

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

		endar year 2014 or tax year beginning			, 2014,	and ending	<u> </u>	, 20
		of foundation	25060	•			A Employer identific	
		RITABLE FOUNDATION FROST FO				· _ · · · · ·		2058155
	Numb	er and street (or P O box number if mail is not deliver	ed to stree	t address)		Room/suite	B Telephone number	r (see instructions)
		BOX 2950, TAX DEPT T-8					21	<u>0-220-4353 </u>
•	City or	town, state or province, country, and ZIP or foreign p	ostal code					
							C If exemption applicate pending, check here	on is ▶
_		ANTONIO, TX 78299-2950						
G	Che	ck all that apply: Initial return	<u> </u>	Initial return	="	ublic charity	D 1 Foreign organization	ons, check here ►
		Final return	L	Amended ret	urn		2 Foreign organization	
_		Address change		Name change			85% test, check he computation	
Ä	Che	ck type of organization: X Section 501					E if private foundation :	status was terminated
L	s	ection 4947(a)(1) nonexempt charitable trust		Other taxable pri		ion	under section 507(b)	~ 1 1
	Fair		_	method X Ca		rual	F If the foundation is in	a 60-month termination
				pecify)			under section 507(b)	(1)(B), check here .
				(d) must be on cas	sh basis)			
P	art l	Analysis of Revenue and Expenses (Th	—(a)	Revenue and	(b) Net inve	etmont —	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	e	xpenses per	incom		income	purposes
_		column (a) (see instructions))	ļ	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		500,000.				
	2	Check If the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments-						
	4	Dividends and interest from securities		67,102.	6	7,102.		STMT 1
Į	5a	Gross rents	ļ					
	b	Net rental income or (loss)						
9		Net gain or (loss) from sale of assets not on line 10		34,310.				···
eū	0	Gross sales price for all assets on line 6a 131, 745	<u> </u>					
e	7	Capital gain net income (from Part IV, line 2) .			3	4,310.		
L	8	Net short-term capital gain						
	9	Income modifications	ļ					
	IUa	Gross sales less returns and allowances · · · ·	-					· · · · · · · · · · · · · · · · · · ·
		Less Cost of goods sold .	-					
		Gross profit or (loss) (attach schedule)	F .					
	11	Other income (attach schedule)		601,412.	10	1 412		
	12	Total. Add lines 1 through 11	+			1,412.		8,463.
S	13	Compensation of officers, directors, trustees, etc		16,926.		8,463.	NONE	0,403.
ž	14	Other employee salaries and wages	_			NONE NONE	NONE	
<u>.</u>	15==	Pension plans, employee benefits	-			MONE	NOME.	
ĭ	1	legaliees (attach schedule)		900.		450.	NONE	450.
9	(4) (2) (8) 19 20	Accounting fees (attach schedule) STMT 2. Other professional fees (attach schedule)		300.	<u> </u>	- 430.	NONE	
a	13	Interest						
St	Jan.	Interest	—	3,785.				
Ē	10	Deprecuation tatteen schedule) and depletion.	-					
E	20-	The state of the s						
	20	Occupancy				NONE	NONE	
=	21 22	Printing and publications	-			NONE	NONE	
	23	Other expenses (attach schedule)						
atıng	23 24	Total operating and administrative expenses.						
	44	, ,	li .	21,611.		8,913.	NONE	8,913.
Jper	25	Add lines 13 through 23		299,388.		<u> </u>	HONE	299,388.
0	25 26	Contributions, gifts, grants paid		320,999.		8,913.	NONE	308,301.
7	27	Subtract line 26 from line 12	-	320, 333.	L	<u> </u>	110111	
į		Excess of revenue over expenses and disbursements		280,413.				
		Net investment income (if negative, enter -0-)		200/410.	q	2,499.		
		Adjusted net income (if negative, enter -0-).				-,		
_								

JSA For Paperwork Reduction Act Notice, see instructions.

4E1410 1 0000
DM1499 L710 03/29/2015 11:39:31

F0359600

Form **990-PF** (2014)

Part II		Ralanca Shoots	Jance Shoots description column should be for end-of-year		End	nd of year		
_			amounts only (See instructions)	(a) Book Value	(b) Book Value	<u>_</u>	Fair Market Value	
ı	1	Cash - non-interest-bearin	g <u>.</u>			5.	<u>6,645</u> .	
	2	Savings and temporary ca	ash investments	164,135.	535,33	7.	<u>535,337</u> .	
	3	Accounts receivable 🕨						
		Less allowance for doubt	ful accounts 🕨					
-		Less allowance for doubt	ful accounts ►		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	5	Grants receivable					 	
	6	Receivables due from o	ifficers, directors, trustees, and other			Į		
ļ		disqualified persons (attach	ch schedule) (see instructions)					
١	7	Other notes and loans red	ceivable (attach schedule)					
		Less allowance for doubt	tful accounts ►NONE					
2			, <u>L</u>					
Assets			ferred charges					
۲			government obligations (attach schedule).					
			oonds (attach schedule)					
	11	Investments - land, buildings and equipment basis Less accumulated depreciat (attach schedule)	ion •					
	-12 -	Investments mortgage-l	oans		<u></u> _			
	13 14	Investments - other (attack Land, buildings, and	ch schedule)	1,659,025.	1,561,59	1.	1,678,669.	
		Less accumulated depreciat	ion	ļ				
	15	Other assets (describe	>	· · ·				
			completed by all filers - see the					
			ge 1, item l)	1,823,160.	2,103,57	3.	2,220,651.	
_	17		crued expenses					
	18							
ç	19							
뱚	20		s, trustees, and other disqualified persons					
Liabilities	21	•	es payable (attach schedule)					
⋍	22		>)					
		• • • • • • • • • • • • • • • • • • • •						
	23	Total liabilities (add lines	s 17 through 22)		_NO	NB		
		Foundations that follow	ow SFAS 117, check here , ▶ 4 through 26 and lines 30 and 31.					
Ses	24	Unrestricted						
Balances	25							
	120							
or Fund			not follow SFAS 117, ▶ 🗓					
Ę			plete lines 27 through 31.					
			pal, or current funds	1,823,160.	2,103,57	<u>'3 .</u>		
Net Assets	28	Paid-in or capital surplus, or	land, bldg, and equipment fund					
Ass	29	Retained earnings, accumula	ated income, endowment, or other funds		·			
t	30	Total net assets or fund	balances (see instructions)	1,823,160.	2,103,57	′3.		
Z	31	Total liabilities and	net assets/fund balances (see					
		instructions)		1,823,160.	2,103,57	′3		
P	art II	Analysis of Chan	ges in Net Assets or Fund Bala	nces				
			alances at beginning of year - Part		nust agree with			
			on prior year's return)			1	1,823,160.	
2		-	line 27a		1	2	280,413.	
			led in line 2 (itemize)			3		
						4	2,103,573.	
		reases not included in	1 1 1 -		1 1	5		
			alances at end of year (line 4 minus li	ine 5) - Part II, column (b)	, line 30	6	2,103,573.	

