

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

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

**G** Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2008 calendar year, or tax year beginning \_\_\_\_\_, 2008, 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"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Please use IRS label or print or type. See Specific Instructions.<br><b>WACO CULTURAL ARTS FEST</b><br><b>4209 W WACO DRIVE</b><br><b>WACO, TX 76710</b> | <b>D</b> Employer identification number<br><b>05-0616886</b> | <b>E</b> Telephone number<br><b>254-772-7636</b> | <b>F</b> Group Exemption Number _____ <b>G</b> |
|--|---|--|--|--|

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

**I** Website: **G** <http://www.wacoartsfest.org/>

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

**J** Organization type (check only one) '  501(c) ( **3** ) **H** (insert no.) \_\_\_\_\_ 4947(a)(1) or \_\_\_\_\_ 527

**K** Check  **G** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **G**\$ 191,174.

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

|          |   |                 |             |
|----------|---|-----------------|-------------|
|          | 1 Contributions, gifts, grants, and similar amounts received  |                 | 188,187.    |
|          | 2 Program service revenue including government fees and contracts   |                 |             |
|          | 3 Membership dues and assessments   |                 |             |
|          | 4 Investment income   |                 |             |
| REVENUE  | 5a Gross amount from sale of assets other than inventory  | 5a 2,987.       |             |
|          | b Less: cost or other basis and sales expenses  | 5b 744.         |             |
|          | c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch)   | See Statement 1 | 5c 2,243.   |
|          | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> <b>G</b> |                 |             |
|          | a Gross revenue (not including \$ _____ of contributions reported on line 1)  | 6a              |             |
|          | b Less: direct expenses other than fundraising expenses   | 6b              |             |
|          | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)   |                 | 6c          |
|          | 7a Gross sales of inventory, less returns and allowances  | 7a              |             |
|          | b Less: cost of goods sold  | 7b              |             |
|          | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  |                 | 7c          |
|          | 8 Other revenue (describe <b>G</b> _____)   |                 | 8           |
|          | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | <b>G</b>        | 190,430.    |
| EXPENSES | 10 Grants and similar amounts paid (attach schedule)  |                 | 10          |
|          | 11 Benefits paid to or for members  |                 | 11          |
|          | 12 Salaries, other compensation, and employee benefits  |                 | 12          |
|          | 13 Professional fees and other payments to independent contractors  |                 | 13 2,500.   |
|          | 14 Occupancy, rent, utilities, and maintenance  |                 | 14          |
|          | 15 Printing, publications, postage, and shipping  |                 | 15          |
|          | 16 Other expenses (describe <b>G</b> See Statement 2 _____)   |                 | 16 149,136. |
|          | 17 Total expenses (add lines 10 through 16)   | <b>G</b>        | 151,636.    |
|          | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  |                 | 18 38,794.  |
| ASSETS   | 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 9,822.   |
|          | 20 Other changes in net assets or fund balances (attach explanation) See Statement 3  |                 | 20 293.     |
|          | 21 Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>G</b>        | 21 48,909.  |

**Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.**

(See the instructions for Part II.)

|  |  | (A) Beginning of year | (B) End of year |
|--|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  |  | 9,822.                | 22 46,909.      |
| 23 Land and buildings  |  |                       | 23              |
| 24 Other assets (describe <b>G</b> See Statement 4 _____)                      |  |                       | 24 7,000.       |
| 25 Total assets  |  | 9,822.                | 25 53,909.      |
| 26 Total liabilities (describe <b>G</b> See Statement 5 _____)                 |  | 0.                    | 26 5,000.       |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) |  | 9,822.                | 27 48,909.      |

