (2002) _____ (2001) _____ (2000) _____ (1999) _____   |

|  |       |   |
|--|-------|---|
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____             | ▶ 27c |   |
| d Add: Line 27a total _____ and line 27b total _____   | ▶ 27d |   |
| e Public support (line 27c total minus line 27d total)   | ▶ 27e |   |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f              |       |   |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))               | ▶ 27g | % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | ▶ 27h | % |

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|            |   | N/A | Yes | No |
|------------|---|-----|-----|----|
| <b>29</b>  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   | 29  |     |    |
| <b>30</b>  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | 30  |     |    |
| <b>31</b>  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31  |     |    |
| <b>32</b>  | Does the organization maintain the following:   |     |     |    |
| <b>a</b>   | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 32a |     |    |
| <b>b</b>   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 32b |     |    |
| <b>c</b>   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 32c |     |    |
| <b>d</b>   | Copies of all material used by the organization or on its behalf to solicit contributions?  | 32d |     |    |
|            | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  |     |     |    |
| <b>33</b>  | Does the organization discriminate by race in any way with respect to:  |     |     |    |
| <b>a</b>   | Students' rights or privileges?   | 33a |     |    |
| <b>b</b>   | Admissions policies?  | 33b |     |    |
| <b>c</b>   | Employment of faculty or administrative staff?  | 33c |     |    |
| <b>d</b>   | Scholarships or other financial assistance?   | 33d |     |    |
| <b>e</b>   | Educational policies?   | 33e |     |    |
| <b>f</b>   | Use of facilities?  | 33f |     |    |
| <b>g</b>   | Athletic programs?  | 33g |     |    |
| <b>h</b>   | Other extracurricular activities?   | 33h |     |    |
|            | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)   |     |     |    |
| <b>34a</b> | Does the organization receive any financial aid or assistance from a governmental agency?   | 34a |     |    |
| <b>b</b>   | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.   | 34b |     |    |
| <b>35</b>  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |     |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include lines 45-50 for lobbying and grassroots nontaxable amounts.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

Table with 3 columns: Description of activity, Yes, No, Amount. Rows include items a-i regarding lobbying attempts and total expenditures.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2003**

Name of organization

**Austin Community Foundation For  
The Capital Area**

Employer identification number

**74-1934031**

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 box(es) for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2003)**

Name of organization

**Austin Community Foundation For**

Employer identification number

**74-1934031**

**Part I Contributors** (See Specific Instructions.)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| <u>1</u>   | <u>SEE STATEMENT 16</u>           | \$ .....                       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| —          | .....                             | \$ .....                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | .....                             | \$ .....                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | .....                             | \$ .....                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | .....                             | \$ .....                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| —          | .....                             | \$ .....                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Forms  
**990 / 990-PF****Other Notes and Loans Receivable****2003**

For calendar year 2003, or tax year beginning , and ending

Name  
**Austin Community Foundation For  
The Capital Area**Employer Identification Number  
**74-1934031****Form 990, Part IV, Line 51a - Additional Information**

| Name of borrower                 | Relationship to disqualified person |
|----------------------------------|-------------------------------------|
| (1) <b>Rawson Saunder</b>        |                                     |
| (2) <b>Creswell</b>              | <b>None</b>                         |
| (3) <b>Gilani</b>                | <b>None</b>                         |
| (4) <b>R. E. Schroeder</b>       | <b>None</b>                         |
| (5) <b>Jerico Partners, Ltd.</b> |                                     |
| (6)                              |                                     |
| (7)                              |                                     |
| (8)                              |                                     |
| (9)                              |                                     |
| (10)                             |                                     |