_	Comital Coins	and Lance for Tax or law				Page 3
rai		and Losses for Tax on Inve		(b) How	(-) Data	
		describe the kind(s) of property sold (elick warehouse, or common stock, 200 :		ecquired P - Purchase	(c) Date	(d) Date sold (mo , day, yr)
1-	PUBLICLY TRADED		siis WEC CO /	D - Donation	(mo , day, yr)	
<u>1a</u> b	PUBLICLI IRADED	SECURITIES		-		
			-			
_c d						
e e			 			
		/6) Decreasing allowed	(g) Cost or other basis		(6) C	>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
	131,745.		97,435.			34,310.
_ <u>u</u>			<u> </u>			34,310.
c						
_ _ d			-			
	·-·-					
_ <u></u>	Complete only for assets si	howing gain in column (h) and owned l	by the foundation on 12/31/69	///	Cours (Col. /h) as	
		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) ga (k), but not less	
(i) FMV as of 12/31/69	over col (j), if any		Losses (from co		
а						34,310.
b	4					
С						
d						
e						
_	0	, , , , , , , (lf)	gain, also enter in Part I, line 7			
2	Capital gain net income o	or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		34,310
3	Net short-term capital gai	n or (loss) as defined in sections 1:				
	If gain, also enter in Pa	irt I, line 8, column (c) (see inst	ructions). If (loss), enter -0- in 🕽			
	Part I, line 8	. 	<u> </u>	3		
Pa	t V Qualification U	nder Section 4940(e) for Redu	uced Tax on Net Investment In	ncome		_
Was		the section 4942 tax on the distrib	• •	ase perio	d ⁷	Yes X No
_		ot qualify under section 4940(e). [
1		ount in each column for each year;	see the instructions before makin	g any ent	ries.	
	(a) Base period years	(b)	(c) Net value of noncharitable-use assets		Distribution ra	
Cal	endar year (or tax year beginning in)	Adjusted qualifying distributions			(col (b) divided by	
	2013	6,087.	1,698,934.	-		0.003583
	2012	496,428.	1,823,412.			0.272252 NONE
	2011 2010	NONE 1 070	307,661. 133,436.			0.008019
	2009	1,070. 234,475.	181,030.			1.295227
	2009	234,475.	181,030.	 		1.233221
2	Total of less 1 column 14	1		2		1.579081
)		-		1.3/3001
3		•	•	3		0.315816_
	number of years the foun	dation has been in existence if less	stnan 5 years	-		0.313010
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	m Part X line 5	4	2	034,809.
•	Enter the net value of nor	Tenantable dec assets for 2014 fro	111 att X, 1110 5	-		
5	Multiply line 4 by line 3			5		642,625.
•	watapiy iiile 4 by iiile 5 .					
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		925.
U	Enter 170 OF HEL INVESTINE	in income (1700) Fait I, line 270)				
7	Add lines 5 and 6			7		643,550.
•						1-7
8	Enter qualifying distribution	ons from Part XII, line 4		8		308,301.
-	If line 8 is equal to or gr	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	
_	Part VI instructions.	· 		<u> </u>	<u> </u>	
JSA						990-PE (2014)

Х

X

4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

Form	990-PF (2014) 74 - 2058155		F	age 5
Par	VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► FROST BANK, TRUSTEE Telephone no. ► (210) 220	435	3	
	Located at ▶ 100 W. HOUSTON ST, SAN ANTONIO, TX ZIP+4 ▶ 78205			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			$\cdot \square$
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			ĺ
	"Yes," enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)		ŀ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		l	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			1
	disqualified person?	_		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	l I	ļ	
	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1ь		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c	}	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?	!		1
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	
	all years listed, answer "No" and attach statement - see instructions)	2b	ļ	<u> </u>
C	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?		ŀ	
t	olf "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	١		
_	foundation had excess business holdings in 2014)	3b	-	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	 ^
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	l	1	1