| Part III Statement of Program Service Accomplishments (See the instructions.)  |  | Expenses   |          |
|--|--|--|----------|
| What is the organization's primary exempt purpose? <b>See Statement 6</b>  |  | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) |          |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. |  |  |          |
| 28   | CULTURAL ARTS FEST<br>-----<br>-----<br>-----<br>(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G            | 28a  | 56,697.  |
| 29   | CONTRACTS AWARDED TO ARTI STS<br>-----<br>-----<br>-----<br>(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G | 29a  | 90,640.  |
| 30   | -----<br>-----<br>-----<br>(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G                                  | 30a  |          |
| 31   | Other program services (attach schedule) .....<br>(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/> G           | 31a  |          |
| 32   | Total program service expenses (add lines 28a through 31a) ..... G   | 32   | 147,337. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.) |  |  |   |  |
|--|--|--|---|--|
| (a) Name and address   | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| DOREEN RAVENSCROFT<br>5208 HILLCREST DRIVE<br>WACO, TX 76710   | President<br>25.00                                       | 0.   | 0.  | 0.                                       |
| KATHERINE TURNER-PEARSON<br>345 RAINBOW DRIVE<br>WACO, TX 76712  | Vice President<br>2.00                                   | 0.   | 0.  | 0.                                       |
| MI CHAEL BETTERS WORTH<br>1304 SAN ANTONIO ST SUITE 106<br>AUSTIN, TX 78701  | Secretary<br>5.00  | 0.   | 0.  | 0.                                       |
| STEVE COOK Jr.<br>10128 POLO PARK CIRCLE<br>WACO, TX 76712   | Treasurer<br>10.00                                       | 0.   | 0.  | 0.                                       |
| KARIN GILLIAM<br>7025 POAGE<br>WACO, TX 76712  | Director<br>5.00   | 0.   | 0.  | 0.                                       |
| BEVERLY BALSHAW<br>598 WATER WELL ROAD<br>LORENA, TX 76655   | Director<br>3.00   | 0.   | 0.  | 0.                                       |
| KARA NEELY-GOBLE<br>10009 RAMBLEWOOD<br>WACO, TX 76712   | Director<br>3.00   | 0.   | 0.  | 0.                                       |
| GARY ALTHAUS<br>1225 CHI SWICK HIGH DRIVE<br>WACO, TX 76712  | Director<br>1.00   | 0.   | 0.  | 0.                                       |
| -----<br>-----<br>-----  |  |  |   |  |
| -----<br>-----<br>-----  |  |  |   |  |
| -----<br>-----<br>-----  |  |  |   |  |
| -----<br>-----<br>-----  |  |  |   |  |
| -----<br>-----<br>-----  |  |  |   |  |

**Part V Other Information (Note the statement requirement in General Instruction V.)**

|     |   | Yes | No |
|-----|---|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.   |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.   |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.  |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |     | X  |
| b   | If 'Yes,' has it filed a tax return on Form 990-T for this year?  |     |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>G</b> 37a 0.   |     |    |
| b   | Did the organization file Form 1120-POL for this year?  |     | X  |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                       |     | X  |
| b   | If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 38b N/A   |     |    |
| 39  | 501(c)(7) organizations. Enter:   |     |    |
| a   | Initiation fees and capital contributions included on line 9. 39a N/A   |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities. 39b N/A  |     |    |
| 40a | 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>G</b> 0.; section 4912 <b>G</b> 0.; section 4955 <b>G</b> 0.  |     |    |
| b   | 501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I. |     | X  |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <b>G</b> 0.   |     |    |
| d   | Enter amount of tax on line 40c reimbursed by the organization. <b>G</b> 0.   |     |    |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.   |     | X  |
| 41  | List the states with which a copy of this return is filed <b>G</b> None   |     |    |

42a The books are in care of **G** DOREEN RAVENSCROFT Telephone no. **G** 254-772-7636  
 Located at **G** 4209 W WACO DRIVE WACO TX ZIP + 4 **G** 76710

|   |  | Yes | No |
|---|--|-----|----|
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: <b>G</b> _____ |     | X  |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. |  |     |    |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: <b>G</b> _____   |     | X  |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here **G**  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. **G** 43 N/A

|    |  | Yes | No |
|----|--|-----|----|
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  |     | X  |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. |     | X  |

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 7

|  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If 'Yes,' was the related organization(s) a section 527 organization?  | <input type="checkbox"/> | <input type="checkbox"/>            |

50 Complete this table for the 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 address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None   |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
|  |  |                  |   |  |
| Total number of other employees paid over \$100,000.           | G  |                  |   |  |

51 Complete this table for the 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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other independent contractors receiving over \$100,000.      | G                   |                  |

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: **G** \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of officer  
**G** DOREEN RAVENSCROFT Executive Director  
 Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: **G** George Dethl efsen, CPA Date \_\_\_\_\_ Check if self-employed:  Preparer's Identifying Number (See instructions): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **G** George R. Dethl efsen, CPA  
**G** 1105 Wooded Acres, Suite 120 EIN: G N/A  
 Waco, TX 76710 Phone no. G (702) 360-4056