| Original amount borrowed | Date of loan    | Maturity date   | Repayment terms                       | Interest rate |
|--------------------------|-----------------|-----------------|---------------------------------------|---------------|
| (1) <b>50,000</b>        | <b>12/28/01</b> | <b>12/31/03</b> | <b>Monthly payments of \$375</b>      | <b>9.000</b>  |
| (2) <b>63,530</b>        | <b>10/31/95</b> | <b>10/27/25</b> | <b>\$423/month</b>                    | <b>7.000</b>  |
| (3) <b>39,000</b>        | <b>4/19/96</b>  | <b>1/01/06</b>  | <b>\$1000/quarter</b>                 | <b>9.000</b>  |
| (4) <b>37,895</b>        | <b>3/17/87</b>  | <b>8/28/03</b>  | <b>annual</b>                         |               |
| (5) <b>400,000</b>       | <b>8/14/02</b>  | <b>8/13/07</b>  | <b>Prin &amp; acc int in lump sum</b> | <b>6.000</b>  |
| (6)                      |                 |                 |                                       |               |
| (7)                      |                 |                 |                                       |               |
| (8)                      |                 |                 |                                       |               |
| (9)                      |                 |                 |                                       |               |
| (10)                     |                 |                 |                                       |               |

| Security provided by borrower  | Purpose of loan |
|--------------------------------|-----------------|
| (1)                            |                 |
| (2)                            |                 |
| (3)                            |                 |
| (4)                            |                 |
| (5) <b>Security agreements</b> |                 |
| (6)                            |                 |
| (7)                            |                 |
| (8)                            |                 |
| (9)                            |                 |
| (10)                           |                 |

| Consideration furnished by lender | Balance due at beginning of year | Balance due at end of year | Fair market value (990-PF only) |
|-----------------------------------|----------------------------------|----------------------------|---------------------------------|
| (1)                               | <b>50,000</b>                    | <b>50,000</b>              |                                 |
| (2)                               | <b>50,257</b>                    | <b>47,566</b>              |                                 |
| (3)                               | <b>15,463</b>                    |                            |                                 |
| (4)                               | <b>7,213</b>                     | <b>3,737</b>               |                                 |
| (5)                               | <b>409,000</b>                   | <b>433,000</b>             |                                 |
| (6)                               |                                  |                            |                                 |
| (7)                               |                                  |                            |                                 |
| (8)                               |                                  |                            |                                 |
| (9)                               |                                  |                            |                                 |
| (10)                              |                                  |                            |                                 |
| <b>Totals</b>                     | <b>531,933</b>                   | <b>534,303</b>             |                                 |

**Federal Statements****Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| OTHER INCOME       | \$ 446,519    |
| Total              | \$ 446,519    |

**Federal Statements****Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

| Desc                         | How<br>Rec'd | Whom<br>Sold | Date<br>Acquired | Date<br>Sold | Sale<br>Price      | Cost &<br>Expense  | Deprec      | Gain/<br>-Loss    |
|------------------------------|--------------|--------------|------------------|--------------|--------------------|--------------------|-------------|-------------------|
| VARIOUS SALES OF INVESTMENTS |              |              |                  |              |                    |                    |             |                   |
|                              | Purchase     |              | Various          | Various      | \$3,519,646        | \$2,601,857        | \$          | \$ 917,789        |
| Total                        |              |              |                  |              | <u>\$3,519,646</u> | <u>\$2,601,857</u> | <u>\$ 0</u> | <u>\$ 917,789</u> |

**Federal Statements****Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

| <u>Description</u>                  | <u>Amount</u>              |
|-------------------------------------|----------------------------|
| Net unrealized gains on investments | \$ <u>6,389,737</u>        |
| Total                               | \$ <u><u>6,389,737</u></u> |

# Federal Statements

## Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

| <u>Donee's Name</u>                | <u>Donee's Address</u>                 | <u>City</u>              | <u>St</u>                   | <u>Zip</u> |
|------------------------------------|--|--------------------------|-----------------------------|------------|
| <u>Donee's Relationship to Org</u> | <u>Class of Activity / Description</u> | <u>Cash Contribution</u> | <u>Noncash Contribution</u> |            |
| Total                              |  | \$11,905,097             | \$                          | 0          |
|                                    |  | <u>\$11,905,097</u>      | <u>\$</u>                   | <u>0</u>   |