rm 990-PF (201	4) /	_	7 <u>4 - 20</u>	58155			Page 6
Part VII-B	Statements Regarding Activities for	or Which Form 4	720 May Be Req	uired (conti	nued)		
_	ne year did the foundation pay or incur any amou						
•	y on propaganda, or otherwise attempt to influen	-			X No		
• •	ence the outcome of any specific public ele			· 🗀	□		
dırec	tly or indirectly, any voter registration drive?				X No		
(3) Provi	ide a grant to an individual for travel, study, or ot	ther similar purposes?		Yes	X No		
(4) Provi	ide a grant to an organization other than a	charitable, etc., org	anization described i			1	1 1
	on 4945(d)(4)(A)? (see instructions)				X No		
	ide for any purpose other than religious, ch			1 1			
	oses, or for the prevention of cruelty to children				X No		
	inswer is "Yes" to 5a(1)-(5), did any of the						
Regulation	ons section 53 4945 or in a current notice regard	ding disaster assistan	ce (see instructions)?			<u>5b</u>	
-	tions relying on a current notice regarding disas				▶[
	nswer is "Yes" to question 5a(4), does the						
because	it maintained expenditure responsibility for the g	grant ⁷		. Yes	U No		
If "Yes," a	attach the statement required by Regulations sec	tion 53 4945-5(d)					
6a Did the	foundation, during the year, receive any fun	nds, directly or indir	ectly, to pay premiur	1 1	r		!
	sonal benefit contract?				X No		,,
b Did the f	foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	ict?		6b	X
	o 6b, file Form 8870						
	me during the tax year, was the foundation a pai				_X No		
	did the foundation receive any proceeds or have	any net income attrib	outable to the transacti	on ⁷ ····	old Emp	7b_	
Part VIII	Information About Officers, Director and Contractors	rs, Trustees, rou	ndation Manager	s, mignify F	aid Eirip	ioyees,	
1 List all o	fficers, directors, trustees, foundation ma						
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene and deferred com	fit plans		se account, lowances
ROST BANK		TRUSTEE					
.O. BOX 2950	, SAN ANTONIO, TX 78299	40	_16,926		-0-		-0-
				<u> </u>	-		
	sation of five highest-paid employees	(other than thos	e included on lin	e 1 - see i	nstructio	ns). If n	one, ente
"NONE."	1			(d) Contribut	tionsto		
(a) Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee b	enefit	(e) Expen	se account, llowances
(a) Name and	addition of cook office paid many that the cook of	devoted to position		plans and de compensa		Other an	
					-		
IONE			NONE	NON	Έ	N	NONE
-							
				<u></u> .			
·				}			
							
otal number	of other employees paid over \$50,000				▶		NONE
						Form 99	0-PF (2014

3 Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE	11
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
70VT		NOVE
IONE		NONE
		
otal number of others receiving over \$50,000 for professional services	<u>.,</u>	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1NONE		
2		
<u> </u>		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and NONE.	nd 2	Amount
1NONE		
2		·
All other program-related investments See instructions		
3 <u>NONE</u>		
Total. Add lines 1 through 3	.	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	ın foundat	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		······································
	purposes:		
а	Average monthly fair market value of securities	1a	1,810,983.
	Average of monthly cash balances	1b	254,813.
	Fair market value of all other assets (see instructions)	1c	NONE
	Total (add lines 1a, b, and c)	1d	2,065,796.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	2,065,796.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	30,987.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,034,809.
6	Minimum investment return. Enter 5% of line 5	6	101,740.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X. line 6.	1	101,740.
2 a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI).		
c	Add lines 2a and 2b	2c	1,850.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	99,890.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	99,890.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	99,890.
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	308,301.
a		1b	
b	Program-related investments - total from Part IX-B		
2	• • • • • • • • • • • • • • • • • • • •	2	NONE
_	purposes		NOND
3	Amounts set aside for specific charitable projects that satisfy the.	3a	NONE
a	Suitability test (prior IRS approval required)	3b	NONE
b	Cash distribution test (attach the required schedule)	4	308,301.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		300,301.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	5	N/A
_	Enter 1% of Part I, line 27b (see instructions)	6	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		308,301.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when consulties for the section 4940(e) reduction of tax in those years	aiculating	whether the foundation

Form 990-PF (2014)

	rt XIII Undistributed Income (see Instru	ctions)			Page 9
	C All Chaistribated moonie (see mistra	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
_	line 7			· - -	99,890.
2	Undistributed income, if any, as of the end of 2014			NONE	
	Enter amount for 2013 only		170175	NONE	
	Total for prior years 20 12 ,20,20		NONE		
3	Excess distributions carryover, if any, to 2014				
а	From 2009				
b	From 2010				
C	From 2011 NONE				
đ	From 2012 406,507.				
e	From 2013 NONE				
f	Total of lines 3a through e	632,100.			
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$308,301.				
а	Applied to 2013, but not more than line 2a			NONE	
ь	Applied to undistributed income of prior years			İ	
	(Election required - see-instructions)		NONE		
c	Treated as distributions out of corpus (Election				
·	required - see instructions)	NONE			
d	Applied to 2014 distributable amount				99,890.
	Remaining amount distributed out of corpus	208,411.			
5	-	NONE			NONE
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	840,511.			
	Prior years' undistributed income. Subtract		NONE		
	Inne 4b from line 2b				
٠	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable		NONE		
_	amount - see instructions		NONE		· · · · · · · · · · · · · · · · · · ·
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see			MONTE	
	instructions			NONE	·
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be				MONTO
	distributed in 2015				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE NONE			
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	225,593.			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	614,918.			
10	Analysis of line 9				
a	Excess from 2010 NONE				
b	Excess from 2011 NONE				
c	Excess from 2012 406,507.				
d	Excess from 2013 NONE				
e	Excess from 2014				
	· · · · · · · · · · · · · · · · · · ·				Form 990-PF (2014)

