

# Franchise Tax

## 2015 Annual EZ Computation Report

Confirmation

You Have Filed Successfully

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**Submission ID: 26171488**

**Date and Time of Filing:** 05/04/2015 12:42:14 PM

**Taxpayer ID:** 32053154798

**Taxpayer Name:** THE GAMMA GAMMA BOULE FOUNDATION

**Taxpayer Address:** 100 CONGRESS AVE STE 1100 AUSTIN, TX 78701 - 4042

**Entered By:** Ken Harris

**Email Address:** ken.harris5@me.com

**Telephone Number:** (512) 632-2210

**IP Address:** 70.117.98.58

**Total Amount Due and Payable = 0.00**

**Additional Reports**

|  |    |
|--|----|
| Is this the reporting entity of a combined group?                                      | No |
| Do any of the entities in the combined group have a temporary business loss preserved? | No |
| Will your total revenue be adjusted for the Tiered Partnership Election?               | No |

**EZ Computation Report**

|  |                                      |
|--|--------------------------------------|
| SIC Code:                              | NAICS Code:                          |
| Accounting Year Begin Date: 01/01/2014 | Accounting Year End Date: 12/31/2014 |

  

|                              |         |                  |
|------------------------------|---------|------------------|
| Gross receipts or sales:     |         | 25,292           |
| Dividends:                   |         | 11               |
| Interest:                    |         | 11               |
| Rents:                       |         | 0                |
| Royalties:                   |         | 0                |
| Gains/losses:                |         | 0                |
| Other income:                | +       | 0                |
| <b>Total Gross Revenue:</b>  |         | <b>25,314</b>    |
| Exclusions from Revenue:     | -       | 0                |
| <b>Total Revenue:</b>        |         | <b>25,314</b>    |
| Gross receipts in Texas:     | 20,303  |                  |
| Gross receipts everywhere:   | ÷ 5,000 |                  |
| <b>Apportionment Factor:</b> | 1.0000  | <b>x 1.0000</b>  |
| <b>Apportioned Revenue:</b>  |         | <b>25,314.00</b> |
| Tax rate:                    |         | x 0.00575        |
| <b>Total Tax Due:</b>        |         | <b>145.56</b>    |

**No payment for tax is due because the Total Tax Due is less than \$1,000.**

Mailing Address changed. A request to modify the mailing address on record will be submitted.

**Mailing Address**

Street Address: P.O. Box 26099  
 City: AUSTIN  
 State: TX  
 Zip Code: 78755 - 0099