**Federal Statements****Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

| Description                   | Total<br>Expenses   | Program<br>Service  | Mgt &<br>General  | Fund-<br>Raising |
|-------------------------------|---------------------|---------------------|-------------------|------------------|
|                               | \$                  | \$                  | \$                | \$               |
| Expenses                      |                     |                     |                   |                  |
| OTHER                         | 4,913               | 1,474               | 2,948             | 491              |
| INSURANCE                     | 12,800              | 3,840               | 7,680             | 1,280            |
| PROGRAM                       | 1,672,983           | 1,672,983           |                   |                  |
| ADMINISTRATION ALLOCATION     | 104,464             | 31,340              | 62,678            | 10,446           |
| MISCELLANEOUS                 | 24,693              | 7,408               | 14,816            | 2,469            |
| MEMBERSHIP SUBSCRIPTIONS      | 18,470              | 5,541               | 11,082            | 1,847            |
| COMMITTEE EXPENSE             | 6,962               | 2,089               | 4,177             | 696              |
| PUBLIC INFORMATION            | 26,834              | 8,051               | 16,100            | 2,683            |
| SEVERANCE TAXES               | 16,412              | 4,924               | 9,847             | 1,641            |
| TAXES                         | 32,677              | 9,803               | 19,606            | 3,268            |
| CUSTODIAL FEES                | 54,356              | 46,203              | 8,153             |                  |
| COMPUTER SOFTWARE MAINTENANCE | 16,464              | 4,938               | 9,879             | 1,647            |
| PROFESSIONAL FEES             | 11,390              | 4,556               | 6,834             |                  |
| Total                         | <u>\$ 2,003,418</u> | <u>\$ 1,803,150</u> | <u>\$ 173,800</u> | <u>\$ 26,468</u> |

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose**

The support of civic, scientific, literary, educational, health, and social service programs in Travis County and Central Texas.

**Statement 7 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

The foundation distributes funds to support civic, scientific, literary, educational, health, and social service programs in Travis County and Central Texas. Over 500 programs were supported in 2003.

**Federal Statements****Statement 8 - Form 990, Part IV, Line 54 - Investments in Securities**

| <u>Description</u>                   | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> | <u>Basis of<br/>Valuation</u> |
|--------------------------------------|------------------------------|------------------------|-------------------------------|
| US and State Government              |                              |                        |                               |
| U.S government and agency obligation | 8,300,511                    | 1,844,965              |                               |
| Corporate Stock                      |                              |                        |                               |
| Equity securities                    | 22,106,277                   | 33,226,089             |                               |
| Corporate Bonds                      |                              |                        |                               |
| Fixed income securities              | 3,332,234                    | 11,267,641             |                               |
|                                      | <u>33,739,022</u>            | <u>46,338,695</u>      |                               |

**Statement 9 - Form 990, Part IV, Line 56 - Other Investments**

| <u>Description</u> | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> | <u>Basis of<br/>Valuation</u> |
|--------------------|------------------------------|------------------------|-------------------------------|
| Money market funds | \$                           | \$                     |                               |
| Other              | 412,702                      | 960,249                |                               |
| Total              | <u>\$ 412,702</u>            | <u>\$ 960,249</u>      |                               |

**Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

| <u>Description</u>      | <u>Beginning<br/>of Year</u> | <u>Accum<br/>Deprec</u> | <u>End of<br/>Year</u> | <u>Accum<br/>Deprec</u> |
|-------------------------|------------------------------|-------------------------|------------------------|-------------------------|
| Furniture and Equipment | \$ 56,232                    | \$ 43,127               | \$ 59,871              | \$ 49,308               |
| Total                   | <u>\$ 56,232</u>             | <u>\$ 43,127</u>        | <u>\$ 59,871</u>       | <u>\$ 49,308</u>        |

