

**City of Wimberley**

**City Council Meeting**

**Agenda Packet**

**October 6, 2016**

**6:00 p.m.**

**PART TWO OF TWO**

HOT COMMITTEE RECOMMENDATION

Proposal Name: Wimberley Valley Convention & Visitors Bureau Foundation

Date Evaluated: Sept 7, 2016

HOT COMMITTEE RECOMMENDS: NOT FUNDING

Proposal Summary:

a) Total Project Proposal Cost	\$18,600.00
b) HOT funds requested	\$13,020.00
c) Equity Required (30%) verifiable	Yes
d) Anticipated Overnight Lodging - (x\$130)	\$ not provided
e) Anticipated Community Impact	\$ not provided
f) Primary ROI (f/b)	not provided
g) Secondary ROI (g/b)	not provided

Committee Votes: Fund : 2 Don't Fund: 5

Committee Notes: The committee recommended not funding this proposal. The proposal is to offset operating costs for the Visitor Center, currently being operated by the Wimberley Valley Chamber of Commerce. While a Visitor Center is an expense that qualifies by the Texas law, it doesn't meet the ROI requirements of the City of Wimberley HOT Guidelines. No information was provided to document the impact that the Visitor Center has on overnight lodging.

Recommendation to Proposal Submitter: The committee feels that the Visitor's Center is not currently promoting overnight tourism in the area, but is offering information to visitors who are already in the area. The proposal needs to provide a plan for increasing overnight tourism to the Wimberley Valley, and targeting visitors during the specified times, 1st and 4th quarter and Sun-Thurs. The Visitor Center is encouraged to submit a plan including a path to a break even or profit status. We encourage the Visitor Center to work with other organizations within the City to promote overnight tourism.



P.O. Box 12  
Wimberley, Texas 78676  
(512) 847-2201  
info@wimberley.org  
www.wimberley.org

BOARD OF DIRECTORS

August 15, 2016

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Sherril Cline  
Chair

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Dear Wimberley HOT Committee Members, Mayor, City Council Members and City Manager,

The Wimberley Valley Chamber of Commerce and Convention and Visitors Bureau appreciates the opportunity to provide a revised request for HOT funding to support the Visitor Center and to present a new marketing program for the benefit of all tourism based businesses in Wimberley.

At the meeting held on August 9th the HOT Committee requested additional information and those items are included in this package:

1. Revised Line Item Budget for the Visitor Center
2. 2016 Budget
3. 2012, 2013 and 2014 Tax Returns
4. Proof of 30% Equity - see Annual Expenditures spreadsheet
5. Clarification on how HOT funding will be used - see page 5 of application

In addition and as discussed in the August 9th meeting, the Chamber/CVB has been working with a local marketing and advertising agency on a program for promoting Wimberley. Efforts will be focused on securing mid-week and off-season visitors. An overview of the multi faceted and far reaching marketing program is also included. Please note that we would welcome the opportunity to present the program in person to the HOT Committee and to the City Council.

The program will need oversight. We recommend a 5 member task force to work collaboratively to ensure the advertising and marketing company has the information they need from us all to create the marketing program desired and to ensure that our goals are met. This task force should include representatives from lodging, retail, dining and the chamber. With the creation of a strong, data based marketing program working to bring mid-week off season visitors, lodging businesses will be supported in Wimberley. The program should be funded 100% by HOT.

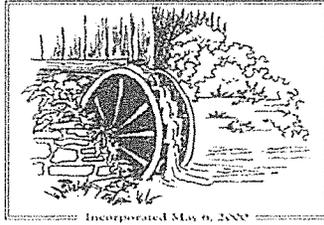
It has always been the intent of the chamber to support all businesses in Wimberley. Disagreements happen but we continue our commitment to making Wimberley a vibrant and prosperous community. This goal can only be accomplished with people working together and the chamber will join forces enthusiastically with local business owners and our city leaders. This is a chance for us all to come together and work towards a common goal - making Wimberley strong.

Thank you for your consideration.

Sincerely,

Sherril Cline  
Chair

The mission of the Wimberley Valley Chamber of Commerce is to promote community and economic prosperity while fostering strong alliances.



## Application for City of Wimberley HOT Funds

*Instructions: Type or print clearly. If not enough space is provided please attach additional pages.*

### Organization/Group/Facility Information

Organization/Group/Facility Name: Wimberley Convention and Visitors Bureau Foundation (Wimberley Valley Visitor Center)

Address: 14100 Ranch Road 12 (Mailing address: P.O. Box 12, Wimberley, Texas 78676)

City: Wimberley State: Texas Zip: 78676

Contact Name: Sherri Cline Contact Phone (310) 510-8410

Contact Email: sherriwcline@gmail.com

Website Address for Event or Organization: [www.wimberley.org](http://www.wimberley.org)

Non-Profit or For-Profit Status: Non-Profit 501(c)(3)

Federal Employer Identification Number (FEIN) (If available) 43-2024482

### **Purpose/Mission of Organization:**

The primary purpose of the organization is to improve the social and/or physical attributes of the Wimberley community, and to educate youth and citizens as to the attractions, history, and artistic talents inherent to the Wimberley Community. The function of the Wimberley Valley Visitor Center is to provide tourism information to area visitors. The visitor center represents the "front door" to our community and plays an important role in creating the first and lasting impression of our "little bit of heaven." The Visitor Center is an integral component of tourism in Wimberley.

**General Event/Program Information**

Name of event/program to be funded: \_\_\_\_\_

Primary location of event/program: \_\_\_\_\_

Date of event/program: \_\_\_\_\_ Expected attendance: \_\_\_\_\_

How many times have you held this event/program? \_\_\_\_\_

**Funding Request for a Permanent Facility**

**If the funding requested is for a permanent facility rather than a specific event (e.g. museum, visitor center, convention facility), please complete this section:**

Funding Request for the Wimberley Valley Visitor Center

According to the Texas Tax Code on Local Occupancy Taxes, Sec. 351.101 USE OF TAX REVENUE (a) the acquisition of sites for and construction, improvement, enlarging, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers, or both

The Purpose of the Wimberley Valley Visitor Center:

The Wimberley Valley Visitor Center provides tourism information to area visitors and has since 2003. The visitor center represents the "front door" to our community and plays an important role in creating the first and lasting impression of our "little bit of heaven".

The Wimberley Valley Visitor Center is operated and managed by the Wimberley Valley Chamber of Commerce. The visitor center is a 501(c)(3) nonprofit organization and a separate entity from the chamber with its own operating budget. The center is staffed 7 days a week by volunteers and management is provided by the chamber. The operating budget of the visitor center does not include management compensation. The visitor center is supported by fund raising events and community donations. Operating budget shortfalls are covered by the chamber.

The visitor center provides tourism information to visitors who are taking day trips or who have planned extended stays. While visitors pose a variety of questions to the volunteers, the most common questions fall in the following categories:

- o Lodging and accommodations
- o Restaurant and food
- o Retail shops and merchants
- o Things to do in the area
- o Available wedding venues, accommodations, catering
- o Specific types of businesses and services offered in the area
- o Non-profit organizations in the community



Identify the HOT category for which the event/program will benefit (refer to Page 1): \_\_\_\_\_

What is the primary purpose of the event/program for which this application applies? \_\_\_\_\_

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**Funding Request (See Attached: Annual Expenditures)**

Total Event/Program Budget: \$ 18,600

Total Amount Requested: \$ 13,020

Percentage of total event or program cost to be covered by the requested HOT funds: 70%

How will the funds be used?

- To meet the operational and maintenance expenses to maintain the Visitor Center

**Advertising and Promotional Activities**

Please indicate all the promotional efforts your organization is coordinating:

X Newspaper

X Radio

X TV

X Internet

X Social Media

X Email

Other

X Texas Magazines

X Rack Cards

X Materials to Other Visitor Centers

Will you submit press releases about the event/program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list the number of releases plus targeted media outlets. \_\_\_\_\_

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What geographic area does your advertising and promotion reach?

- Statewide

In the first and second quarters of 2016, we have sent promotional materials to the following zip codes:

**(See attached: CVB Postage)**

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**Projected Promotions and Tourism Benefits**

Over the last three times your event/program was held, how much HOT fund assistance did your organization receive and how many hotel rooms were occupied as a result?

Month/Year	Assistance Amount	Number of Occupied Rooms
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many people attending this event/program are expected to stay in Wimberley hotels? Out of the average of 433 groups per month who visit the Visitor Center, 6.5% of them need lodging.

How many nights will they stay? at least 1

What is the estimated Primary ROI for this event/program? Formula not defined

What is the estimated Secondary ROI for this event/program? Formula not defined

How will you measure the impact of this event on Wimberley hotel activity? 5196 groups visit per year. 6.5%, a minimum of 337 groups, stay overnight at least 1 night. The Visitor Center is open 7 days per week, 52 weeks per year to address lodging and other needs of visitors. HOT funding will be used to continue operations and maintenance of the Visitor Center as allowed by the Texas Statute on Hotel Occupancy Tax, Sec. 351.101.

Please list other organizations, government entities and grants that have offered financial support to your event/program. \_\_\_\_\_

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**REQUIRED Supplemental Information and Documentation**

Please attach the following to the application prior to submission:

- Proposed marketing plan for the event/program for which funds are being requested.
- Schedule of activities relating to the event/program.
- Current budget for the event/program.



Wimberley Convention and Business Bureau Foundation  
Annual Expenditures  
Fiscal Years Beginning  
October 1,

	Budgeted 2016	Projected 2015	2014	2013	2012	Average
<b>Capital Expenditures:</b>						
Land and Buildings		-	10,783	-	-	2,696
<b>Operating and Maintenance:</b>						
Salaries, other compensation, benefits		-	-	-	-	-
Professional fees	998	950	9,946	910	391	3,049
Occupancy, rent, utilities, maintenance	4,311	4,106	10,047	3,948	25,974	11,019
Printing, publications, postage and shipping	525	500	525	443	673	535
Other expenses*	13,597	13,044	9,669	18,869	11,048	13,158
<b>Subtotal</b>	<b>19,431</b>	<b>18,600</b>	<b>30,187</b>	<b>24,170</b>	<b>38,086</b>	<b>27,761</b>
Less: Donation Offset				(3,250)		
<b>TOTALS</b>	<b>19,431</b>	<b>18,600</b>	<b>40,970</b>	<b>20,920</b>	<b>38,086</b>	<b>27,761</b>

\* Other expenses include

Depreciation	1,977	1,977	1,977	883	-	
Wvaca		-	-	3,250	-	
Advertising	336	320	1,353	800	2,571	
Advertising - Website	669	637	480	-	-	
Hospitality	1,418	1,350	1,499	702	1,013	
Merchant account fees	646	615	519	480	1,096	
Sales tax	158	150	157	159	419	
Copier lease	1,624	1,547	1,497	1,874	3,394	
Insurance	1,987	1,892	1,280	1,117	1,180	
Office equipment	-	-	54	817	1,332	
Office supplies	1,213	1,155	853	1,379	43	
Repairs & maintenance	1,147	1,092	-	3,531	-	
Cleaning	2,424	2,309	-	1,466	-	
Telephone	-	-	-	2,411	-	
<b>Total</b>	<b>13,597</b>	<b>13,044</b>	<b>9,669</b>	<b>18,869</b>	<b>11,048</b>	

NOTES:

Source: IRS Form 990-EZ.

2016 Budget assumes an overall 5% increase in expenses,  
It is understood that budgeted amounts are estimates only and may vary significantly from actual results.