Pai	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	tion 9)		NOT	APPLICABL
1 a	If the foundation has							
	foundation, and the ruling							
h	Check box to indicate				in costion	4942(j)	(2) or T	4942(j)(5)
	Check box to indicate		is a private operating		in section	1 494Z(j)	(3) 01	4342()/(3)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years				(e) Total
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 20	11		
	return from Part X for each	l					•	
	year listed							
b	85% of line 2a			,	7			
С	Qualifying distributions from Part				ļ			
d	XII, line 4 for each year listed . Amounts included in line 2c not							
ŭ	used directly for active conduct of exempt activities							
е	Qualifying distributions made	,						
	directly for active conduct of							
	exempt activities Subtract line							
3	2d from line 2c		 -	 				
-	alternative test relied upon							
а	"Assets" afternative test - enter				Ì		l	
	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section _4942(j)(3)(B)(i)				_			
_ b	"Endowment" alternative test-							
	enter 2/3 of minimum invest-		}	}	1			
	ment return shown in Part X,							
_	line 6 for each year listed		<u> </u>					
С	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,				1			
	payments on securities	1						
	loans (section 512(a)(5)), or royalties)				ļ			
	(2) Support from general							
	public and 5 or more exempt organizations as							
	provided in section 4942		1		}		}	
	(j)(3)(B)(m)			-	- 			
	(3) Largest amount of sup- port from an exempt							
	organization							
	(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>			L	
Pa		ntary Information (t only if the foun	dation had	\$5,000	or mo	re in assets
		e during the year - s						
1	Information Regarding							
а	List any managers of						ed by t	he foundation
	before the close of any	y tax year (but only if t	hey have contributed i	more than \$5,000). (See section 50	0/(d)(2).		
	N/A							
b	List any managers of	the foundation who	own 10% or more of	of the stock of a cor	poration (or a	equally	/ large	portion of the
_	ownership of a partne					•		
		. , , , , , , , , , , , , , , , , , , ,		ŭ				
	N/A							
_	Internation Demonstra	0	C'ff I C-b-laush	in ste Dunnamen				
2	Information Regarding	-						
	Check here ► if	the foundation only	makes contributions	to preselected cha	ritable organ	ızations a	and doe	s not accept
	unsolicited requests f			ants, etc. (see instru	ictions) to ind	ividuals o	r organ	ızations under
	other conditions, comp	plete items 2a, b, c, an	d d.					
а	The name, address, an	nd telephone number o	or e-mail address of the	e person to whom ap	plications sho	uld be ad	dressed:	
	SEE STATEMENT	6						
	The form in which app		hmitted and information	on and materials they	should includ	le.		
-						-		
	SEE ATTACHED S	TATEMENT FOR L	ING Z					
_	A							
С	Any submission deadl							
	SEE ATTACHED S	TATEMENT FOR L	INE 2					
d	Any restrictions or I	imitations on awards	, such as by geogra	aphical areas, charit	able fields, k	inds of i	nstitutio	ns, or other
	factors:							
	SEE ATTACHED S	TATEMENT FOR L	INE 2					
ISA								000 PE (0044)

	uture Payment	ved for Fu	g the Year or Appro	3 Grants and Contributions Paid Durin
	Purpose of great or	Foundation	If recipient is an individual,	3 Grants and Contributions Paid Durin Recipient Name and address (home or business)
Amount	Purpose of grant or contribution	status of recipient	any foundation manager	Name and address (home or business)
		7,50,510	Or sudstantial contributor	a Paid during the year
				a raid daring the year
29		Ì		SEE STATEMENT 24
27				OBB CIAIDMBNI 24
		i i		
		}		
		1		
			,	
29	▶ 3a			T-A-I
<u></u>			 	Total
		ļ .		b Approved for future payment
	ļ į	1		
	}			
	1	1	I	
			1	

iter gross a	A Analysis of Income-Produ		rilico			
	amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
I Program		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	service revenue		, <u>.</u>	Excidsion code		(See instructions)
]		
_						
d						
e						
f				-		
-	and contracts from government agencies				_	
	ship dues and assessments					
	s and interest from securities			14	67,102.	
	al income or (loss) from real estate					
a Debt-	financed property					
b Not d	lebt-financed property					
	income or (loss) from personal property .					
	vestment income			10	24 212	
	oss) from sales of assets other than inventory			18	3.4-,-310	
	me or (loss) from special events			·-		
•	ofit or (loss) from sales of inventory venue a				 	
	venue a			 		
				-		
		-				
е						
Subtotal	Add columns (b), (d), and (e)				101,412.	
	dd line 12, columns (b), (d), and (e)				13	101,41
art XVI-		to the Ac				uted importantly to
art XVI-		to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (e	e) of Part XVI-A contribu	
ert XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
ert XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	n income is reported i	n column (d	e) of Part XVI-A contribu	
nt XVI- ne No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
nt XVI- ne No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
art XVI- ne No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
ert XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
ert XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
ert XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
art XVI- ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
art XVI- .ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	
art XVI- .ine No	B Relationship of Activities Explain below how each activit	to the Ac	h income is reported it purposes (other than	n column (d	e) of Part XVI-A contribu	

•										_	42
Part				nsfers To and	Transacti		1-2058155 Relationships	With None	harit		ge 13
1 [Old the	e organization direct		engage in any of th	ne following	with any	other organization	on described		Yes	No
		ion 501(c) of the Co									
		zations?			_			- '	<u> </u>		
a 1	Fransf	ers from the reporting	g foundation to a	a noncharitable exe	empt organi	zation of:					1
(1) Ca:	sh							1a(1)		X
(2) Oth	ner assets							1a(2)		X
		transactions:									
		les of assets to a non							1b(1)		X
		rchases of assets from									X
		ntal of facilities, equip									X
		imbursement arrange									X
		ans or loan guarantee									X
		rformance of services	•	-							X
		g of facilities, equipm								· · · · ·	
\	value	answer to any of th of the goods, other in any transaction or	assets, or service	es given by the re	eporting for	undation. I	f the foundation	received less	than	faır m	narket
(a) Lin	_ · T	(b) Amount involved	T	oncharitable exempt org			ption of transfers, trai			•	
											