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No  
 BAA Form 990-EZ (2008)

Public Charity Status and Public Support

2008

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|  |   |
|--|---|
| Name of the organization<br><b>WACO CULTURAL ARTS FEST</b> | Employer identification number<br><b>05-0616886</b> |
|--|---|

**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: (Please check only one organization.)

- 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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). (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III ' Functionally integrated
  - d  Type III' Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|  | Yes        | No |
|--|------------|----|
| (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | 11 g (i)   |    |
| (ii) a family member of a person described in (i) above? .....   | 11 g (ii)  |    |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? .....  | 11 g (iii) |    |

h Provide the following information about the organizations the organization supports.

| (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 in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of Support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) G   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)   |          |          | 48,017.  | 69,967.  | 97,547.  | 215,531.  |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.   |          |          |          |          |          | 0.        |
| 3 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.        |
| 4 Total. Add lines 1-3.   | 0.       | 0.       | 48,017.  | 69,967.  | 97,547.  | 215,531.  |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).          |          |          |          |          |          | 30,876.   |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 184,655.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) G   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                             |
|---|----------|----------|----------|----------|----------|---------------------------------------|
| 7 Amounts from line 4.  | 0.       | 0.       | 48,017.  | 69,967.  | 97,547.  | 215,531.                              |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.   |          |          | 55.      | 58.      | 293.     | 406.                                  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.   |          |          |          |          |          | 0.                                    |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          | 0.                                    |
| 11 Total support. Add lines 7 through 10.   |          |          |          |          |          | 215,937.                              |
| 12 Gross receipts from related activities, etc. (see instructions).   |          |          |          |          | 12       | 0.                                    |
| 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. |          |          |          |          |          | G <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                            |   |
|---|----------------------------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).  | 14                         | % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.  | 15                         | % |
| 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.   | G <input type="checkbox"/> |   |
| b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  | G <input type="checkbox"/> |   |
| 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.    | G <input type="checkbox"/> |   |
| b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | G <input type="checkbox"/> |   |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.  | G <input type="checkbox"/> |   |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) G  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . . . .  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose . . . . .         |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .   |          |          |          |          |          |           |
| 6 Total. Add lines 1-5 . . . . .   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . . |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) G  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .  |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                           |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                 |          |          |          |          |          |           |
| 13 Total support. (add lns 9, 10c, 11, and 12.) . . . . .  |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). . . . . | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .                   | 16 | % |

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

|   |    |   |
|---|----|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). . . . . | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h. . . . .                      | 18 | % |

19a 33-1/3 support tests \* 2008. 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. G

b 33-1/3 support tests \* 2007. If the organization did not check a box on line 14 or 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. G

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

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.



Schedule of Contributors  
G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

2008

Name of the organization

WACO CULTURAL ARTS FEST

Employer identification number

05-0616886

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 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 (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. 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.) ..... G \$ \_\_\_\_\_

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 answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 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).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

WACO CULTURAL ARTS FEST

05-0616886

**Part I** Contributors (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                          | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|---------------|--|--------------------------------|--|
| 1             | Scott & White<br>2401 South 31st St.<br>Temple, TX 76508   | \$ 10,000.                     | 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.) |
| 2             | Central National Bank<br>PO Box 2525<br>Waco, TX 76702     | \$ 7,000.                      | 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.) |
| 3             | Waco Foundation<br>900 Austin Ave # 1000<br>Waco, TX 76701 | \$ 90,640.                     | 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.) |
| 4             | Nell & Jim Hawkins<br>5304 Hillcrest<br>Waco, TX 76710     | \$ 7,000.                      | 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.)            |

Name of organization

Employer identification number

WACO CULTURAL ARTS FEST

05-0616886

**Part II** Noncash Property (see instructions.)

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| _____                     | N/A  | \$   |                      |
| _____                     |  | \$   |                      |
| _____                     |  | \$   |                      |
| _____                     |  | \$   |                      |
| _____                     |  | \$   |                      |
| _____                     |  | \$   |                      |

Name of organization

Employer identification number

WACO CULTURAL ARTS FEST

05-0616886

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) ..... G \$ N/A

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        | N/A                    |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from Part I | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held |
|------------------------|------------------------|--------------------|--|
|                        |                        |                    |  |
|                        |                        |                    |  |
|                        |                        |                    |  |

| (e)<br>Transfer of gift                 |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

Statement 1  
 Form 990-EZ, Part I, Line 5c  
 Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 2,987.  
 Cost or Other Basis: 0.  
 Expenses of Sale: 744.