70 percent of projected 2015 expenses:  
 $18,600 \times .70 = 13,020$

30 percent of projected 2015 expenses:  
 $18,600 \times .30 = 5,580$

## CVB Postage

Date	Zip code	Cost
6/1/2016	10022	\$3.09
4/12/2016	10940	\$12.99
1/14/2016	18769	\$4.65
3/22/2016	20175	\$2.96
1/14/2016	21529	\$1.42
4/19/2016	21529	\$2.83
3/4/2016	21529	\$2.74
3/11/2016	32206	\$2.74
5/20/2016	39669	\$1.57
5/20/2016	48382	\$1.57
5/26/2016	49006	\$1.36
3/24/2016	53562	\$2.96
5/20/2016	56267	\$1.57
5/20/2016	59801	\$1.57
2/8/2016	60035	\$2.52
6/29/2016	61603	3.25
2/24/2016	66539	\$2.30
5/27/2016	67212	\$2.83
5/20/2016	68144	\$1.57
2/3/2016	73301	\$0.98
6/21/2016	75001	\$7.15
3/16/2016	75007	\$2.96
6/17/2016	75078	\$2.41
3/11/2016	75093	\$2.74
5/20/2016	75098	\$1.57
6/17/2016	75110	\$3.04
1/12/2016	75218	\$4.54
5/26/2016	75472	\$1.36
5/20/2016	76099	\$1.57
5/20/2016	76126	\$1.57
5/20/2016	76137	\$1.78
5/26/2016	76180	\$1.36
5/20/2016	76244	\$1.57
5/20/2016	76462	\$1.57
5/20/2016	76502	\$1.57
5/20/2016	76502	\$1.57
5/20/2016	76504	\$1.78
5/20/2016	76802	\$1.57
5/26/2016	77005	\$1.36
2/24/2016	77022	\$2.96
3/30/2016	77075	\$1.20
2/3/2016	77356	\$2.74
1/6/2016	77357	\$2.74
5/26/2016	77379	\$1.36
5/20/2016	77406	\$1.57
5/20/2016	77422	\$1.78
5/20/2016	77449	\$1.57
5/26/2016	77477	\$1.36

## CVB Postage

Date	Zip code	Cost
4/6/2016	77493	\$2.74
1/12/2016	77493	\$2.52
1/13/2016	77493	\$2.30
5/10/2016	77516	\$3.04
1/26/2016	77523	\$2.52
6/17/2016	77534	\$0.89
4/27/2016	77536	\$2.83
6/27/2016	77539	\$2.83
3/16/2016	77562	\$2.74
2/27/2016	77632	\$2.96
2/27/2016	77632	\$6.45
1/26/2016	77705	\$6.45
1/12/2016	77833	\$5.95
5/26/2016	77979	\$1.36
2/27/2016	78133	\$6.45
1/6/2016	78230	\$2.94
5/26/2016	78239	\$1.36
5/26/2016	78250	\$1.36
5/20/2016	78362	\$1.57
5/26/2016	78501	\$1.36
5/20/2016	78521	\$1.57
5/10/2016	78624	\$11.40
6/27/2016	78624	\$13.45
6/29/2016	78626	\$3.04
5/26/2016	78633	\$1.36
6/22/2016	78633	\$2.83
5/20/2016	78633	\$1.78
3/24/2016	78640	\$3.18
3/16/2016	78641	\$2.74
5/20/2016	78660	\$1.57
5/20/2016	78666	\$1.78
1/14/2016	78714	\$3.45
6/22/2016	78727	\$6.45
2/3/2016	78737	\$0.93
5/20/2016	78749	\$1.57
5/10/2016	78754	\$2.83
5/20/2016	78934	\$1.57
5/20/2016	79052	\$1.57
3/21/2016	79603	\$3.18
2/3/2016	80237	\$2.52
1/6/2016	80526	\$2.52
2/8/2016	80863	\$2.52
5/3/2016	84201	\$7.54
4/14/2016	85541	\$2.83
2/23/2016	92660	\$1.64
1/26/2016	03047	\$2.30
		<b>\$266.53</b>

Form **990-EZ**

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

OMB No 1545-1150

**2012**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning 10-01-2012, and ending 09-30-2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WIMBERLEY CONVENTION AND VISITORS BUREAU FOUNDATION	D Employer identification number 43-2024482
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 12	E Telephone number
	City or town, state or country, and ZIP + 4 WIMBERLEY, TX 78676	F Group Exemption Number

G Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

I Website: ▶ N/A

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

K Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ § 61,053

**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	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1	Contributions, gifts, grants, and similar amounts received		37,425																												
	2	Program service revenue including government fees and contracts		320																												
	3	Membership dues and assessments																														
	4	Investment income																														
	5a	Gross amount from sale of assets other than inventory																														
	b	Less cost or other basis and sales expenses																														
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6	Gaming and fundraising events																														
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	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)									15,165																					
c	Less direct expenses from gaming and fundraising events										7,427																					
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											7,738																				
7a	Gross sales of inventory, less returns and allowances												8,143																			
b	Less cost of goods sold												4,345																			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8	Other revenue (describe in Schedule O)																															
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
Expenses	10	Grants and similar amounts paid (list in Schedule O)																														
	11	Benefits paid to or for members																														
	12	Salaries, other compensation, and employee benefits																														
	13	Professional fees and other payments to independent contractors																														
	14	Occupancy, rent, utilities, and maintenance																														
	15	Printing, publications, postage, and shipping																														
	16	Other expenses (describe in Schedule O)																														
17	<b>Total expenses.</b> Add lines 10 through 16																															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																														
	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)																														
	20	Other changes in net assets or fund balances (explain in Schedule O)																														
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20																														

**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  **17**

	(A) Beginning of year		(B) End of year	
	1917	22	23	24
22 Cash, savings, and investments	1,917	13,112		
23 Land and buildings				
24 Other assets (describe in Schedule O)	1,600	1,600		
25 Total assets	3,517	14,712		
26 Total liabilities (describe in Schedule O)				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,517	14,712		

**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  **17**

What is the organization's primary exempt purpose?  
**THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO IMPROVE THE SOCIAL AND/OR PHYSICAL ATTRIBUTES OF THE WIMBERLEY COMMUNITY, AND TO EDUCATE YOUTH AND CITIZENS AS TO THE ATTRIBUTES OF THE WIMBERLEY COMMUNITY, AND ARTISTIC TALENTS INHERENT TO THE WIMBERLEY COMMUNITY**

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

**28 PROMOTION OF COMMUNITY ATTRACTIVE TO CITIZENS AND VISITORS THROUGH EVENTS, SALES OF MERCHANDISE, AND PRINTED MATERIALS**  
 (Grants \$ ) If this amount includes foreign grants, check here  **28a** 33,472

	(Grants \$ )	If this amount includes foreign grants, check here	29a
29			
30			
(Grants \$ )			
31 Other program services (describe in Schedule O)			
(Grants \$ )			
32 Total program service expenses (add lines 28a through 31a)			<b>32</b> 33,472

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

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

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

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? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
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? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
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 section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of SCOTT HACKETT Telephone no (512) 847-2201 Located at PO BOX 12 WIMBERLEY, TX ZIP +4 78676
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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? If "No," provide an explanation in Schedule O
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

**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 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes No

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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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) nonexempt charitable trusts must attach a completed Schedule A ▶

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 knowledge.

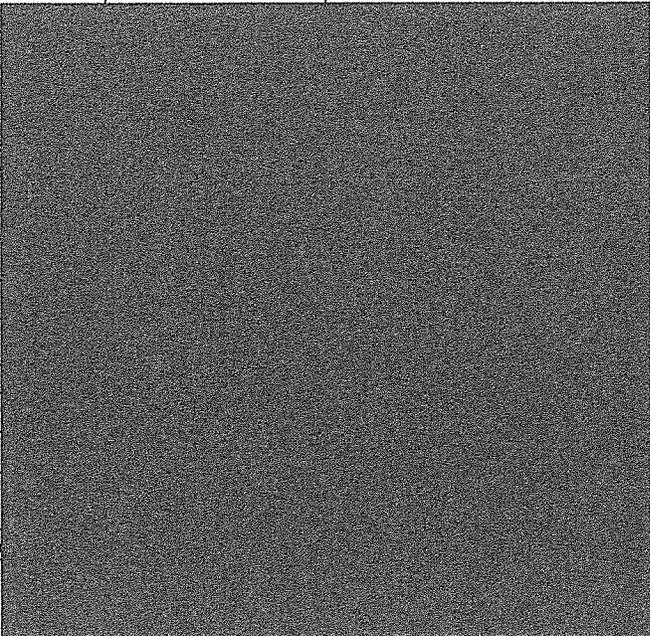
**Sign Here**

Signature of officer  
SCOTT HACKETT, TREASURER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature  
LYNDA T MORGAN  
Firm's name ▶ LYNDA T MORGAN PC  
Firm's address ▶ PO BOX 14  
WIMBERLEY, TX 786760014

May the IRS discuss this return with the preparer shown above? See instructions ▶



Additional Data

Software ID:  
 Software Version:  
 EIN: 43-2024482  
 Name: WIMBERLEY CONVENTION AND VISITORS  
 BUREAU FOUNDATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN KIMBREW CHAIRMAN - T	6 00	0		
BRENT PULLEY VICE CHAIR	2 00	0		
SCOTT HACKETT TREASURER	1 00	0		
LINDA WEBB SECRETARY	1 00	0		
LD HANSEN DIRECTOR	5 00	0		
SHERRI CLINE DIRECTOR	1 00	0		
BYRON ECKOLS DIRECTOR	1 00	0		
NORMA FUNDERBURK DIRECTOR	3 00	0		
MICHAEL HARTHCOCK DIRECTOR	1 00	0		
CARY PALUMBO DIRECTOR	1 00	0		
DAN MOORE DIRECTOR	2 00	0		
JOHN PALUMBO DIRECTOR	25 00	0		
CATHY MOREMAN DIRECTOR	25 00	0		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
WIMBERLEY CONVENTION AND VISITORS  
BUREAU FOUNDATION

Employer identification number  
43-2024482

**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 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 - Non-functionally integrated
- 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 it 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?  
 (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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part VII** **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.)

<b>Section A. Public Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

<b>Section B. Total Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. ▶						

<b>Section C. Computation of Public Support Percentage</b>						
<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))					<b>14</b>	
<b>15</b> Public support percentage for 2011 Schedule A, Part II, line 14					<b>15</b>	
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
<b>b 33 1/3% support test—2011.</b> 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						▶
<b>17a 10%-facts-and-circumstances test—2012.</b> 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						▶
<b>b 10%-facts-and-circumstances test—2011.</b> 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						▶
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,147	8,271	12,464	15,995	37,425	87,302
<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	1,819	678	7,267	5,115	15,485	30,364
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513					8,143	8,143
<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	14,966	8,949	19,731	21,110	61,053	125,809
<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)						125,809

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	14,966	8,949	19,731	21,110	61,053	125,809
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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						
<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 IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	14,966	8,949	19,731	21,110	61,053	125,809
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	100.000 %
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 %
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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** **Supplemental Information.** Complete this part to 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).

Facts And Circumstances Test	Explanation



**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>JULY JUBILEE</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	14,346		14,346
	2	Less Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	14,346		14,346
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .	599		599
	6	Rent/facility costs . . . . .	371		371
	7	Food and beverages . . . . .	1,367		1,367
	8	Entertainment . . . . .	670		670
	9	Other direct expenses . . . . .	4,175		4,175
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			(7,182)
11	Net income summary Combine line 3, column (d), and line 10 . . . . .			7,164	

**Part IIII Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	An outside facility	13b	<input type="checkbox"/> Yes <input type="checkbox"/> No

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name \_\_\_\_\_

Address \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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

**Supplemental Information to Form 990 or 990-EZ**

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization  
WIMBERLEY CONVENTION AND VISITORS  
BUREAU FOUNDATION

Employer identification number  
43-2024482

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	PHONE SYSTEM 1,600 TOTAL 1,600 1,600
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	THE PRIMARY PURPOSE OF THE ORGANIZATION IS TO IMPROVE THE SOCIAL AND/OR PHYSICAL ATTRIBUTES OF THE WIMBERLEY COMMUNITY, AND TO EDUCATE YOUTH AND CITIZENS AS TO THE ATTRIBUTES, HIS TORY, AND ARTISTIC TALENTS INHERENT TO THE WIMBERLEY COMMUNITY

**TY 2012 Compensation Explanation**

**Name:** WIMBERLEY CONVENTION AND VISITORS  
 BUREAU FOUNDATION  
**EIN:** 43-2024482

Person Name	Explanation
JOHN KIMBREW	
BRENT PULLEY	
SCOTT HACKETT	
LINDA WEBB	
LD HANSEN	
SHERRI CLINE	
BYRON ECKOLS	
NORMA FUNDERBURK	
MICHAEL HARTHCOCK	
CARY PALUMBO	
DAN MOORE	
JOHN PALUMBO	
CATHY MOREMAN	