			·				-				
	$\neg \uparrow$										
						<u></u>			_		
			<u> </u>								
(descri	foundation directly bed in section 501(c)	of the Code (ot					anizations [Y	es 🗔	X No
b_	it "Yes	;," complete the follow	i i	(h) Tung of	organization.		(c) Des	cription of relation	shin		
		(a) Name of organization	on	(b) Type of o	organization		(c) Des	cription or relation	Silip		
											
											
					.	-					
										•	
	Unde	er penalties of perpery, I decid	are that I have examin	ned this return, including	accompanying so	chedules and s	atements, and to the b	pest of my knowledg	ge and b	pelief, it	is true
٥.	corre	ct, and complete Declaration of	f preparer (other than ta	xpayer) is based on all infor	mation of which	preparer has an	y knowledge				
Sign				_ 14-1-	15			May the IR: with the pr		s this	return below
Here	Sia	nature of officer or trustee		Date		Title	·	(see instruction		Yes	No
		ROST BANK, TRUS	TEE	FROST BAN	IK, TRU			L			<u> </u>
Paid	,	Print/Type preparer's na		Preparer's signatur		<u></u>	Date	Check if	PTIN		

Form 990-PF (2014)

self-employed

Firm's EIN

Phone no

Paid

Preparer

Use Only

Firm's name

Firm's address

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

or 990-PF)
Department of the Treasury
Internal Revenue Service
Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

OMB No 1545-0047

2014

realine of the organization			Cimployer identification number
CHARITABLE FOUNDATI	ION FROST F0359600		74-2058155
Organization type (check on			
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
101111 000 01 000 02			•
	4947(a)(1) nonexempt charitable trust not treated as a	private four	ndation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundat	ion— — — — — — — — — — — — — — — — — — —
	501(c)(3) taxable private foundation		
Instructions. General Rule	7), (8), or (10) organization can check boxes for both the General F		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor Complete Parts I and II. Sec contributions		
Special Rules			
regulations under s 13, 16a, or 16b, ai	n described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (nd that received from any one contributor, during the year, total co of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	Form 990 ontributions	or 990-EZ), Part II, line of the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 or his the year, total contributions of more than \$1,000 exclusively for ronal purposes, or the prevention of cruelty to children or animals.	eligious, ch	arıtable, scientific,
contributor, during contributions total during the year for General Rule appli	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990 or 990 the year, contributions exclusively for religious, charitable, etc., pued more than \$1,000. If this box is checked, enter here the total correct an exclusively religious, charitable, etc., purpose. Do not complete lies to this organization because it received nonexclusively religious more during the year.	urposes, bu ontributions any of the s, charitable	t no such s that were received parts unless the , etc., contributions
990-EZ, or 990-PF), but it me	it is not covered by the General Rule and/or the Special Rules does ust answer "No" on Part IV, line 2, of its Form 990; or check the bo o certify that it does not meet the filing requirements of Schedule E	x on line H	of its Form 990-EZ or on its
For Paperwork Reduction Act Natur	ce see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule F	3 (Form 990, 990-EZ, or 990-PF) (2014

JSA 4E1251 2 000 Name of organization
CHARITABLE FOUNDATION FROST F0359600

Employer identification number 74 - 2058155

Part I Co	ntributors (:	see instructions).	Use duplicate copie	es of Part I if add	itional space is needed.
-----------	---------------	--------------------	---------------------	---------------------	--------------------------

arer		art in additional space is nee	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FROST BANK 100 W. HOUSTON ST SAN ANTONIO, TX 78205	\$ <u>500,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses ► Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

OMB No 1545-0092

2014

Name of estate or trust			Employer identific		
CHARITABLE FOUNDATION FROST F0359600			74-205	815	5
Note: Form 5227 filers need to complete only Parts I and II.	U-I-I O V				
Part I Short-Term Capital Gains and Losses - Ass		r or Less	T		(1) (2) (1)
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds	(e) Cost (or other basis)	(g) Adjustments to gain or loss from(s) 8949, Paline 2, column (om irt I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
			· · · · · · · · · · · · · · · · · · ·		<u></u>
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked			<u> </u>		
3 Totals for all transactions reported on Form(s) 8949 with Box C checked					
4 Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
 Net short-term gain or (loss) from partnerships, S corp Short-term capital loss carryover Enter the amount Carryover Worksheet 	unt, if any, from lin	e 9 of the 2013	Capital Loss	5 6	()
7 Net short-term capital gain or (loss). Combine line 17, column (3) on the back	<u>.</u>	<u></u>		7	
Part II Long-Term Capital Gains and Losses - Ass	ets Held More Tha	n One Year	··		
See instructions for how to figure the amounts to enter or the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr	om	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column		combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked		97,435.			-76,601
11 Long-term capital gain or (loss) from Forms 2439, 46	884, 6252, 6781, and	d 8824 · · · · · · ·		11	
12 Net long-term gain or (loss) from partnerships, S corp	porations, and other e	states or trusts		12	
13 Capital gain distributions				13	110,911
14 Gain from Form 4797, Part I				14	
15 Long-term capital loss carryover. Enter the amou Carryover Worksheet				15	()
16 Net long-term capital gain or (loss). Combine line 18a, column (3) on the back				16_	34,310
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 1041.		Sch	edule	D (Form 1041) 2014