Country: USA

| Public Information Report   |                    |               |                                  |
|---|--------------------|---------------|----------------------------------|
| Taxpayer  |                    |               |                                  |
| Taxpayer Name: THE GAMMA GAMMA BOULE FOUNDATION   |                    |               |                                  |
| Taxpayer Number: 32053154798  |                    |               |                                  |
| SOS File Number or Comptroller File Number: 0801931429  |                    |               |                                  |
| Mailing Address: P.O. Box 26099<br>AUSTIN, TX 78755-0099  |                    |               |                                  |
| Principal Office: 10000 Cormorant Cove  |                    |               |                                  |
| Principal Place Of Business: Austin, TX   |                    |               |                                  |
| Changes from previous year?: Yes  |                    |               |                                  |
| Officers, Directors, Managers   |                    |               |                                  |
| Name: Charles Gates   |                    |               |                                  |
| Title: President  | Director? Yes      |               | Term Expiration Date: 12/31/2017 |
| Mailing Address: 8108 Forest Mesa<br>Austin, TX 78759   |                    |               |                                  |
| Name: David Talbot  |                    |               |                                  |
| Title: Secretary  | Director? Yes      |               | Term Expiration Date: 12/31/2017 |
| Mailing Address: 2500 Mountain View Dr.<br>Austin, TX 78704   |                    |               |                                  |
| Name: Kenneth H. Harris   |                    |               |                                  |
| Title: Treasurer  | Director? Yes      |               | Term Expiration Date: 12/31/2017 |
| Mailing Address: 10000 Cormorant Cove<br>Austin, TX 78730   |                    |               |                                  |
| Name: Michael Gibson  |                    |               |                                  |
| Title: Member   | Director? Yes      |               | Term Expiration Date: 12/31/2016 |
| Mailing Address: 3700 Green Trails North<br>Austin, TX 78731  |                    |               |                                  |
| Name: Edmund T. Gordon  |                    |               |                                  |
| Title: Member   | Director? Yes      |               | Term Expiration Date: 12/31/2016 |
| Mailing Address: 6508 Bradley Drive<br>Austin, TX 78723   |                    |               |                                  |
| Owned Entity(s)   |                    |               |                                  |
| Owned Entity(s)   | State of Formation | TX SOS File # | Percentage of Ownership          |
| None entered.   |                    |               |                                  |
| Owners  |                    |               |                                  |
| Owned Entity(s)   | State of Formation | TX SOS File # | Percentage of Ownership          |
| None entered.   |                    |               |                                  |
| Registered Agent and Office   |                    |               |                                  |
| Agent: LEONARD W WOODS  |                    |               |                                  |
| Office: 100 CONGRESS AVENUE, SUITE 1100<br>AUSTIN, TX 78701-4042  |                    |               |                                  |
| Do you need forms to change the registered agent or registered office information? No   |                    |               |                                  |
| Declaration Statement   |                    |               |                                  |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the submission date, and that a copy of this information has been mailed to each person named in this section who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company. |                    |               |                                  |

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**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)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning** , 2014, and ending ,

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Gamma Gamma Boule Foundation   | <b>D</b> Employer identification number<br>45-5498528   |
|  | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>P.O. Box 26099                | <b>E</b> Telephone number<br>(512) 632-2210   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>Austin TX 78755                             | <b>F</b> Group Exemption Number . . . . . ▶   |
|  | <b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ |   |
| <b>I</b> Website: ▶ <a href="http://www.gammagammaboulefoundation.org">www.gammagammaboulefoundation.org</a>   |   | <b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| <b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   |   |
| <b>L</b> 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. . . . . ▶ \$ 25,563.   |   |   |

**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 . . . . .

|   |  | 1       | 25,552. |
|---|--|---------|---------|
| R<br>E<br>V<br>E<br>N<br>U<br>E   | 1 Contributions, gifts, grants, and similar amounts received . . . . .   | 1       | 25,552. |
|   | 2 Program service revenue including government fees and contracts . . . . .  | 2       |         |
|   | 3 Membership dues and assessments . . . . .  | 3       |         |
|   | 4 Investment income . . . . .  | 4       | 11.     |
|   | 5 a Gross amount from sale of assets other than inventory . . . . .  | 5 a     |         |
|   | b Less: cost or other basis and sales expenses . . . . .   | 5 b     |         |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | 5 c     |         |
|   | 6 Gaming and fundraising events  |         |         |
|   | a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6 a     |         |
|   | 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) . . . . . | 6 b     |         |
| c Less: direct expenses from gaming and fundraising events . . . . .  | 6 c  |         |         |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .  | 6 d  |         |         |
| 7 a Gross sales of inventory, less returns and allowances . . . . .   | 7 a  |         |         |
| b Less: cost of goods sold . . . . .  | 7 b  |         |         |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | 7 c  |         |         |
| 8 Other revenue (describe in Schedule O) . . . . .  | 8  |         |         |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   | 9  | 25,563. |         |
| 10 Grants and similar amounts paid (list in Schedule O) . . . . . See L-10 Stmt   | 10   | 11,000. |         |
| 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   | 800.    |         |
| 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14   | 232.    |         |
| 15 Printing, publications, postage, and shipping . . . . .  | 15   |         |         |
| 16 Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses  | 16   | 211.    |         |
| 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | 17   | 12,243. |         |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18   | 13,320. |         |
| 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   | 33,973. |         |
| 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   | 47,293. |         |

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

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 Scholarships and educational grants. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

Table with 3 columns: Description, Expense Code, Amount. Rows include 2014 Scholarships (11), Other program services, and Total program service expenses.