Form **990-EZ**

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

OMB No 1545-1150

**2013**

Department of the Treasury  
 Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundation)  
 ▶ Do not enter Social Security numbers on this form as it may be made public. By law, the  
 IRS generally cannot redact the information on the form.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning 10-01-2013, and ending 09-30-2014

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Wimberley Convention and Visitors Bureau Foundation	<b>D</b> Employer identification number 43-2024482
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 12	<b>E</b> Telephone number (512) 847-2201
	City or town, state or province, country, and ZIP or foreign postal code Wimberley, TX 78676	<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ N/A

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 54,047

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	14,334
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	300
	<b>3</b> Membership dues and assessments	<b>3</b>	0
	<b>4</b> Investment income	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	0
<b>b</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)	<b>6b</b>	33,820	
<b>c</b> Less direct expenses from gaming and fundraising events	<b>6c</b>	12,818	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	21,002	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	5,593	
<b>b</b> Less cost of goods sold	<b>7b</b>	1,576	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	4,017	
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	39,653	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	910
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	3,948
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	443
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	18,869
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	24,170	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	15,483
	<b>19</b> 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)	<b>19</b>	14,712
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	-845
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	29,350

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

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

	(A) Beginning of year		(B) End of year	
	22	23	24	25
22 Cash, savings, and investments	13,112	22	16,915	
23 Land and buildings		23		
24 Other assets (describe in Schedule O)	1,600	24	12,435	
25 Total assets	14,712	25	29,350	
26 Total liabilities (describe in Schedule O)		26		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,712	27	29,350	

**Part IV 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?  
 The primary purpose of the organization is to improve the social and/or physical attributes of the Wimberley community, and to educate youth and citizens as to the attractions, history, and artistic talents inherent to the Wimberley community

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

	28 Promotion of community attractions to citizens and visitors through events, sales of merchandise, and printed materials (Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	Expenses	
			(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
29			28a	20,920
30			29a	
			30a	
31 Other program services (describe in Schedule O)			31a	
			32	20,920

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

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

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

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? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
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? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
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 section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of MICHAEL HARTHCOCK Telephone no (512) 847-2201 Located at PO Box 12 Wimberley, TX ZIP +4 78676
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)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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? If "No," provide an explanation in Schedule O
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)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

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

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

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	No
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	No
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	No
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) nonexempt charitable trusts must attach a completed Schedule A

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 the taxpayer) is based on preparer's knowledge.

**Sign Here**

Signature of officer: MICHAEL HARTHCOCK TREASURER

Type or print name and title: MICHAEL HARTHCOCK TREASURER

---

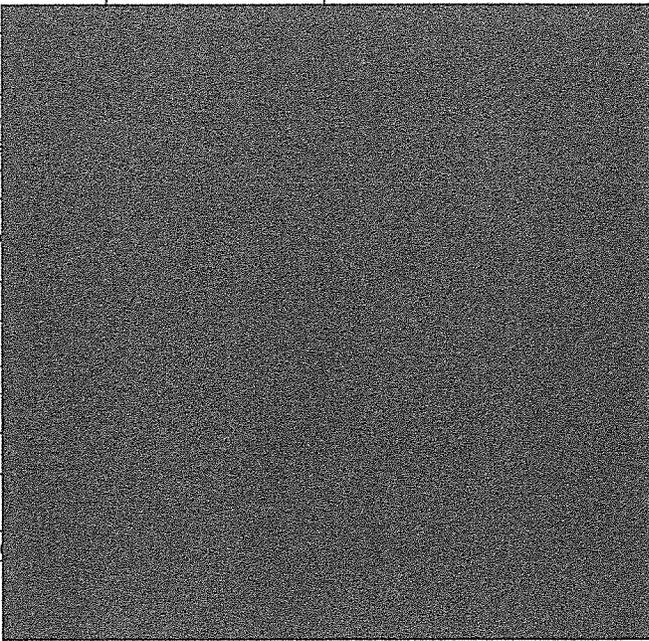
**Paid Preparer Use Only**

Print/Type preparer's name: MICHAEL J SCOTT

Firm's name: MICHAEL J SCOTT CPA

Firm's address: PO BOX 2945 WIMBERLEY, TX 78676

May the IRS discuss this return with the preparer shown above? See instructions



**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 43-2024482

**Name:** Wimberley Convention and Visitors Bureau Foundation

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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 & deferred compensation	(E) Expense account and other allowances
JOHN KIMBREW Chairman	6 00	0		
BRENT PULLEY Vice Chairman	2 00	0		
SCOTT HACKETT Treasurer	1 00	0		
LINDA WEBB Secretary	1 00	0		
LD HANSEN Director	5 00	0		
SHERRI CLINE Director	1 00	0		
BYRON ECKOLS Director	1 00	0		
JUDY ROACH Director	3 00	0		
MICHAEL HARTHCOCK Director	1 00	0		
CARY PALUMBO Director	1 00	0		
DAN MOORE Director	2 00	0		
JOHN PALUMBO Co-Director	30 00	0		
CATHRYN MOREMAN Co-Director	30 00	0		

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

**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.

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Name of the organization: **Wimberley Convention and Visitors Bureau Foundation**  
Employer identification number: **43-2024482**

**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 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 - Non-functionally integrated
- 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 it 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?  
 (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?  
 (ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<b>Section A. Public Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						0

<b>Section B. Total Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

<b>Section C. Computation of Public Support Percentage</b>		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	0 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>33 1/3% support test—2012.</b> 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 <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2013.</b> 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 <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2012.</b> 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 <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,271	12,464	15,995	37,425	14,334	88,489
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	678	7,267	5,115	15,485	34,120	62,665
3 Gross receipts from activities that are not an unrelated trade or business under section 513				8,143	5,593	13,736
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 <b>Total.</b> Add lines 1 through 5	8,949	19,731	21,110	61,053	54,047	164,890
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						164,890

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	8,949	19,731	21,110	61,053	54,047	164,890
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						164,890
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here.</b> <input type="checkbox"/>						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.000 %

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0 %

- 19a **33 1/3% support tests—2013.** 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—2012.** 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** **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).

Facts And Circumstances Test	
Return Reference	Explanation

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

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

OMB No 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

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

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

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

**Open to Public Inspection**

Name of the organization  
Wimberley Convention and Visitors Bureau Foundation

Employer identification number  
43-2024482

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part 1 Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		July 4th Parade (event type)	Golf Tournament (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . . .	8,359	23,409	31,768
	2	Less Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .	8,359	23,409	31,768
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .		5,884	5,884
	7	Food and beverages . . . . .		129	129
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .	1,071	10,562	11,633
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			(17,646)
11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			14,122	

**Part 2 Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name \_\_\_\_\_

Address \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 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).

**2013**

**Open to Public Inspection**

Name of the organization

Wimberley Convention and Visitors Bureau Foundation

[www.irs.gov/form990](http://www.irs.gov/form990)

Employer identification number

43-2024482

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990EZ, Part I, Line 16	
Form 990EZ, Part I, Line 20	DEPRECIATION ALLOWABLE IN PRIOR PERIODS -800 MISCELLANEOUS ADJUSTMENTS TO CASH AND OTHER LIABILITIES -45
Form 990EZ, Part II, Line 24	FURNITURE EQUIPMENT 1600 6348 LEASEHOLD IMPROVEMENTS 0 6087

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172

**2013**

Attachment  
 Sequence No 179

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return Wimberley Convention and Visitors Bureau Foundation	Business or activity to which this form relates Form 990 / Form 990EZ	Identifying number  43-2024482
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**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,600,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		6,221	7	HY	S/L	444
d 10-year property						
e 15-year property		6,297	15	HY	S/L	210
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions.)**

21 Listed property Enter amount from line 28	21	229
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	883
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use

Phone system	2010-09-30	100.000%	1,600	1,600	7.0		229
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27 Property used 50% or less in a qualified business use

					S/L -	
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28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 229

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2013 tax year (see instructions)

43 Amortization of costs that began before your 2013 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**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)

OMB No. 1545-1150

**2014**

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).

**Open to Public Inspection**

**A** For the 2014 calendar year, or tax year beginning Oct 1, 2014, and ending Sep 30, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>Wimberley Convention and Visitors Bureau Foundation</u>	<b>D</b> Employer identification number <u>43-2024482</u>	
	Number and street (or P.O. box, if mail is not delivered to street address) <u>PO Box 12</u>	Room/suite <u></u>	<b>E</b> Telephone number <u>(512) 847-2201</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Wimberley TX 78676</u>		<b>F</b> Group Exemption Number <u></u>

**G** Accounting Method:  Cash  Accrual  Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ N/A

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 45,083.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	10,387.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	300.
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5 a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). . . . .	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6 a</b>	
<b>b</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) . . . . .	<b>6 b</b>	30,884.	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6 c</b>	9,429.	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6 d</b>	21,455.	
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7 a</b>	3,512.	
<b>b</b> Less: cost of goods sold . . . . .	<b>7 b</b>	883.	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7 c</b>	2,629.	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	34,771.	
EXPENSES	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	9,946.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	10,047.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	525.
	<b>16</b> Other expenses (describe in Schedule O) . . . . . See Form 990-EZ, Part I, Line 16 Other Expenses	<b>16</b>	9,669.
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	30,187.	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9). . . . .	<b>18</b>	4,584.	
NET ASSETS	<b>19</b> 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) . . . . .	<b>19</b>	29,350.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	33,934.

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**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2014)

**Part II Balance Sheets** (see the instructions for Part II)    
 Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,915.	12,285.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt.</u>	12,435.	21,654.
25 Total assets	29,350.	33,939.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt.</u>	0.	5.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,350.	33,934.

**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? <u>See Organization's Primary Exempt Purpose</u>		Expenses	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28	<u>The Wimberley Convention and Visitor Bureau welcomed and provided assistance to 17,669 Wimberley Valley visitors from October 2014 through September 2015.</u> (Grants \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	30,187.
29	<u>Helped to secure a "Cultural District" designation for the Wimberley Valley from Texas Commission on the Arts - September 2015</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	<u>Working with the International Dark Sky Association to obtain a Dark Sky Community designation to promote "astro-tourism" in the Wimberley Valley.</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	30,187.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)    
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>John Kimbrow</u> Chairman	6.00	0.	0.	0.
<u>Dan Moore</u> Vice Chairman	2.00	0.	0.	0.
<u>Michael Harthcock</u> Treasurer	1.00	0.	0.	0.
<u>Linda Webb</u> Secretary	1.00	0.	0.	0.
<u>ID Hansen</u> Director	5.00	0.	0.	0.
<u>Sherri Cline</u> Director	1.00	0.	0.	0.
<u>Byron Eckols</u> Director	1.00	0.	0.	0.
<u>Judy Roach</u> Director	3.00	0.	0.	0.
<u>Michael Scott</u> Director	1.00	0.	0.	0.
<u>Rob Pitzer</u> Director	1.00	0.	0.	0.
<u>Linda Germain</u> Director	1.00	0.	0.	0.
<u>John Palumbo</u> Co-Director	32.00	0.	0.	0.
<u>Cathryn Moreman</u> Co-Director	32.00	0.	0.	0.
<u>See List of Officers, Directors, Trustees, &amp; Key Employees Stmt</u>				

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O . . . . .		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O . . . . .		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III . . . . .		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N . . . . .		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . .		
b Did the organization file Form 1120-POL for this year? . . . . .		X
38 a 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? . . . . .		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . . . . .		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .		
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I . . . . .		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . .		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T . . . . .		X
41 List the states with which a copy of this return is filed ▶ _____		

42 a The organization's books are in care of ▶ Michael Harthcock Telephone no. ▶ (512) 847-2201  
 Located at ▶ PO Box 12 Wimberley TX ZIP + 4 ▶ 78676

	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)? . . . . .		X
If 'Yes,' enter the name of the foreign country: ▶ _____		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		X
If 'Yes,' enter the name of the foreign country: ▶ _____		

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

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

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

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49 a	X
b If 'Yes,' was the related organization a section 527 organization? . . . . .	49 b	

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: Michael Harthcock Date: 07/15/16  
 Type or print name and title: Michael Harthcock Treasurer

**Paid Preparer Use Only**  
 Print/preparer's name: Michael J Scott Date: 07/16/16 Check  if self-employed PTIN: P00441796  
 Firm's name: MICHAEL J. SCOTT, CPA  
 Firm's address: PO BOX 2945 Firm's EIN: 26-1649760  
WIMBERLEY TX 78676 Phone no.:

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 Wimberley Convention and Visitors Bureau Foundation	Employer identification number 43-2024482
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**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)(vii). (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**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33-1/3% support test – 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
16b <b>33-1/3% support test – 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17b <b>10%-facts-and-circumstances test – 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <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 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
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	12,464.	15,995.	37,425.	14,334.	6,995.	87,213.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,267.	5,115.	15,485.	34,120.	28,075.	90,062.
3 Gross receipts from activities that are not an unrelated trade or business under section 513			8,143.	5,593.	3,512.	17,248.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	19,731.	21,110.	61,053.	54,047.	38,582.	194,523.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						194,523.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	19,731.	21,110.	61,053.	54,047.	38,582.	194,523.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11 and 12.)	19,731.	21,110.	61,053.	54,047.	38,582.	194,523.
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. ▶ <input type="checkbox"/>						

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

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2013 Schedule A, Part III, line 15.	16	100.00 %

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

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.00 %
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ <input type="checkbox"/>		

**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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain . . . . .	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) . . . . .	2	
3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below . . . . .	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination . . . . .	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use . . . . .	3c	
4 a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below . . . . .	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations . . . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes . . . . .	4c	
5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) . . . . .	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? . . . . .	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control? . . . . .	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If 'Yes,' provide detail in Part VI . . . . .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990) . . . . .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990). . . . .	8	
9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . . . . .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI . . . . .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . . . . .	9c	
10 a 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)? If 'Yes,' answer (b) below . . . . .	10a	
b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) . . . . .	10b	

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? . . . . .	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) . . . . .	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard . . . . .	3	

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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 . . . . .