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

DM1499 L710 03/29/2015 11:39:31

JSA 4F1210 1 000

Sched	lule D (Form 1041) 2014					Page 2
Pari			(1) Beneficia	ries'	(2) Estate's	
	Caution: Read the instructions before completing this pa	art.	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17				
18	Net long-term gain or (loss):					
а	Total for year	18a				34,310.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b				130.
c	28% rate gain	18c				
	Total net gain or (loss). Combine lines 17 and 18a ▶	19			·····	34,310.
Note	t: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 i, go to Part V, and do not complete Part IV. If line 19, column (3), is a n	(or Fo	rm 990-T, Part	l, line 4a)	If lines 18a an	d 19, column (2), are net
neces	ssary	et 1033	, complete rai	i iv and u	le Capital Loss	Carryover Worksheet, as
Part	t IV Capital Loss Limitation					
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P					,
a Note	The loss on line 19, column (3) or b \$3,000				20	()
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover	page	i, line 22 (or r)IIII 330-1,	illie 34), is a i	oss, complete the capital
Par	t V Tax Computation Using Maximum Capital Gains Rate	es				
Form	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains,	or an amo	ount is entered	I in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), <mark>and</mark> Form 1041, line 22, is moi					
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i	nstruc	tions if			
	ther line 18b, col (2) or line 18c, col (2) is more than zero, or					
	oth.Form_104.1,_line.2b(1),_and_Form_4952,_line_4g_are_more_than.zero n 990-T trusts. Complete this part only if both lines 18a and 19 a		ns or qualify	ad divider	nde are includ	led in uncome in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part					
	her line 18b, col (2) or line 18c, col. (2) is more than zero.		Ф, р отоо .		_ ,,	
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	841	21	-		
22	Enter the smaller of line 18a or 19 in column (2)					
	but not less than zero					
23	Enter the estate's or trust's qualified dividends		_			
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T) 23					
24	Add lines 22 and 23	-				
25	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0 ▶ 25					
26	Subtract line 25 from line 24. If zero or less, enter -0		. 26			
27	Subtract line 26 from line 21 If zero or less, enter -0		. 27			
28	Enter the smaller of the amount on line 21 or \$2,500		. 28			
29	Enter the smaller of the amount on line 27 or line 28					
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is				▶ 30	
31	Enter the smaller of line 21 or line 26					
32	Subtract line 30 from line 26		. 32			
33	Enter the smaller of line 21 or \$12,150					
34	Add lines 27 and 30					
35	Subtract line 34 from line 33 If zero or less, enter -0-					
36	Enter the smaller of line 32 or line 35				▶ 37	
37	Multiply line 36 by 15%		1 1		37	
38	Enter the amount from line 31		`	-		
39 40	Add lines 30 and 36		·			
40 41	Multiply line 40 by 20%		• ——		▶ 41	
42	Figure the tax on the amount on line 27 Use the 2014 Tax Rate Schedule for		1 1			-
74	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1 1			
43	Add lines 37, 41, and 42		•			
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for		·			
• •	and Trusts (see the Schedule Ginstructions in the instructions for Form 1041)		1 1			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44			1041. Sch	nedule	
. •	O. L. A. J. E. COOT. L. CO.			, 201		

Schedule D (Form 1041) 2014

11 11 11 11
 - -

NET INVESTMENT INCOME		67,102.	67,102.	
REVENUE AND EXPENSES PER BOOKS	 	67,102.	67,102.	
			TOTAL	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIVIDENDS AND INTEREST		

STATEMENT

DM1499 L710 03/29/2015 11:39:31

F0359600
FROST
FOUNDATION
CHARITABLE

74 2058155

	CHARITABLE PURPOSES	450.
	ADJUSTED NET INCOME	NONE
	NET INVESTMENT INCOME	4 5 0 1 4 5 0 1 4 5 0 1 4 5 0 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	REVENUE AND EXPENSES PER BOOKS	.000
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	TAX RETURN PREPARATION TOTALS

7

STATEMENT

CHARITABLE FOUNDATION FROST F0359600

74-2058155

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

FORM 990PF TAXES FORM 990PF ESTIMATED TAXES 1,265. 2,520.

TOTALS

3,785.

CHARITABLE FOUNDATION FROST F0359600

FORM 990PF, PART II - OTHER INVESTMENTS

	COST/ FMV	BEGINNING	ENDING	ENDING
DESCRIPTION	C OR F			FMV
	1 1 1 1 1	- 	1 1 1 1 1 1 1 1	
FROST INTERNATIONAL STOCK FD	บ	79,790.	. 19, 190.	65,221.
FROST SMALL CAP EQUITY FUND	ບ			
MAINSTAY FUNDS CONV	บ	\mathbf{r}	39,753.	43,0
FROST GROWTH EQUITY FD	ט	œ	80,40	81,3
FROST DIVIDEND VALUE EQUITY FD	บ	140,587.	, 58	, 78
FROST TOTAL RETURN BOND FD	บ	66,54	66,54	72,21
TEMPLETON GLOBAL BOND FD	ט	0	05,4	-
COHEN & STEERS INST REALTY	ט	6,19	6,19	5,03
FROST NATURAL RESOURCES INST	ט	6	, 67	2,57
INVESCO DEVELOPING MARKETS	บ	39,837.	9,83	8,19
FROST LOW DURATION BOND FD	บ			, 16
FROST CREDIT FUND ST	ט	50,000.	00,	06'6
T ROWE PRICE INTL DISCOVERY	ט	31,373.	31,373.	38,936.
	i			
	TOTALS	1,659,025.	1,561,591.	638,669
	Ï			11 11 11 11 11 11 11 11 11

F0359600

STATEMENT

CHARITABLE FOUNDATION FROST F0359600

74-2058155

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

FROST BANK 100 W. HOUSTON ST SAN ANTONIO, TX 78205

RECIPIENT NAME:

EXECUTIVE COMMITTEE OF THE FROST BANK

ADDRESS:

100 W. HOUSTON STREET

SAN ANTONIO, TX 78205

FORM, INFORMATION AND MATERIALS:

THE GRANT REQUEST SHOULD BE SENT ON THE ORGANIZATION'S LETTERHEAD AND SIGNED BY A MEMBER OF THE BOARD OF DIRECTORS OR AN OFFICER OF THE ORGANIZATION MAKING THE REQUEST.