Total Gain (Loss) Publicly Traded Securities \$ 2,243.

Total Net Gain (Loss) From Noninventory Sales \$ 2,243.

Statement 2  
 Form 990-EZ, Part I, Line 16  
 Other Expenses

|                                 |       |                    |
|---------------------------------|-------|--------------------|
| CONTRACT AWARDS TO ARTISTS..... | \$    | 90,640.            |
| FESTIVAL EXPENSES.....          |       | 56,697.            |
| Insurance.....                  |       | 895.               |
| OTHER.....                      |       | 904.               |
|                                 | Total | <u>\$ 149,136.</u> |

Statement 3  
 Form 990-EZ, Part I, Line 20  
 Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments..... \$ 293.  
 Total \$ 293.

Statement 4  
 Form 990-EZ, Part II, Line 24  
 Other Assets

|                                    | <u>Beginning</u> | <u>Ending</u>    |
|------------------------------------|------------------|------------------|
| PIedges and Grants Receivable..... | \$ 0.            | \$ 7,000.        |
| Total                              | <u>\$ 0.</u>     | <u>\$ 7,000.</u> |

Statement 5  
 Form 990-EZ, Part II, Line 26  
 Total Liabilities

|       | <u>Beginning</u> | <u>Ending</u> |
|-------|------------------|---------------|
| Total | <u>\$ 0.</u>     | <u>\$ 0.</u>  |

9/10/09

05:06PM

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

To promote mult icul tural events for Waco and surrounding communi ties by  
celebrating di versi ty and fostering understanding of cul tural di fferences through  
the arts.

Statement 7  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, di rectly or  
indi rectly, to pay premi ums on a personal benefi t contract?..... No
- (b) Did the organi zati on, during the year, pay premi ums, di rectly or  
indi rectly, on a personal benefi t contract?..... No

Client WACOCULT

WACO CULTURAL ARTS FEST

05-0616886

9/10/09

05:06PM

Excess Contributions  
Schedule A, Part II, Line 5

| Name                  | 2004         | 2005         | 2006              | 2007              | 2008              | Total             | 2% Amt            | Excess            |
|-----------------------|--------------|--------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Nell & Jim Hawkins    | \$ 0.        | \$ 0.        | \$ 0.             | \$ 5,000.         | \$ 7,000.         | \$ 12,000.        | \$ 4,319.         | \$ 7,681.         |
| Central National Bank | 0.           | 0.           | 0.                | 0.                | 7,000.            | 7,000.            | 4,319.            | 2,681.            |
| Scott & White         | 0.           | 0.           | 0.                | 7,000.            | 10,000.           | 17,000.           | 4,319.            | 12,681.           |
| National Lloyds       | 0.           | 0.           | 10,000.           | 0.                | 0.                | 10,000.           | 4,319.            | 5,681.            |
| Waco Foundation       | 0.           | 0.           | 0.                | 6,471.            | 0.                | 6,471.            | 4,319.            | 2,152.            |
| Total                 | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 10,000.</u> | <u>\$ 18,471.</u> | <u>\$ 24,000.</u> | <u>\$ 52,471.</u> | <u>\$ 21,595.</u> | <u>\$ 30,876.</u> |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_

Department of the Treasury Internal Revenue Service

G Do not send to the IRS. Keep for your records. G See instructions.

2008

Name of exempt organization

Employer identification number

WACO CULTURAL ARTS FEST

05-0616886

Name and title of officer

DOREEN RAVENSCROFT

Executive Director

Part I Tax 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 from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing 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 (1a-5a) and 2 columns (G, b). Row 2b contains the value 190,430.

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 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize George R. Dethl efsen, CPA to enter my PIN 31353 as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 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 G \_\_\_\_\_ Date G \_\_\_\_\_

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 74592735085

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 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 G \_\_\_\_\_ Date G \_\_\_\_\_

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