	Yes	No
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	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets . . . . .	2	
3	Subtract line 2 from line 1d . . . . .	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) . . . . .	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3) . . . . .	5	
6	Multiply line 5 by .035. . . . .	6	
7	Recoveries of prior-year distributions . . . . .	7	
8	<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).

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**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 Part VI). See instructions . . . . .	
<b>7 Total annual distributions. Add lines 1 through 6 . . . . .</b>	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable 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) . . . . .			
<b>7 Excess distributions carryover to 2015. Add lines 3j and 4c . . . . .</b>			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			

BAA

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**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).

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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: Wimberley Convention and Visitors Bureau Foundation Employer identification number: 43-2024482

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

Employer identification number

Wimberley Convention and Visitors Bureau Foundation

43-2024482

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	City of Woodcreek 41 Champions Circle Wimberley TX 78676	\$ 6,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 July 4th Parade (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events TOURISM PROJECT (total number)	(d) Total events (add column (a) through column (c))	
REVENUE	1	Gross receipts . . . . .	6,169.	17,469.	6,500.	30,138.
	2	Less: Contributions . . . . .				
	3	Gross income (line 1 minus line 2). . . . .	6,169.	17,469.	6,500.	30,138.
DIRECT EXPENSES	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .				
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	1,102.	8,240.	0.	9,342.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				9,342.
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . .				20,796.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No  
 b If 'No,' explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No  
 b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . .	13 a	%
b An outside facility . . . . .	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  Yes  No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

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

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

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Wimberley Convention and Visitors Bureau Foundation

43-2024482

**Depreciation and Amortization**  
(Including Information on Listed Property)

**2014**

Department of the Treasury  
Internal Revenue Service

(99)

Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. **179**

Name(s) shown on return

Wimberley Convention and Visitors Bureau Foundation

Identifying number

43-2024482

Form 990 / Form 990EZ

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	1,308.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B — Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		8,783.	7.0 yrs	MQ	S/L	324.
d 10-year property						
e 15-year property		2,000.	15.0 yrs	MQ	S/L	117.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C — Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	228.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	1,977.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? . . . . .  Yes  No 24b If 'Yes,' is the evidence written? . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25	
26 Property used more than 50% in a qualified business use:								
Phone system	09/30/10	100.00	1,600.	1,600.	7.00	SL-HY	228.	
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							28	228.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
43 Amortization of costs that began before your 2014 tax year . . . . .					43
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning Oct 1, 2014, and ending Sep 30, 2015.

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

Wimberley Convention and Visitors Bureau Foundation  
Name and title of officer

43-2024482

Michael Harthcock Treasurer

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1 a Form 990 check here . . . ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1 b	_____
2 a Form 990-EZ check here . . . ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2 b	<u>34,771.</u>
3 a Form 1120-POL check here . . . ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3 b	_____
4 a Form 990-PF check here . . . ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4 b	_____
5 a Form 8868 check here . . . ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5 b	_____

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

Officer's PIN: check one box only

I authorize Michael J Scott to enter my PIN 24482 as my signature  
ERO firm name 24482  
Enter five numbers, but do not enter all zeros

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.

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 ▶ 07/15/2016

**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 . . . . . 70276726261  
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 ▶ 07/16/2016

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2014)

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)

Advertising	1,353.
Hospitality	1,499.
Merchant Account Fees	519.
Copier Lease	1,497.
Insurance	1,280.
Office Equipment	54.
Office Supplies	853.
Sales Tax	157.
Depreciation	1,977.
Advertising Website	480.
<b>Total</b>	<b>9,669.</b>

Form 990-EZ, Part III, Statement of Program Service Accomplishments  
**Organization's Primary Exempt Purpose**

The primary purpose of the organization is to improve the social and/or physical attributes of the Wimberley community, and to educate youth and citizens as to the attractions, history and artisitic talents inherent to the Wimberley community.

Form 990-EZ, Page 2, Part IV  
**List of Officers, Directors, Trustees, & Key Employees Stmt**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Barbara Rosen</u> Title . Director	1.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> <u>Jerri Roberts</u> Title . Director	1.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
Furniture Equipment	6,348.	13,691.
Leasehold Improvements	6,087.	7,550.
Other Assets	0.	413.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Page 1, Part II, Line 24

Continued

Line 24 - Other Assets:	Beginning of Year	End of Year
Total	<u>12,435.</u>	<u>21,654.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable	0.	5.
Total	<u>0.</u>	<u>5.</u>

**Supporting Statement of:**

Form 990-EZ/Line 1

Description	Amount
Donation Income	6,995.
Donations - Other	3,391.
Rounding	1.
<b>Total</b>	<b><u>10,387.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 2

Description	Amount
Meeting Room Rental	300.
<b>Total</b>	<b><u>300.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 6b

Description	Amount
4th of July Parade	6,169.
Golf Tournament	17,469.
Movie Fundraiser	746.
Tourism Project 1	6,500.
<b>Total</b>	<b><u>30,884.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 6c

Description	Amount
4th of July	1,102.
Golf Tournament	8,240.
Movie	87.
<b>Total</b>	<b><u>9,429.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 14

Description	Amount
Electric	3,000.
Telephone	2,195.
Trash	832.
Water	598.
Cleaning	2,064.
Repairs and Maintenance	1,358.
<b>Total</b>	<b><u>10,047.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 15

Description	Amount
Postage	525.
<b>Total</b>	<b><u>525.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 28, Expenses

Description	Amount
Total Expenses	30,187.
<b>Total</b>	<b><u>30,187.</u></b>

**Supporting Statement of:**

Sch. A, page 3/Gifts, Grants, Fees Amt.-5

Description	Amount
Donation Income	6,995.
<b>Total</b>	<b><u>6,995.</u></b>

**Supporting Statement of:**

Sch. A, page 3/Gross Receipts-5

Description	Amount
4th of July	6,859.
Golf Tournament	17,469.
Movie Event	746.
Oil Painting Raffle	2,376.
Pink Yeti Raffle	325.
Meeting Room Rental	300.
<b>Total</b>	<b><u>28,075.</u></b>

**Supporting Statement of:**

Sch. A, page 3/Unrelated Gross Receipts-5

Description	Amount
Merchandise Sales	3,512.
<b>Total</b>	<b><u>3,512.</u></b>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 Beginning of Year-1

Description	Amount
Furniture & Equipment	7,821.
Accumulated Depreciation	-1,473.
<b>Total</b>	<b><u>6,348.</u></b>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 End of Year-1

Description	Amount
Furniture and Equipment	16,604.
Prior Accumulated Depreciation	-1,473.
Current Accumulated Depreciation	-1,440.
<b>Total</b>	<b><u>13,691.</u></b>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 Beginning of Year-2

Description	Amount
Leasehold Improvements	6,297.
Accumulated Depreciation	-210.
Total	<u>6,087.</u>

**Supporting Statement of:**

Other Assets &amp; Liabilities: Form 990-EZ/Line 24 End of Year-2

Description	Amount
Leasehold Improvements	8,297.
Prior Accumulated Depreciation	-210.
Current Accumulated Depreciation	-537.
Total	<u>7,550.</u>

PETITION TO WIMBERLEY CITY COUNCIL

FROM WIMBERLEY VALLEY VISITOR CENTER VOLUNTEERS

We, the volunteers of the Wimberley Valley Visitor Center respectfully request that the Wimberley City Council vote to approve funding for our Visitor Center with Hotel Occupancy Tax funds. The Visitor Center provides a valuable service to everyone who enters. Via telephone and in person we direct visitors to lodging, dining, shopping and recreation opportunities 362 days per year, 7 days per week. We ask that you support the place that supports our city!

#	NAME (PRINT)	SIGNATURE	ADDRESS	PHONE	DATE SIGNED
1	Maile Kline	MARITHA KLINE	101 MESA DRIVE	512-849-8774	9-16-16
2	BARBARA BLAIR	Barbara Blair	429 LEVERTTS LOOP	832-646-0676	9-16-16
3	DEBORAH SCOTT	Alvina Scott	900 FREEDOM	210-912-3643	9-16-16
4	Tonda Frody	Tonda Prody	P.O. BOX 1992	(512) 486-5335	9-17-16
5	Jennifer Armstrong	Jennifer Armstrong	2020 JACOBS WAY	572-757-9999	9-17-16
6	Bobby Barry	Bobby Barry	P.O. 1992	512-847-7173	9-17-16
7	Paula Conley	Paula Conley	301 WEST VIEW DR	512-847-6150	9-18-16
8	John Meyer	John Meyer	2121 Hilltop Dr	512-847-6425	9-18-16
9	Judy Rorch	Judy Rorch	3 Brookhollow	512-847-2098	9-18-16
10	Joy Savage	Joy Savage	6301 Pangloss Rd	409-599-0145	9-19-16
11	Cather Wells	Cather Wells	16 Saw Stone	512-695-1362	9-19-16

PETITION TO WIMBERLEY CITY COUNCIL

FROM WIMBERLEY VALLEY VISITOR CENTER VOLUNTEERS

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#	NAME (PRINT)	SIGNATURE	ADDRESS	PHONE	DATE SIGNED
12	Verka Ray-Brewer	<i>Verka Ray-Brewer</i>	211 Oak Valley Dr. 78676	713-252-3921	9/19/16
13	Jo Ann GASTINE	<i>Jo Ann G. Gastine</i>	520 South river	572-847-1901	9/19/16
14	Jean Harrison	<i>Jean Harrison</i>	560 Skyline Ridge Ln #14	512-832-7924	9/20/16
15	Mary Fulkerson	<i>Mary Fulkerson</i>	P.O. Box 1912 78676	512-847-5472	9/20/16
16	Carole Feller	<i>Carole Feller</i>	16 Spruce wood Dr. 78676	314-808-7561	9/21/16
17	Mary Metzbrink	<i>Mary Metzbrink</i>	700 Skyline Ridge lookout	512-468-9222	9-21-16
18	FATTI J. MORGAN	<i>Fatti Morgan</i>	209 FREDERICK DR 78676	512/847-6990	9/21/16
19	Shelle Jones	<i>Shelle Jones</i>	7 PALM FINTO FAH	832-798-7739	9/22/16
20	MARSHA COOPER	<i>Marsha Cooper</i>	180 CARRERS TRAIL, FISCHER	830-708-1278	9-22-16
21	Brenda Morrow	<i>Brenda Morrow</i>	300 Buttercup lane	512-847-2043	9/22/16
22	Kathie Carlson	<i>Kathie Carlson</i>	45 Pebble Brook Ln	512-847-7992	9/22/16

PETITION TO WIMBERLEY CITY COUNCIL

FROM WIMBERLEY VALLEY VISITOR CENTER VOLUNTEERS

We, the volunteers of the Wimberley Valley Visitor Center respectfully request that the Wimberley City Council vote to approve funding for our Visitor Center with Hotel Occupancy Tax funds. The Visitor Center provides a valuable service to everyone who enters. Via telephone and in person we direct visitors to lodging, dining, shopping and recreation opportunities 362 days per year, 7 days per week. We ask that you support the place that supports our city!