SUBMISSION DEADLINES:

THERE ARE NO FORMAL DEADLINES FOR SUBMITTING REQUESTS.

THERE ARE NO EXPRESS RESTRICTIONS OR LIMITATIONS ON GRANTS BASED ON RESTRICTIONS OR LIMITATIONS ON AWARDS:

GEOGRAPHICAL AREAS, CHARITABLE FIELDS, OR KINDS OF INSTITUTIONS.

FORM, INFORMATION AND MATERIALS:

FOLLOWING INFORMATION:

- <u>(A) SPECIFIC INFORMATIONS RELATED TO THE DESIRED USE OF THE GRANT.</u>
- (B) A COPY OF THE ORGANIZATION'S CHARTER AND BY-LAWS.
- FORM, INFORMATION AND MATERIALS:
 - (C) A COPY OF THE ORGANIZATION'S MOST RECENT FINANCIAL STATEMENTS

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SAN ANTONIO SYMPHONY ADDRESS: 222 EAST HOUSTON ST. SUITE 200 SAN ANTONIO, TX 78205 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: ROTARY CLUB OF SAN ANTONIO FOUNDATION ADDRESS:_ 710 MCCULLOUGH SAN ANTONIO, TX 78215-1615 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: PROJECT QUEST, INC. ADDRESS: 301 SOUTH FRIO, ROOM 400 SAN ANTONIO, TX 78207 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: THE CARVER DEVELOPMENT BOARD ADDRESS: 226 NORTH HACKBERRY SAN ANTONIO, TX 78202 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: LENA POPE HOME INC ADDRESS: 3131 SANGUINET FORT WORTH, TX 76107 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: UNITED WAY OF SAN ANTONIO ADDRESS: P O BOX 898 SAN ANTONIO, TX 78293-0898 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 60,000. AMOUNT OF GRANT PAID

74-2058155 CHARITABLE FOUNDATION FROST F0359600 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FOUNDATION COMMUNITIES ADDRESS: 3036 SOUTH FIRST AUSTIN, TX 78704 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: UNITED WAY OF SOUTH TEXAS ADDRESS: PO BOX 187 MCALLEN, TX 78505-0187 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SAN ANTONIO PUBLIC LIBRARY FDN ADDRESS: 315 E COMMERCE SUITE 201 SAN ANTONIO, TX 78205 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,200. AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: MISSION ROAD MINISTRIES ADDRESS: 8706 MISSION ROAD SAN ANTONIO, TX 78214-3144 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: UNIVERSITY OF THE INCARNATE WORD ADDRESS: 4301 BROADWAY SAN ANTONIO, TX 78209-6397 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: UNIVERSITY OF TEXAS AT SAN ANTONIO ADDRESS: 6900 NORTH LOOP 1604 WEST SAN ANTONIO, TX 78249 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 12,500.

AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ALAMO CITY COLLEGE DISTRICT FDN INC ADDRESS: 201 W SHERIDAN SAN ANTONIO, TX 78204 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: NORTHSIDE EDUCATION FOUNDATION ADDRESS: 5900 EVERS ROAD SAN ANTONIO, TX 78238 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 2,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SAN ANTONIO MUSEUM OF ART ADDRESS: 200 WEST JONES SAN ANTONIO, TX 78215 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT

AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TEXAS RIO GRANDE LEGAL AID INC ADDRESS: 300 S TEXAS WESLACO, TX 78596 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,500. AMOUNT OF GRANT PAID RECIPIENT NAME: UNITED WAY OF THE COASTAL BEND ADDRESS:___ PO BOX 9011 CORPUS CHRISTI, TX 78469 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: 5,938. AMOUNT OF GRANT PAID RECIPIENT NAME: AMERICAN HEART ASSOCIATION ADDRESS: 7272 GREENVILL W AVENUE DALLAS, TX 75231 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID

DM1499 L710 03/29/2015 11:39:31

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CHILDRENS MEDICAL CENTER FOUNDATION ADDRESS: 4900 MUELLER BLVD AUSTIN, TX 78723 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: TEXAS STATE AQUARIUM ADDRESS: 2710 NORTH SHORELINE CORPUS CHRISTI, TX 78402-1097 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: VANNIE E COOK JR CANCER FOUNDATION ADDRESS: 101 WEST EXPRESSWAY 83 MCALLEN, TX 78503 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LIVING CITIES INC T THE NATIONAL COMM DEV INITIATIVE ADDRESS: 1040 AVE OF THE AMERICAS 17 FL NEW YORK, NY 10018 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: URBAN CONNECTION SAN ANTONIO ADDRESS: PO BOX 7262 SAN ANTONIO, TX 78207 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: HACA SCHOLARSHIP FOUNDATION INC ADDRESS: PO BOX 41119 AUSTIN, TX 78704 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: OPERA SAN ANTONIO ADDRESS: 417 8TH STREET SAN ANTONIO, TX 78215 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: SA YOUNG WOMENS LEADERSHIP ACADEMY ADDRESS:_____ 303 PEAR PARKWAY SAN ANTONIO, TX 78215 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: OUR LADY OF THE LAKE UNIV ENDOW FD MARTIN MATHIS CONTROLLER ADDRESS: 411 S W 24TH STREET SAN ANTONIO, TX 78285 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000. AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CATHOLIC CHARITIES ARCHDIOCESE SA ADDRESS: 202 W FRENCH PL SAN ANTONIO, TX 78212 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: UNITED WAY OF GREATER HOUSTON ADDRESS: PO BOX 3247 HOUSTON, TX 77253 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT

AMOUNT OF GRANT PAID

12,500.