**Statement 11 - Form 990, Part IV, Line 58 - Other Assets**

| <u>Description</u>              | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|---------------------------------|------------------------------|------------------------|
| CSV of donated life insurance   | \$ 824,135                   | \$ 864,961             |
| Accrued interest receivable     | 54,205                       | 44,038                 |
| Other assets                    | 5,723                        | 4,756                  |
| Contributions receivable        | 288,801                      | 4,535,887              |
| Receivable- Stock sale proceeds |                              |                        |
| Total                           | <u>\$ 1,172,864</u>          | <u>\$ 5,449,642</u>    |

**Federal Statements****Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities**

| <u>Description</u>                   | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|--------------------------------------|------------------------------|------------------------|
| Funds held for others                | \$ 235,204                   | \$ 254,690             |
| Funds held for others- agency endowm | <u>2,036,851</u>             | <u>2,336,330</u>       |
| Total                                | <u>\$ 2,272,055</u>          | <u>\$ 2,591,020</u>    |

**Federal Statements****Statement 13 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

| Name                     |      |          |               | Title        | Average | City, State, Zip |
|--------------------------|------|----------|---------------|--------------|---------|------------------|
|                          | Comp | Benefits | Expenses      |              | Hrs     |                  |
| RICHARD SLAUGHTER        |      |          |               | EXECUTIVE DI | 40+     |                  |
| 93,600                   | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| BETTYE NOWLIN            |      |          |               | PRESIDENT    |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| JEFF KODOSKY             |      |          |               | PRESIDENT EL |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| SHERRY SMITH             |      |          |               | VICE PRESIDE |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| MICHAEL L. COOK          |      |          |               | TREASURER    |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| GERALDINE J TUCKER, J.D. |      |          |               | SECRETARY    |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| AMANDA MAYHEW DEALEY     |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| RICHARD S. DONOGHUE      |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| DOROTHY DRUMMER          |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| MARY MARGARET FARABEE    |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| JAMES FLIELLER           |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| ROBERT E. GERRIE         |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| STEVEN L. GUENGERICH     |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| MARY HERMAN              |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| JAN HUGHES               |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| GEORGE K. MERIWETHER     |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| JUDY OSBORN              |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |
| LINDA PRENTICE, M.D.     |      |          |               | BOARD MEMBER |         |                  |
| 0                        | 0    | 0        | P.O. BOX 5159 |              |         | AUSTIN, TX 78763 |

**Federal Statements****Statement 13 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)**

| Name                |          | Title    |               | Average<br>Hrs | City, State, Zip |
|---------------------|----------|----------|---------------|----------------|------------------|
| Comp                | Benefits | Expenses | Address       |                |                  |
| C. STEPHEN SAUNDERS |          |          | BOARD MEMBER  |                |                  |
| 0                   | 0        | 0        | P.O. BOX 5159 |                | AUSTIN, TX 78763 |
| EUGENE SEPULVEDA    |          |          | BOARD MEMBER  |                |                  |
| 0                   | 0        | 0        | P.O. BOX 5159 |                | AUSTIN, TX 78763 |
| KERRY TATE          |          |          | BOARD MEMBER  |                |                  |
| 0                   | 0        | 0        | P.O. BOX 5159 |                | AUSTIN, TX 78763 |
| PETE WINSTEAD       |          |          | BOARD MEMBER  |                |                  |
| 0                   | 0        | 0        | P.O. BOX 5159 |                | AUSTIN, TX 78763 |

**Form 990, Part VI, Question 80 - Relation to other organizations**

\_\_\_\_\_  
Name of related organization(s)

Charitable Holdings

**Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

See Form 990, Part V

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**Statement 15 - Schedule A, Part III, Line 4b - Explanation of Grant / Loan Qualifications**

The Board of Directors shall investigate and analyze facts to determine the most effective means for meeting the needs of Travis County and Central Texas through the distribution of funds given for the exempt purpose of the foundation.