#	NAME (Print)	SIGNATURE	ADDRESS	PHONE	DATE SIGNED
23	Sue Ellen Colley	<i>Sue ELL Colley</i>	785 Caliche Rd.	512-753-9443	9-22-16
24	Doreen M. Bohrer	<i>Doreen M Bohrer</i>	587 Wimberley Ranch Drive	512/847-8758	9-22-16
25	Ava MARRONIERE	<i>Ava M. Marriere</i>	4250 Mail Route Rd	512 560 7072	9-23-16
26	Sara Kimbrow	<i>Sara Kimbrow</i>	110 Cave Springs Dr	512-847-0125	9-23-16
27	Stephanie DUCKIN	<i>Stephanie Duckin</i>	51 Sprucewood Dr	281-7995-0700	9/23/16
28	Ryann DUKIN - Jimmy	<i>Ryann Duckin</i>	9 BRUCEWOOD DR	512-393-9429	9/23/16
29	Cindy Powell	<i>Cindy Powell</i>	603 Outlook Dr	512-557-0981	9/23/16
30	Melinda Everett	<i>Melinda Everett</i>	300 Lone Star Mtn Rd	512-695-5963	9/26/16
31	Stephanie MILLER	<i>Stephanie Miller</i>	116 Roughton Pass, Spicewood 78666	512-667-6415	9/26/16
32	William L. NOLDS	<i>William L. Nolds</i>	250 BRUNSON LN NE 78676	512-847-7357	9/26/16
33	SUSAN NOLDS	<i>Susan E. Nolds</i>	250 BRUNSON LANE 78676	512-847-7357	9/26/16

PETITION TO WIMBERLEY CITY COUNCIL

FROM WIMBERLEY VALLEY VISITOR CENTER VOLUNTEERS

We, the volunteers of the Wimberley Valley Visitor Center respectfully request that the Wimberley City Council vote to approve funding for our Visitor Center with Hotel Occupancy Tax funds. The Visitor Center provides a valuable service to everyone who enters. Via telephone and in person we direct visitors to lodging, dining, shopping and recreation opportunities 362 days per year, 7 days per week. We ask that you support the place that supports our city!

#	NAME	SIGNATURE	ADDRESS	PHONE	DATE SIGNED
34	KEENA BOWSER	<i>Keena Bowser</i>	3020 ELITE DR	281-802-1932	9/27/16
35	Maile Lonely	<i>Maile Lonely</i>	211 Cave Springs Drive	754-234-8122	9-28-16
36	Cheryl Ford's	<i>Cheryl Ford</i>	900 Cascade Trail	512-667-4332	9/28/16
37	Sharon Reece	<i>Sharon Reece</i>	31 Deer Ridge	512-722-3316	9/28/16
38	Play E Evans	<i>Play E Evans</i>	300 Archer Oaks	512/922-5445	9/28/16
39					
40					
41					
42					
43					
44					

HOT COMMITTEE RECOMMENDATION

Proposal Name: EmilyAnne Theatre & Gardens

Date Evaluated: Sept 7, 2016

HOT COMMITTEE RECOMMENDS: NOT FUNDING

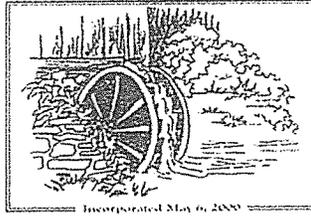
Proposal Summary:

a) Total Project Proposal Cost	\$16,315.00
b) HOT funds requested	\$3,000.00
c) Equity Required (30%) verifiable	Yes
d) Anticipated Overnight Lodging - (x\$130)	\$54,600.00
e) Anticipated Community Impact	\$21,000.00
f) Primary ROI (f/b)	18:1
g) Secondary ROI (g/b)	7:1

Committee Votes: Fund : 3 Don't Fund: 4

Committee Notes: The committee recommended not funding this plan. Although it showed an increase in total nights stay, it didn't show an increase in stays of two nights or more. It is also a long standing event and the committee would like to focus on new events.

Recommendation to Proposal Submitter: The committee feels that the EmilyAnne Trail of Lights is a long standing asset to Wimberley. We'd like to see the EmilyAnne Trail of Lights track their visitors accommodations this season and bring a proposal to show how they can increase the overnight accommodations for the following season.



## Application for City of Wimberley HOT Funds

*Instructions: Type or print clearly. If not enough space is provided please attach additional pages.*

### Organization/Group/Facility Information

Organization/Group/Facility Name: The EmilyAnn Theatre & Gardens

Address: Mailing: P.O. Box 801 Physical: 1101 FM 2325

City: Wimberley State: TX Zip: 78676

Contact Name: Ann Rolling or Laura Tanner Contact Phone: 512-847-6969

Contact Email: ann@emilyann.org or ltanner@emilyann.org

Website Address for Event or Organization: www.emilyann.org

Non-Profit or For-Profit Status: 501c3

Federal Employer Identification Number (FEIN) (If available) 74-2862924

Purpose/Mission of Organization: The EmilyAnn's mission is to reinvest in the dignity of the human spirit through the performing arts, the beauty of nature, and community fellowship.

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*Revd.  
7/30/16*

General Event/Program Information

Name of event/program to be funded: 19th Annual Trail of Lights

Primary location of event/program: The EmilyAnn Theatre & Gardens

Date of event/program: Nov. 26 - Dec. 29, 2016 Expected attendance: 28,000

How many times have you held this event/program? This will be the 19th year for Trail of Lights.

If the funding requested is for a permanent facility rather than a specific event (e.g. museum, visitor center, convention facility), please complete this section:

Anticipated number of visitors/attendance monthly/annually: \_\_\_\_\_

Number of those visitors/attendance who are staying in Wimberley lodging: based on past surveys we estimate that 12-15% of Trail of Lights visitors are from outside the Central TX area.

For each of the last three times the event/program has been held, list the year held, the number of attendees and the method of determining attendance (crowd estimates, ticket sales, sign-in sheet, etc.)

Year Held	Number of Attendees	Methodology
<u>2016</u>	<u>27,021</u>	<u>volunteer counters</u>
<u>2015</u>	<u>25,242</u>	<u>volunteer counters</u>
<u>2014</u>	<u>18,833</u>	<u>volunteer counters</u>

Identify the HOT category for which the event/program will benefit (refer to Page 1): 3 & 4

What is the primary purpose of the event/program for which this application applies? The Trail of Lights

provides affordable entertainment for families (admission is free; donations are encouraged) and offers an opportunity for businesses and organizations in Wimberley to showcase themselves to the large number of visitors that attend each year. For the EmilyAnn, the Trail of Lights is an entry point to our other programming. People often visit Trail of Lights and then return for a show or to the Butterfly Festival.

Funding Request

Total Event/Program Budget: \$ 16,315 Total Amount Requested: \$ 3000

Percentage of total event or program cost to be covered by the requested HOT funds: 18 %

How will the funds be used? Any HOT assistance received will be used to increase programming on Sunday and Thursday nights and to advertise outside of the Central Texas area.

Specifically, we will hire a Santa on Sunday and Thursday nights which we have not done in past years. We will also schedule key

entertainment and run the children's train. We will hire security on additional nights to prepare for increased attendance. For advertising we will launch an aggressive Facebook advertising campaign to potential guests outside of the Central Texas area. We will also place

print ads in Texas Farm & Home, a magazine that we have advertised in previously although not specifically for Trail of Lights and not on a regular basis. This magazine has good reach and matches our audience well. It is also affordable enough that the EmilyAnn can manage the required 50% up front investment.

**Advertising and Promotional Activities**

Please indicate all the promotional efforts your organization is coordinating:

- Newspaper       Radio       TV  
 Internet       Social Media       Email  
 Other

posters; magazines \_\_\_\_\_

Will you submit press releases about the event/program?  Yes     No

If so, list the number of releases plus targeted media outlets. Two primary releases - one about the entire event sent early to travel sections of larger urban newspapers and a second release prior to Opening Ceremonies for regional outlets.

A third release will announce winning exhibitors locally.

What geographic area does your advertising and promotion reach? Currently, our promotional reach includes the Central Texas area (Williamson County - San Antonio). We would use any HOT fund assistance to extend that reach to areas outside this radius including the Dallas and Houston areas.

**Projected Promotions and Tourism Benefits**

Over the last three times your event/program was held, how much HOT fund assistance did your organization receive and how many hotel rooms were occupied as a result?

Month/Year	Assistance Amount	Number of Occupied Rooms
<u>Nov./Dec. 2015</u>	<u>NA</u>	<u>NA</u>
_____	_____	_____
_____	_____	_____

How many people attending this event/program are expected to stay in Wimberley hotels? 420 parties  
Estimated based on 1/4 of expected "out of Central Texas visitors" staying the night

How many nights will they stay? 1

What is the estimated Primary ROI for this event/program? \$54,600 (420 rooms X \$130)

What is the estimated Secondary ROI for this event/program? \$21,000 (\$50 per party - \$35 dinner/\$15 breakfast)

How will you measure the impact of this event on Wimberley hotel activity? We will add a "Where are you staying?" question to our current Trail of Lights sign in sheet and dedicate a volunteer nightly to collect this information. We will also track these results by night to determine mid-week vs. weekend stays.

Please list other organizations, government entities and grants that have offered financial support to your

event/program. The Texas Commission on the Arts is expected to support Trail of Lights as it has for the past several years. An application is pending.

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**REQUIRED Supplemental Information and Documentation**

Please attach the following to the application prior to submission:

- Proposed marketing plan for the event/program for which funds are being requested.
- Schedule of activities relating to the event/program.
- Current budget for the event/program.
- Documentation demonstrating the potential to generate overnight guests such as historical information or surveys on the number of hotel rooms resulted from previous years of the same event/program.
- Source and verification of the 30 percent of funding you are contributing toward the event/program.

Please sign and initial where indicated below acknowledging that the information provided in this application is true and correct. By signing below, you also agree that you and your organization will be held responsible for compliance with all HOT funding guidelines, requirements and remedies.

I fully understand the HOT funding application process, rules governing the application and the process established by the city council. I intend to use this grant for the aforementioned event to forward the efforts of the City of Wimberley in directly enhancing and promoting tourism and the hotel industry by attracting visitors from outside Wimberley into the city.

 Initial

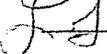
I have read the HOT Funding Application process including the rules governing the application and the reimbursement process.

 Initial

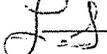
I understand that if I am awarded HOT funding by the city, any deviation from the approved project or from the rules governing the application may result in the partial or total withdrawal of HOT grant funds.

 Initial

I understand that all the records that relate to the use of HOT funds shall be kept by Emily Ann Theatre (Organization), subject to Chapter 351 of the Texas Tax Code as amended and Chapter 552 of the Texas Government Code as amended. Records of E.A.T. (Organization) concerning HOT funds are public and the city shall, upon written request, have the right to inspect and or obtain all books and records pertaining to the fulfillment of this Agreement. Inc

 Initial

I understand that the city may terminate this Agreement by giving the other party notice in writing of such termination sixty days in advance. Any municipal hotel occupancy tax proceeds, not used, shall revert to the city upon the termination of this Agreement.

 Initial

  
Authorized Signature

7-29-16  
Date

Laura Tanner

Print Name

Development Director, EmilyAnn Theatre & Gardens

Title and Organization

Applications may be submitted by mail, email or in person to:

City of Wimberley  
P.O. Box 2027  
Wimberley, Texas 78676

Email: [dferguson@cityofwimberley.com](mailto:dferguson@cityofwimberley.com)

## Trail of Lights Marketing Plan

- **Already completed** - List Trail of Lights on Free Event Calendars
- **Sept.** - Include Trail of Lights in general EmilyAnn advertising including local visitor's guides and the Hill Country Magazine.
- **Oct.** - Begin Facebook Event Marketing; place ad in Texas Farm & Home; press releases to Dallas Morning News, Houston Chronicle travel and entertainment sections
- **Nov.** - Continue Facebook marketing; send press releases with entertainment schedule to area papers; send PSA to area radio stations; send media release for opening night to area TV stations; upload photos of winning displays to Facebook; Instagram & Twitter
- **Dec.** - Continue Facebook marketing; continue social media posts with nightly entertainment
- The Trail of Lights is also advertised in the EmilyAnn's e-newsletter which is sent to 5600 email addresses monthly.