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: JUNIOR LEAGUE OF AUSTIN ADDRESS: 5416 PARKCREST DR STE 100 AUSTIN, TX 78731 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: SOCIETY OF ST VINCENT DE PAUL ARCHDIOCESE OF SAN ANTONIO ____ ADDRESS: 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: ECUMENICAL CENTER ADDRESS: 8310 EWING HALSELL DR SAN ANTONIO, TX 78229-3715 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT

AMOUNT OF GRANT PAID

2,500.

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ------RECIPIENT NAME: PALM VALLEY ANIMAL CENTER ADDRESS: 2501 W TRENTON RD EDINBURG, TX 78539 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: CHRYSALIS MINISTRIES ADDRESS: 503 SAN PEDRO SAN ANTONIO, TX 78212 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,500. RECIPIENT NAME: RONALD MCDONALD HOUSE CHARITIES OF SA ATTN PAT BIVIN ADDRESS: 4803 SID KATZ SAN ANTONIO, TX 78229 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: 5,000. AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: HERMANN EYE FUND ADDRESS: 6400 FANNIN ST SUITE 1910 HOUSTON, TX 77030 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000. AMOUNT OF GRANT PAID RECIPIENT NAME: FAMILY ELDERCARE INC ADDRESS: _____ 1700 RUTHERFORD LN AUSTIN, TX 78754 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: ROUND ROCK AREA SERVING CTR INC ADDRESS: PO BOX 5006 ROUND ROCK, TX 78683 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: 1,000.

AMOUNT OF GRANT PAID

DM1499 L710 03/29/2015 11:39:31

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: TRAVIS COUNTY BROWN SANTA ADDRESS: PO BOX 207 AUSTIN, TX 78767 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: EL BUEN SAMARITANO EPISCOPAL CENTER -ADDRESS:-7000 WOODHUE DRIVE AUSTIN, TX 78745 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: TX LOW INCOME HOUSING INFO SERVICE ADDRESS: 508 POWELL ST AUSTIN, TX 78703 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000.

AMOUNT OF GRANT PAID

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MANOS DE CRISTO ADDRESS: 903 S CAPITAL OF TEXAS HWY AUSTIN, TX 78746 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: FOREVER FOUNDATION TEXAS WILDLIFE ASSOC_FD_INC__ ___ ADDRESS: 2800 NE LOOP 410 STE 105 SAN ANTONIO, TX 78218 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 2,000. AMOUNT OF GRANT PAID RECIPIENT NAME: PROJECT QUEST, INC. ADDRESS: 515 SW 24TH STREET SUITE 201 SAN ANTONIO, TX 78207 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 1,000. AMOUNT OF GRANT PAID

40

DM1499 L710 03/29/2015 11:39:31

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FREE TRADE ALLIANCE EDUCATION ADDRESS: 203 S ST MARY'S ST, STE 130 SAN ANTONIO, TX 78205 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: RONALD MCDONALD HSE CHARITIES RGV ADDRESS: 1720 TREASURE HILLS BLVD HARLINGEN, TX 78550 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXMEPT 1,000. AMOUNT OF GRANT PAID RECIPIENT NAME: SAN ANTONIO-MEXICO FRIENDSHIP COUNC ADDRESS: 127 NAVARRO ST SAN ANTONIO, TX 78205 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT

AMOUNT OF GRANT PAID

2,500.

CHARITABLE FOUNDATION FROST F0359600 74-2058155 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: SA FOR GROWTH ON THE EASTSIDE ADDRESS: 220 CHESTNUT SAN ANTONIO, TX 78202 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: MOBILE LOAVES AND FISHES ADDRESS: 903 S CAPITAL OF TEXAS HWY AUSTIN, TX 78746 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: BOY SCOUTS OF AMERICA SAN ANTONIO ADDRESS: 2226 NW MILITARY HWY SAN ANTONIO, TX 78213 RELATIONSHIP: NONE PURPOSE OF GRANT: GRANT FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000.

AMOUNT OF GRANT PAID

DM1499 L710 03/29/2015 11:39:31

42

CHARITABLE FOUNDATION FROST F0359600 74-2058155
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

UNITED WAY OF METROPOLITAN DALLAS
ADDRESS:

1800 N LAMAR

DALLAS, TX 75202
RELATIONSHIP:

NONE
PURPOSE OF GRANT:
GRANT
FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

TOTAL GRANTS PAID:

EXEMPT

299,388.

7,000.

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
—- (Example: 100 sh XYZ Go-)	-(Mo-, day, yr)	—disposed — (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
11077.349 FROST SMALL CAP							
CL I*	02/08/2012	12/15/2014	20,834.00	97,435.00			-76,601.00
		-				· · · · · · · · · · · · · · · · · · ·	

- 							
						-	
2 Totals. Add the amounts in coling (subtract negative amounts) Errorlude on your Schedule D, linchecked), line 9 (if Box E above (if Box F above is checked) ▶	nter each total	here and above is	20,834.	97,435.			-76,601.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2014)

DM1499 L710