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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?
40c 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.
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42a The organization's books are in care of Ken Harris Telephone no. (512) 632-2210
Located at 10000 Cormorant Cove Austin TX ZIP+4 78730-3583
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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. Yes No  
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

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. Yes No  
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: \_\_\_\_\_ Date: 04/27/15  
 Charles Gates President  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: Ken Harris RRTP Preparer's signature: Ken Harris RRTP Date: 05/11/15  
 Firm's name: KHH Tax Accounting Service Check  if self-employed PTIN: P01471659  
 Firm's address: 10000 Cormorant Cove Austin TX 78730 Phone no.: (512) 632-2210

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

**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.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

Employer identification number

Gamma Gamma Boule Foundation

45-5498528

**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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 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 organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 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 1-9 above or IRC section (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2014

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

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33-1/3% support test - 2014; 16b 33-1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; 17b 10%-facts-and-circumstances test - 2013; 18 Private foundation.



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

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

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)  |          |          | 30,218.  | 11,268.  | 25,552.  | 67,038.   |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          | 30,218.  | 11,268.  | 25,552.  | 67,038.   |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          | 67,038.   |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          | 30,218.  | 11,268.  | 25,552.  | 67,038.   |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          | 10.      | 11.      | 21.       |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          | 10.      | 11.      | 21.       |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11 and 12.)   |          |          | 30,218.  | 11,278.  | 25,563.  | 67,059.   |

**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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17                        | <b>18</b> | % |

**19a 33-1/3% support tests – 2014.** 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 – 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents?
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?
3b 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)?
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?
4a Was any supported organization not organized in the United States ('foreign supported organization')?
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?
4c 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)?
5a Did the organization add, substitute, or remove any supported organizations during the tax year?
5b 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?
5c 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor?
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
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))?
9b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest?
9c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?
10b 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.)

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1 through 10b.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

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).

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
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

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.
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

Table with 3 columns: Question, Yes, No. Rows 2a, 2b, 3a, 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 November 20, 1970. 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                               | <b>Adjusted Net Income</b> (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 . . . . .   | 1 a            |                             |
| b                                | Average monthly cash balances . . . . .   | 1 b            |                             |
| c                                | Fair market value of other non-exempt-use assets . . . . .  | 1 c            |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c). . . . .  | 1 d            |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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).

BAA

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

| <b>Section D – Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| 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 <b>Part VI</b> ). See instructions . . . . .  |                     |
| 7                                | <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .   |                     |
| 8                                | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. . . . . |                     |
| 9                                | Distributable amount for 2014 from Section C, line 6 . . . . .   |                     |
| 10                               | Line 8 amount divided by Line 9 amount . . . . .   |                     |

| <b>Section E – Distribution Allocations (see instructions)</b> | <b>(i)<br/>Excess<br/>Distributions</b>  | <b>(ii)<br/>Underdistributions<br/>Pre-2014</b> | <b>(iii)<br/>Distributable<br/>Amount for 2014</b> |
|--|--|---|--|
| 1  | Distributable amount for 2014 from Section C, line 6 . . . . .   |   |  |
| 2  | Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions) . . . . .   |   |  |
| 3  | Excess distributions carryover, if any, to 2014:   |   |  |
| a  |  |   |  |
| b  |  |   |  |
| c  |  |   |  |
| d  |  |   |  |
| e  | From 2013 . . . . .  |   |  |
| f  | <b>Total</b> of lines 3a through e . . . . .   |   |  |
| g  | Applied to underdistributions of prior years . . . . .   |   |  |
| h  | Applied to 2014 distributable amount . . . . .   |   |  |
| i  | Carryover from 2009 not applied (see instructions) . . . . .   |   |  |
| j  | Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .   |   |  |
| 4  | Distributions for 2014 from Section D, line 7: \$  |   |  |
| a  | Applied to underdistributions of prior years . . . . .   |   |  |
| b  | Applied to 2014 distributable amount . . . . .   |   |  |
| c  | Remainder. Subtract lines 4a and 4b from 4 . . . . .   |   |  |
| 5  | Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) . . . . . |   |  |
| 6  | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .                        |   |  |
| 7  | <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c . . . . .   |   |  |
| 8  | Breakdown of line 7:   |   |  |
| a  |  |   |  |
| b  |  |   |  |
| c  |  |   |  |
| d  | Excess from 2013 . . . . .   |   |  |
| e  | Excess from 2014 . . . . .   |   |  |