Advertising will stress mid-week activities.

## Event Schedule

19th Annual Trail of Lights

Nov. 26 - Dec. 29

Opening Ceremonies, Saturday, Nov. 26, 4:00 - 6:00 p.m. Trail open 6:00 - 10:00 p.m.

Trail open nightly 6:00 - 9:00 Sun. - Thurs. and 6:00 - 10:00 p.m. Fri. & Sat.

Live entertainment is offered most nights. A schedule of specific entertainers will be published in early November.

Santa will be available on Friday & Saturday Nights and from December 19 - 23. A grant from the HOT Fund would enable us to ad Santa on Sun. & Thurs. nights. If we received the HOT grant, we plan to expand all offerings on Sun. & Thurs. such as running the children's train, scheduling the very popular Princess and other visiting characters and scheduling key entertainment.

## Documentation of Ability to Draw Overnight Visitors

The EmilyAnn has counts of nightly guests from 2008 to the present. During that time the total number of visitors has increased from 15,791 in 2008 to 27,021 last year. Each year we also collect addresses for our email list during the event. While the sample size varies, the percentages have been very similar over time with 25 - 35% of visitors coming from Wimberley; 44 - 60% coming from the Central Texas Region (Williamson County to San Antonio) and 12-15% of guests coming from other areas of Texas or out of state. We have definitely seen an increase in guests from Central Texas. The first year we have stats - 2008, the percentage from Central Texas as 44% and the past few years it has hovered around 60% +/-.

The guests from further away have remained more constant at 12-15% and while some of this group is almost certainly people visiting family, many are just visiting Wimberley. There is great potential to increase this group with more aggressive marketing. In past years, we have not asked guests whether or not they were spending the night in Wimberley, but we plan to in the future to gain a better understanding of not only where our guests are coming from but also what they are doing once they arrive.

EmilyAnn Theatre & Gardens Application to the City of Wimberley for HOT Funding

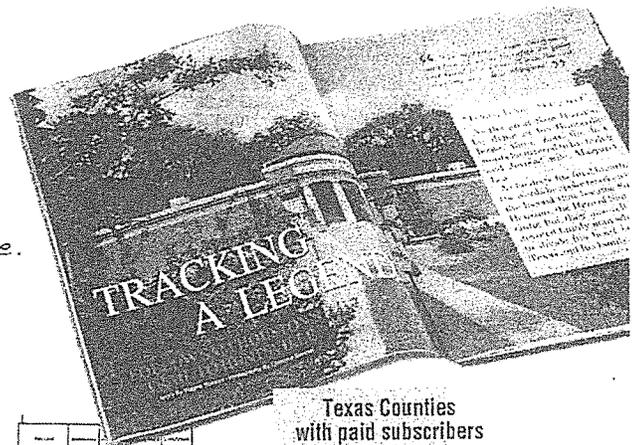
### 19th Annual Trail of Lights Projected Budget

<b>Income</b>				
Texas Commission on the Arts	2500			pending
Individual Donations	10815			expected based on past years
City of Wimberley HOT Grant	3000			requested
<b>Expense</b>	<b>EmilyAnn</b>	<b>HOT Fund Request</b>		
EmilyAnn Facility Staff Time	4920			
Utilities	1200			electric cost in excess of typical electric bill
Festival Investment	1800			lights, signage, facility supplies, etc.
Facility Maintenance & Supplies	400			
Seasonal Labor	325			lighting tech for entertainment stage
Seasonal Labor	1500			concessions/trash/Yule Log maintenance/some sound tech
Concession Expense	500			supplementing what hosts bring for Yule Log for free hot chocolate/marshmallows
Printing & Copying	375			programs and posters
Janitorial Expense	200			
Santa Weekends	975			Fri. & Sat. Nights plus week of Christmas; 13 nights total @ \$75 per night
Santa Thurs./Sun.		450		Adding Santa Thurs. & Sun. Nights ; 6 nights total
Candy for Santa	130	65		
Security - Weekends	840			starting second weekend in Dec. \$35./hr. 24 hours @\$35
Security - Thurs./Sun.		210		adding Thurs. 12/10; Sun.12/13 & Thurs. 12/17 - 6 hours @\$35
Advertising - Regional	150			local ad - additional local advertising for TOL is included in our operating budget
Advertising - outside of region				
Marketing		150		writing & distributing of press release
Facebook		1000		
Texas Farm & Home		1125		1/4 page ad in Oct., Nov., Dec.
	13315	3000		<b>Total Expenses</b>
				<b>\$16,315</b>

Note: This expense budget does not include in staff time for the EmilyAnn Development Director who does all the marketing, the Event and Volunteer Coordinator who handles exhibit registration, Yule Log Host registration and coordinates the more than 200 volunteers needed to run the event; or the Artistic Director who schedules and facilitates that entertainment.

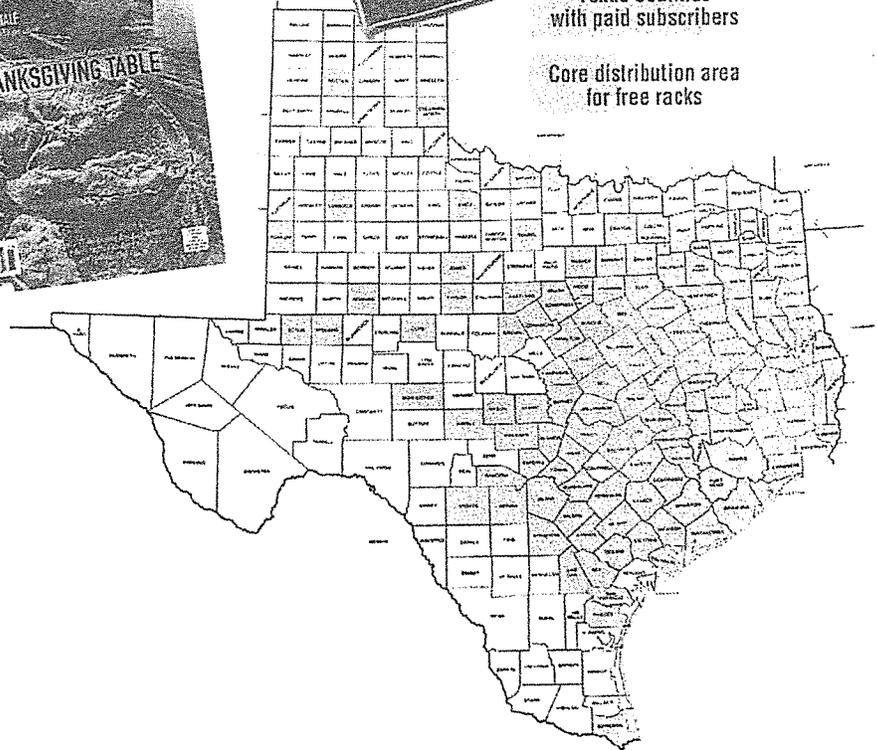
# TEXAS FARM & HOME

The Best of Lonestar Living and Southern Cuisine.



Texas Counties with paid subscribers

Core distribution area for free racks



## DISTRIBUTION

### Texas Counties with paid subscribers:

Anderson	Ector	Kames	Prater
Angelina	El Paso	Kaufman	Red River
Atascosa	Ellis	Kendall	Rockwall
Austin	Faith	Kimble	Robertson
Bandera	Falls	Knox	Rains
Bastrop	Fannin	Lampasas	Rusk
Bee	Fayette	Lavaca	Sabine
Bell	Fort Bend	Lee	San Augustine
Bexar	Franklin	Leon	San Jacinto
Blanco	Freestone	Liberty	San Patricio
Bosque	Galveston	Limestone	Schleicher
Bowie	Gillespie	Live Oak	Shelby
Brazoria	Goliad	Llano	Smith
Brazos	Gonzales	Lubbock	Somervell
Brown	Grayson	Madison	Tarrant
Burleson	Gregg	Marion	Taylor
Burnet	Grimes	Mason	Titus
Cameron	Gundalup	Matagorda	Travis
Calhoun	Hamilton	Maverick	Trinity
Camp	Hardin	McLennan	Tyler
Cass	Harris	Medina	Upsbur
Chambers	Harrison	Midland	Uvalde
Cherokee	Hays	Milam	Van Zandt
Clay	Henderson	Montague	Victoria
Callingsworth	Hill	Montgomery	Walker
Coke	Hoed	Morris	Waller
Collin	Hopkins	Nacogoches	Washington
Colorado	Houston	Navarro	Wharton
Comal	Howard	Newton	Wichita
Comanche	Hunt	Nueces	Williamson
Cooke	Jackson	Orange	Wilson
Coryell	Jasper	Panola	Wood
Dallas	Jefferson	Parker	Yoakum
Denton	Johnson	Polk	Young
De Witt	Jones		
Eastland			

### Other States with paid subscribers

Alabama	Iowa	Maryland	Ohio	Virginia
Arkansas	Illinois	Michigan	Oklahoma	Washington
Arizona	Indiana	Missouri	Oregon	West Virginia
California	Kansas	Mississippi	Pennsylvania	Wisconsin
Colorado	Kentucky	North Carolina	South Carolina	
Florida	Louisiana	Nebraska	Tennessee	
Georgia	Maine	New Mexico	Utah	

Texas Farm & Home is a full-color monthly magazine that is distributed in free racks to select locations in parts of the state. Even though it can be found in free racks, there are paid subscribers in over 120 Texas counties and 32 states, with an estimated readership of 70,000.

We also distribute to locations with waiting rooms such as local medical offices — where a single copy will be viewed by countless number of readers.

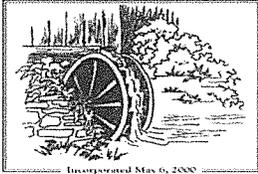
For travelers the magazine is available at Texas visitors centers, such as the state's most visited Travel Information Center in Texas, located in Waskom on I-20 and the travel centers in Amarillo, Orange and Wichita Falls.

With new subscribers coming in daily and as new readers discover Texas Farm & Home, each edition becomes a collector's item and the back issues are in high demand. What does this mean?

Not only does your ad have a month-long shelf life but it may be seen months, even years later.

For more information about Texas Farm & Home contact:  
Linda Moffett at 512-966-9426 or [lmoffett@texasfarmandhome.com](mailto:lmoffett@texasfarmandhome.com)

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION REGARDING THE HOTEL OCCUPANCY TAX FUNDING PROPOSALS FOR THE PERIOD FROM OCTOBER 2016 TO DECEMBER 2016

**Commission Action Requested:**

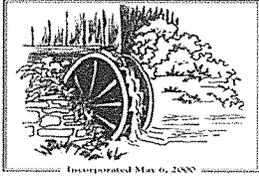
- Ordinance
- Resolution
- Motion
- Discussion

**Project/Proposal Summary:**

This item was placed on the agenda to allow the City Council to discuss and consider possible action regarding the Hotel Occupancy Tax funding proposals for the period from October 2016 to December 2016.

Earlier in the City Council meeting, the Chairman of the City's Hotel Occupancy Tax Advisory Committee briefed the Council on the Committee's recommendations regarding the various funding proposals.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

Project/Proposal Title: CONSIDER ACTION  
REGARDING THE CITY OF WIMBERLEY HOTEL  
OCCUPANCY TAX RATE

Commission Action Requested:

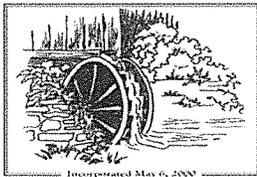
- Ordinance
- Resolution
- Motion
- Discussion

Project/Proposal Summary:

This item was placed on the agenda by Place Three Council Member Sally Trapp to allow City Council to discuss and consider possible action on issues regarding the City of Wimberley Hotel Occupancy Tax Rate.