BAA

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

Name of the organization

Gamma Gamma Boule Foundation

Employer identification number

45-5498528

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

|  |  |
|--|--|
| Name of organization<br>Gamma Gamma Boule Foundation | Employer identification number<br>45-5498528 |
|--|--|

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

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                     | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|---|-------------------------------|---|
| 1             | University of Texas DDCE<br>110 Inner Campus Drive<br>Austin TX 78712 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2             | The Boule' Foundation<br>50 Hurt Plaza Suite 750<br>Atlanta GA 30303  | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---           | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Gamma Gamma Boule Foundation

**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.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

45-5498528

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_

2014

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Department of the Treasury Internal Revenue Service

Name of exempt organization: Gamma Gamma Boule Foundation; Employer identification number: 45-5498528

Name and title of officer: Charles Gates, President

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 1 line in Part I.

Table with 5 rows for return types (Form 990, 990-EZ, 1120-POL, 990-PF, 8868) and their corresponding amounts (1b-5b). Line 2b is filled with 25,563.

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 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete.

Officer's PIN: check one box only. I authorize \_\_\_\_\_ to enter my PIN [ ] as my signature

on the organization's tax year 2014 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 2014 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 \_\_\_\_\_ Date 04/27/2015

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. 74705842502 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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 05/11/2015

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

|                      |             |
|----------------------|-------------|
| Office Supplies      | 61.         |
| Bank Service Charges | 150.        |
| <b>Total</b>         | <b>211.</b> |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Aaron Cartwright<br>7821 Chino Cortina Trail<br>Austin TX 78749                              |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Brice Dudley Jr.<br>1101 Pine Forest Cove<br>Round Rock TX 78665                             |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Dallas M. Taylor   |                        |              |
|                   | 2318 Raintree Path<br>Round Rock TX 78644  |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Darrion Williams   |                        |              |
|                   | 5308 Hanging Cliff Cove<br>Austin TX 78759   |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Derek A. Orji  |                        |              |
|                   | 400 Geyser Ave.<br>Pflugerville TX 78660   |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Frederick C. Roberts   |                        |              |
|                   | 1337 Royal Oaks Drive<br>Waco TX 76710   |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Jamal Sawyer   |                        |              |
|                   | 17205 Village Glen Road<br>Pflugerville TX 78660   |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Kingsley C. Ike  |                        |              |
|                   | 909 Balmoral Castle Ct.<br>Pflugerville TX 78660   |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Continued

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Nelson Lugala  |                        |              |
|                   | 4361 Wheeler St. QB-104<br>Houston TX 77004  |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Samuel Harrion   |                        |              |
|                   | 317 Hood St.<br>Waco TX 76704  |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |

Purpose of Payment . . . . . Scholarship

| Class of Activity | Grantee's Name and Address   | Grantee's Relationship | Amount Given |
|-------------------|--|------------------------|--------------|
| Scholarship       | Business . . . <input type="checkbox"/> Person . . . . . <input checked="" type="checkbox"/> | Community Scholar      | 1,000.       |
|                   | Wendell Echols-Olivarez  |                        |              |
|                   | 105 E. Yager Lane #103<br>Austin TX 78753  |                        |              |

If property other than cash was given, the following additional information needs to be provided:

Description of Property . . . . .  
 Date of Gift . . . . .

|            |                           |
|------------|---------------------------|
| Book Value | How Book Value Determined |
| FMV        | How FMV Determined        |