No background information was provided on this agenda item.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

Project/Proposal Title: CONSIDER ACTION  
REGARDING PLANS FOR THE UPCOMING 2016 GUY  
FAWKES FESTIVAL

Council Action Requested:

- Ordinance
- Resolution
- Motion
- Discussion

## Project/Proposal Summary:

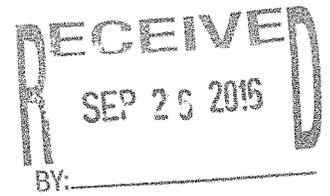
This item was placed on the agenda to allow City Council to discuss and consider action regarding plans for the upcoming 2016 Guy Fawkes Festival in Wimberley.

On Saturday, November 5, 2016, local resident Steve Hall will host an outdoor music event from noon to 12 a.m. The event will feature numerous musicians on a portable outdoor stage. There will be no bonfire or pyrotechnics. Toilet facilities and security will be provided for the event.

This year will mark the seventeenth year Mr. Hall has hosted a Guy Fawkes Festival. There have been noise complaints relating to the festival from neighborhood residents in recent years.

Guy Fawkes Night, also known as Guy Fawkes Day, Bonfire Night and Firework Night, is an annual commemoration observed on November 5<sup>th</sup>, primarily in Great Britain. Its history begins with the events of November 5, 1605, when Guy Fawkes, a member of the Gunpowder Plot, was arrested while guarding explosives the plotters had placed beneath the House of Lords. Celebrating the fact that King James I had survived the attempt on his life, people lit bonfires around London, and months later introduced the *Observance of 5th November Act*, a public day of thanksgiving for the plot's failure.

Outdoor concerts are prohibited by City Code unless approved in advance by City Council.



September 25, 2016  
From: Steve Hall  
RE: Guy Fawkes Festival

To whom it may concern,

I would like to request a permit for November 5<sup>th</sup> (the fifth of November), 2016 for the Guy Fawkes festival, which is also the 411<sup>th</sup> anniversary of said festival. This is my 17<sup>th</sup> (seventeenth) annual gift that I've given to Wimberley.

It is a cultural event with the following parameters:

- Location is 115 Mill Race Lane.
- Free to the public, featuring live music on a portable outdoor stage.
- It will operate from 12:00pm to 12:00am. We will be respectful to our neighbors concerning the sound levels. The noise levels will not exceed 75 db. If neighbors have issues they are welcome to call and we will adjust the sound level accordingly.
- There will be no bonfire or other pyrotechnics.
- This is a BYOB event.
- This event is family oriented.
- Toilet facilities will be provided.
- All who come assume responsibility for their own safety.
- Security will be provided.

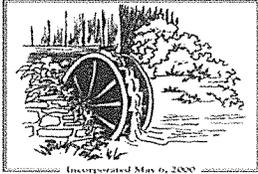
There will be people visiting and patroning Wimberley's establishments from across the nation and other parts of the world.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Hall". The signature is written in a cursive, somewhat stylized font.

Steve Hall  
512.938.2160

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

Project/Proposal Title: CONSIDER ACTION  
AWARDING A CONTRACT FOR WASTEWATER IMPACT FEE  
PREPARATION SERVICES

Commission Action Requested:

- Ordinance
- Resolution
- Motion
- Discussion

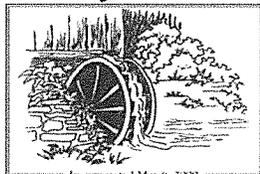
Project/Proposal Summary:

This item was placed on the agenda to allow the City Council to discuss and consider action awarding a contract for wastewater impact fee preparation services.

In mid-August, the City of Wimberley issued a Request for Qualifications ("RPQ") for the purpose of entering into a consulting services agreement to provide professional services for the process of developing wastewater impact fees. The Consultant will take the lead role in all public forums, workshops, meetings, and hearings. City Staff will provide a support role during this period. The Consultant will be expected to produce a capital improvement plan and to assist in the calculation of, notice of, and public hearings on wastewater impact fees.

At the time of production of the agenda packet, city staff was evaluating the proposals received in anticipation of recommending a vendor for contract award at the Council meeting.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION  
AWARDING A CONTRACT FOR PROJECT MANAGEMENT  
FOR THE CENTRAL WIMBERLEY WASTEWATER PROJECT

**Commission Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

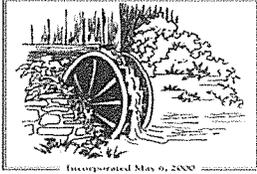
**Project/Proposal Summary:**

This item was placed on the agenda to allow the City Council to discuss and consider action awarding a contract for project management services relating to construction of the Central Wimberley Wastewater System.

In late-August, the City of Wimberley issued a Request for Qualifications ("RFQ") for the purpose of entering into a consulting services agreement to provide professional project management services for the Central Wimberley Wastewater Project. Seven (7) firms submitted Statements of Qualifications in response to the RFQ.

At the time of production of the agenda packet, city staff was in the process of evaluating the proposals received and interview firms in anticipation of recommending a vendor for contract award at the Council meeting.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION ON ISSUES  
STEMMING FROM THE SECOND MEETING BETWEEN  
REPRESENTATIVES OF THE CITY AND AQUA TEXAS  
RELATING TO THE PROVISION OF WASTEWATER SERVICE  
TO CENTRAL WIMBERLEY

**Commission Action Requested:**

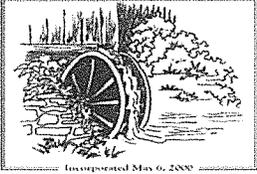
- Ordinance
- Resolution
- Motion
- Discussion

**Project/Proposal Summary:**

This item was placed on the agenda by Place Three Council Member Sally Trapp to allow City Council to discuss and consider possible action on issues stemming from the second meeting between representatives of the City of Wimberley and Aqua Texas relating to the provision of wastewater service to central Wimberley.

No background information was provided on this agenda item.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION REGARDING A PROPOSAL TO WAIVE BUILDING PERMIT FEES FOR THE CONSTRUCTION OF RESIDENTIAL AND COMMERCIAL RAINWATER COLLECTION SYSTEMS

**Commission Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

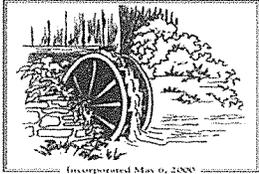
**Project/Proposal Summary:**

This item was placed on the agenda by Place Four Council Member Gary Barchfeld to allow the City Council to discuss and consider action regarding a proposal to waive building permit fees for the construction of residential and commercial rainwater collection systems.

The intent of the fee waiver proposal is to incentivize the development and use of rainwater collection systems. The impact of this water conservation measure on the City budget is expected to be minimal.

The promotion of rainwater collection is one of City Council's recently adopted *Fiscal Year 2017 Goals and Priorities*.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION REGARDING A PROPOSAL TO AMEND THE *CITY COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE* TO ESTABLISH PROCEDURES RELATING TO THE CHANGE OF CITY COUNCIL MEETING DATES, TIMES AND CHANGES

**Commission Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

## Project/Proposal Summary:

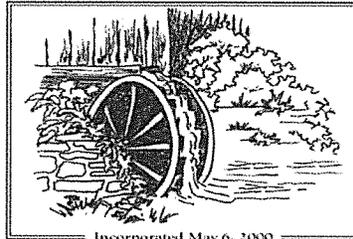
This item was placed on the agenda by Place Two Council Member Craig Fore to allow the City Council to discuss and consider action regarding a proposal to amend the *City Council Governance Policy and Rules of Procedure* to establish procedures relating to the change of City Council meeting dates, times and places.

The proposed amendment would require all council members to be contacted about the need to change the date, time or place of a scheduled Council meeting prior to the change being made. Currently, there is no policy in place relating to such changes.

Attached is a copy of the current *City Council Governance Policy and Rules of Procedure*.

# City of Wimberley

## Governance Policy and Rules of Procedure



Amended April 2011

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION I INTRODUCTION

The City of Wimberley City Council is the governing body for the City of Wimberley, Texas. Therefore, it must bear the initial responsibility for the integrity of governance.

The Council shall determine its own rules and order of business. The Council is responsible for its own discipline and its own performance. The development of this policy is designed to ensure effective and efficient governance.

This policy addresses Mayor and Council relations, Council and City staff relations, Council and media relations, roles and meetings. By adopting these guidelines, we, as members of the City Council acknowledge our responsibility to each other to our professional staff and to the public.

This policy will be reviewed and adopted on an annual basis

# AND RULES OF PROCEDURE

## SECTION II      MISSION

In order to ensure proper discharge of duties for the improvement of democratic local government, members of the Wimberley City Council will display behavior that demonstrates independent, impartial review of all matters addressed by them, and be duly responsible to the citizens of Wimberley and each other in their relationships.

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION III INFORMATION

On major policy issues, the City Administrator shall provide briefing material to the Council in advance of Council consideration of the policy alternatives. Whenever possible, the management report shall be distributed more than a week in advance of Council policy consideration.

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION IV ROLES

- 4.1 The Mayor shall preside at meetings of the City Council and shall be recognized as head of City government for all ceremonial purposes and by the Governor for purpose of military law but shall have no regular administrative duties. The Mayor may participate in the discussion of all matters coming before the City Council. The Council shall elect, from among the Council members, a Mayor Pro-tem who shall act as Mayor during the absence or disability of the Mayor.
- 4.2 As head of City government for ceremonial purposes, the Mayor may issue and present proclamations and recognitions and attend other ceremonial functions on behalf of the City of Wimberley. City Council members may initiate, through the Mayor, or by a majority vote of the Council, similar items of recognition. Major community events sponsored by the City shall be a policy decision of the Council.
- 4.3 The Mayor shall preserve order and decorum and shall require City Council members engaged in debate to limit discussion to the question under consideration.
- 4.4 The Mayor is the spokesperson on all official positions taken by the City Council. The Mayor Pro-tem or alternate City Council designee will assume that role in the Mayor's absence. *(Amended 6-4-09)*
- 4.5 The Mayor will encourage all City Council members to participate in Council discussion and give each member an opportunity to speak before any member can speak again on the same subject

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION V MEETINGS

### 5.1 Regular Meetings

The Council shall meet regularly, at such times, as prescribed by ordinance but no less frequently than once each month and the regular meetings will begin at 6:30 p.m., unless postponed or canceled for valid reasons.

### 5.2 Special Meetings

Special meetings may be held on any day of the week to consider items that require action prior to the next regularly scheduled meeting and may be called upon the request of the Mayor.

### 5.3 Executive Sessions

The City Council may meet in executive session in compliance with the Texas Open Meetings Act. A final action, decision or vote on a matter deliberated in an executive session will be made in an open meeting for which proper notice is provided. All discussions in executive session shall remain confidential.

### 5.4 Public Notice

The agenda for all regular meetings, special meetings and the notice listing items to be considered shall be posted on the City's official bulletin board, in accordance with the Texas Open Meetings Act, and on the City's website.

### 5.5 Attendance

City Council members are expected to attend all meetings and stay in attendance during each meeting. No member shall leave a meeting without advising the presiding officer.

### 5.6 Conflict of Interest

A City Council member prevented from voting due to a conflict of interest shall leave the meeting during the debate, shall not vote on the matter, and shall otherwise comply with the state law and City ordinances concerning conflicts of interest. Any Council member filing a conflict of interest affidavit on an executive session item shall not confer with City staff, the City Attorney, Council members or the Mayor regarding the item.

## 5.7 City Council Members

- (a) During City Council meetings and work sessions, Council members shall assist in preserving order and decorum and shall, neither by conversation or otherwise delay or interrupt the proceedings nor refuse to obey the rules of the City Council.
- (b) A City Council member desiring to speak shall address the chair, and upon recognition by the presiding officer, shall confine discussion to the question under debate, avoid discussion of personalities, and in appropriate language and refrain from personal attacks and verbal abuse.
- (c) A City Council member, once recognized by the chair, shall not be interrupted while speaking except for the following reasons:
  - Called to order by the presiding officer
  - A point of order is raised by another member
  - The speaker chooses to yield to questions from another member

If a City Council member is called to order while speaking, that Council member shall cease speaking immediately until the question of order is determined. If ruled to be in order, the member shall be permitted to proceed. If ruled to be not in order, the member shall remain silent or make additional remarks so as to comply with the rules of the City Council

- (d) When there is more than one speaker on the same subject, City Council members shall delay their comments until after all speakers on the subject have been heard.
- (e) The chair shall state all questions submitted for a vote and announce the result. If the vote is not unanimous, the chair shall announce the names of members voting in favor and in opposition to the motion.

## 5.7 Administrative Staff

- (a) Members of the administrative staff and employees of the City shall observe the same rules and decorum applicable to members of the City Council.
- (b) Although the presiding officer has the authority to preserve decorum in meetings, the City Administrator is responsible for the orderly conduct and decorum of all City employees under the City Administrator's direction and control.

- (c) The City Administrator shall take such disciplinary action as may be necessary to ensure that decorum is preserved at all times by City employees in meetings.
- (d) All persons addressing the City Council, including the City Administrator, shall be recognized by the presiding officer and shall limit remarks to the matter under discussion.
- (e) All remarks and questions addressed to the City Council shall be addressed to the City Council as a whole and not to any individual member.

#### 5.8 Citizens and Visitors

- (a) Citizens and visitors are welcome to attend all public meetings of the City Council and will be admitted to the Chamber or meeting room up to the fire safety capacity of the room.
- (b) Everyone attending the meeting will refrain from private conversations while the City Council is in session.
- (c) Citizens and visitors attending City Council meetings shall observe the same rules of propriety, decorum and good conduct applicable to members of the City Council. Any person making personal, impertinent, profane, or slanderous remarks or who becomes boisterous while addressing the City Council or while attending the meeting shall be removed from the room if so directed by the presiding officer. The person shall be barred from further audience before the City Council during that session. If the presiding officer fails to act, any member of the City Council may move to require enforcement of the rules, and the affirmative vote of a majority of the City Council shall require the presiding officer to act.
- (d) Unauthorized remarks from the audience, stamping of feet, whistles, yells and similar demonstrations shall not be permitted by the presiding officer who may direct the removal of offenders from the room. In case the presiding officer shall fail to act, any member of the Council may move to require enforcement of the rules, and the affirmative vote of the majority of the Council shall require the presiding officer to act.
- (e) No placards, banners or signs will be permitted in the City Council Chamber or in any other room in which the City Council is meeting. Exhibits, displays and visual aids used in connection with presentations, however, are permitted.

- (f) The City Administrator or his designee shall act as sergeant at arms for the City Council and shall furnish whatever assistance is needed to enforce the rules of the City Council.

## 5.9 Agenda

- (a) Any City Council member may request an item be placed on a future agenda during the item on the agenda for that purpose. The City Administrator must place an item on the agenda if the item is requested by the Mayor or a member of the City Council.

## 5.10 Speakers

- (a) A person wishing to address the City Council must first sign the Speaker Registration Form. The following information must be provided on the form:
  - Name
  - Residence Address
  - The subject matter to be addressed
- (b) Speakers must address their comments to the presiding officer rather than to individual City Council members or staff.
- (c) Speakers must keep their remarks specific to the item being considered by the City Council. If the speaker is addressing the City Council under Citizens Communications, the speaker may address any item not slated for discussion on the agenda.
- (d) A person who registers to speak on an item listed on the agenda will be called on after the chair gains agreement to do so by the City Council. A person who registers to speak under Citizens Communications will be called on at that time. The chair may determine the order in which speakers are called.
- (e) All speakers will have a maximum of three(3) minutes to address the Council. A majority vote of the Council will be required to extend the time limit. The chair may impose more restrictive time limits if a large number of persons register to speak.
- (f) For called public hearings, the applicant will be allowed a maximum of ten (10) minutes to make a presentation.
- (g) In accordance with the Texas Open Meetings Act, the City Council will not discuss or consider any item addressed during Citizens Communications. City Council members will not interact with the public

during the time allotted to speakers unless a non-debatable motion approved by the City Council allots a specific amount of time.

- (h) Whenever it is necessary for a speaker to use an interpreter to translate comments to the City Council, the time required for the translation will not be counted against the designated time allotted for the speaker to address the City Council.

#### 5.11 Motions

- (a) No motion may be moved or suggested until all City Council member discussion is complete and the Mayor calls for the motion. A motion made and seconded will be considered the main motion. Any City Council member may move to amend a motion. The amendment must receive a second before it may be discussed and must be voted on prior to voting on the main motion.
- (b) A motion may be withdrawn or modified by its mover without asking permission until the motion is voted upon. If the mover modifies the motion, the City Council member who seconded the motion may withdraw the second.
- (c) At any time after a motion has been made and seconded, a City Council member may call the question which will have the affect of stopping the debate and requiring the City Council to immediately proceed to vote on the motion to call the question.
- (d) A motion to reconsider any action of the City Council must be made no later than prior to the conclusion of the next regularly scheduled meeting of the City Council. Such a motion may only be made by a City Council member who voted with the prevailing side. The motion to reconsider may be seconded by any member. No question shall be twice reconsidered except by unanimous vote of the City Council, except that action relating to any contract may be reconsidered at any time before the final execution thereof.
  - (i) If a motion to reconsider is made at the same meeting at which the matter was acted upon, the motion may be heard and voted upon and the original action on the matter is set aside. Deliberation may then resume on the matter at that same meeting.
  - (ii) If a motion to reconsider is made at the next meeting after the matter was acted upon, the motion to reconsider may be heard and voted upon and the original action on the matter is not set aside. Deliberation may not resume on the

matter but it shall be placed on the next available agenda for deliberation.

5.12 Suspension of Rules

Any provision of these rules not governed by City ordinance, State or Federal law may be temporarily suspended by a majority vote of the members of the City Council present. The vote on any such suspension shall be taken by yeas and nays and entered upon the record.

5.13 Amendment of Rules

These rules may be amended or new rules adopted by a majority vote of the members of the City Council

5.14 Failure to Comply

A failure to comply with these rules does not invalidate any otherwise lawful act of the City Council.

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION VI PUBLIC CONTACT MEDIA RELATIONS

Representative government is only successful when the citizens are kept informed and educated about the issues facing their municipality. Consequently, it is imperative that the media play an important role in the Council-Administrator-Media relations. It is through an informed public that progress is ensured and good government remains sensitive to its constituents.

These guidelines are designed to help ensure positive relationships with print, radio and television reporters. The Mayor, City Council and the City Administrator recognize that the news media provide an important link between the City Council and the public. It is the City Council's desire to establish a professional working relationship to help maintain a well informed and educated citizenry.

- 6.1 During the conduct of official business, the City shall designate adequate space for the news media.
- 6.2 All reporters will receive an agenda in advance and will be furnished support material needed for clarification, if requested.

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION VII PLANNING

The Mayor and Council are responsible for establishing a vision for the City of Wimberley and planning for its future.

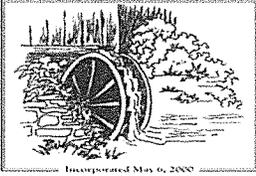
- 7.1 On an annual basis, the Mayor and City Council shall hold a minimum of one (1) strategic planning session wherein they set priorities goals and objectives The goals and objectives shall address short term and long term needs of the City.
- 7.2 Policy direction shall be consistent with the strategic goals and objectives. Sufficient time and consideration should be given to policy alternatives to ensure that decisions are made consistent with the long term vision.

# COUNCIL GOVERNANCE POLICY AND RULES OF PROCEDURE

## SECTION VIII COUNCILSTAFF RELATIONS

- 8.1 The role of the City Administrator and the relationship of staff with City Council is addressed in City ordinance.
- 8.2 The City Council shall direct comments, correspondence and concerns about City services to the City Administrator. Citizens concerns, comments and correspondence regarding City services received by City Council members shall be forwarded to the City Administrator for appropriate staff action and a timely response.
- 8.3 Documents provided to one (1) City Council member shall also be distributed to all other members of the elected body. The City Administrator shall prepare and submit to the Council, as of the end of the fiscal year, a complete report on the finances and administrative activities of the City for the preceding year. The City Administrator shall keep the City Council advised of the financial condition and future needs of the City and make such recommendations that may seem desirable.
- 8.4 In order to ensure proper presentation of agenda items by City staff, questions arising from City Council members, after receiving their information packet, should be, whenever possible, presented to the City Administrator or the Administrator's designated assistant for City staff consideration prior to the City Council meeting. This allows time for City staff to address the City Council member's concerns and provide all Council members with the additional information.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION  
REGARDING A PROPOSAL TO CANCEL THE REGULAR CITY  
COUNCIL MEETING SCHEDULED FOR DECEMBER 15, 2016

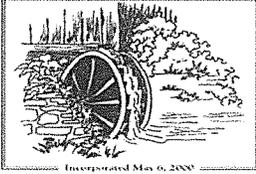
**Commission Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

**Project/Proposal Summary:**

This item was placed on the agenda by Place Three Council Member Sally Trapp to allow the City Council to discuss and consider action regarding a proposal to cancel the Regular City Council Meeting scheduled for December 15, 2016.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION ON A REQUEST FROM THE COUNTY OF HAYS FOR THE CITY TO WAIVE A PORTION OF THE CITY BUILDING PERMIT FEES ASSOCIATED WITH THE PLANNED DEVELOPMENT OF THE NEW HAYS COUNTY PRECINCT THREE OFFICES

**Council Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

**Project/Proposal Summary:**

This item was placed on the agenda to allow the City Council to discuss and consider action on a request from the County of Hays (the "County") for the City to waive a portion of the City building permit fees associated with the development of the new Hays County Precinct Three Offices.

The County is finalizing plans to renovate an existing vacant building at 200 Stillwater which will become the Hays County Precinct Three Offices. The scope of work involves interior wall relocation, plumbing, electrical and HVAC improvements. The estimated cost of the project is \$1 million.

The County has requested the City consider waiving the City's portion of the building permit fees for the planned construction project. The approximate amount of the City building permit fees requested to be waived is \$2,500 to \$3,000. It is important to note the County would be responsible for the plan review and inspection fees from A-T-S – the City's contract building inspection firm.

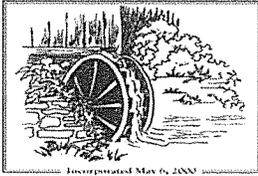
Generally, the Texas Constitution prohibits the waiving of a building permit fee for an individual or organization. Cities are prohibited from lending their credit or granting public money or anything of value in aid of an individual, association, or corporation.

State law does, however, allow cities to waive building permit fees for economic development purposes, construction in neighborhood empowerment zones or in cases where a city council makes the determination that waiving the fee serves a valid municipal purpose.

In the past, the City Council has waived the City's portion of the building permit fees on at least one (1) previous County building project.

Should the City Council desire to grant the County's fee waiver request, the motion considered by the Council should state that waiving the fees serves a valid municipal purpose.

# City Council Agenda Form



Date Submitted: September 29, 2016

Agenda Date Requested: October 6, 2016

**Project/Proposal Title:** CONSIDER ACTION AUTHORIZING THE CITY ADMINISTRATOR TO ENTER INTO NEGOTIATIONS REGARDING THE POSSIBLE DEVELOPMENT OF A LICENSE AGREEMENT RELATING TO USE OF A CITY-OWNED 0.158 ACRE TRACT OF LAND AT THE INTERSECTION OF RANCH ROAD 12 AND FM 2325

**Council Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

## Project/Proposal Summary:

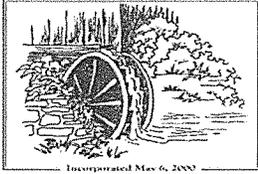
This item was placed on the agenda to allow City Council to discuss and consider action authorizing the City Administrator to enter into negotiations regarding the possible development of a license agreement relating to use of a City-owned 0.158 acre tract of land located at the intersection of Ranch Road 12 and FM 2325.

The subject tract is located adjacent to Ace Hardware Store. The owners of hardware store have reportedly expressed interest in beautifying the small triangular piece of property. For that to occur, there is a need to have a license or use agreement in place between the City and the store's owners.

City Council authorization is needed for City staff to enter into discussions with the store's owners regarding the development of such an agreement.

Should the parties come to terms on a license agreement, the agreement will be presented to City Council for review and approval.

# City Council Agenda Form



**Date Submitted:** September 29, 2016  
**Agenda Date Requested:** October 6, 2016

**Project/Proposal Title:** CITY COUNCIL REPORTS

**Funds Required:**  
**Funds Available:**

**Council Action Requested:**

- Ordinance
- Resolution
- Motion
- Discussion

**Project/Proposal Summary:**

This item was placed on the agenda to allow for reports to be presented by the Mayor and members of City Council and for future agenda item requests.