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### 990-PF

Department of the Treasury

Internal Revenue Service

### Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Open to Public Inspection

For calendar year 2016 or tax year beginning 2016, and ending A Employer identification number Name of foundation VIZIENT FOUNDATION, INC 22-2710552 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 290 EAST JOHN CARPENTER FWY. (877) 847-1450 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. IRVING, TX 75062-2710 Initial return G Check all that apply Initial return of a former public charity D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Name change Address change computation . . H Check type of organization. X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here -Fair market value of all assets at J Accounting method Cash | X Accrual If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here 409,467. (Part I, column (d) must be on cash basis ) *16)* ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (h) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income purposes income may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) 152,138 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is **not** required to attach Sch B. . . . . . 3 Interest on savings and temporary cash investments. 8,078. 8,078. ATCH 1 Dividends and interest from securities . . . . Net rental income or (loss) -39,020Revanue Net gain or (loss) from sale of assets not on line 10. Gross sales price for all assets on line 6a 609,022. Capital gain net income (from Part IV, line 2). Net short-term capital gain, . . . . . . . . . Income modifications 10 a Gross sales less returns and allowances . . . OCDEN U **b** Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) . . . . . . 121,196. 8,078. 12 Total. Add lines 1 through 11 . . . . . . . 0. 13 Compensation of officers, directors, trustees, etc. Expenses 18,625. 18,625. 14 Other employee salaries and wages . . . . . 3.233. 3,233 15 Pension plans, employee benefits . . . . . 16a Legal fees (attach schedule) . . . . . . . . b Accounting fees (attach schedule) . . . . . Administrative 300. 300 c Other professional fees (attach schedule).[2] 17 1.634 1,634. 18 Taxes (attach schedule) (see instructions)[3]. 19 Depreciation (attach schedule) and depletion. 377. 377. 20 21 Travel, conferences, and meetings . . . . . and 22 Printing and publications . . . . . . . . . Operating 22 276 276. Other expenses (attach schedule) ATCH .4. . Total operating and administrative expenses. 24,445 300 24,145. Add lines 13 through 23. . . . . . . . . . 510,141. 510,141 Contributions, gifts, grants paid . . . . . . 534,586. 300. 534,286. 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 -413,390 a Excess of revenue over expenses and disbursements . . 7,778 b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

JSA For Paperwork Reduction Act Notice, see instructions.

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| Part II                                 | Ralance Sheets  | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year                       |                | l of year             |  |  |
|---|---|--|---|----------------|-----------------------|--|--|
| T GI C II                               |   | amounts only (See instructions )   | (a) Book Value                          | (b) Book Value | (c) Fair Market Value |  |  |
| 1                                       | Cash - non-interest-bear  | ing  | 173,588.                                | 400,277.       | 400,277.              |  |  |
|   |   | cash investments   |   |                |                       |  |  |
| - 1                                     | Accounts receivable ▶   | 1  |   |                |                       |  |  |
|   | Less allowance for dou  | btful accounts >   |   |                |                       |  |  |
| 4                                       | Pledges receivable ▶_   |  |   |                |                       |  |  |
|   | Less allowance for dou  | ibiti a a a a consta   |   |                |                       |  |  |
| 5                                       | Grants receivable   | ,  | 5,379.                                  | 8,190.         | 8,190                 |  |  |
| 6                                       | Receivables due from  | officers, directors, trustees, and other   |   |                |                       |  |  |
| [                                       | disqualified persons (at  | tach schedule) (see instructions)  |   | _              |                       |  |  |
|   |   | receivable (attach schedule) 🕨   |   |                |                       |  |  |
|   |   | btful accounts >   |   |                |                       |  |  |
|   |   | se   |   |                |                       |  |  |
| Assets                                  | Prepaid expenses and o  | leferred charges   |   | 1,000.         | 1,000                 |  |  |
| <b>∛</b> 10a                            | Investments - U S and star  | te government obligations (attach schedule)  | 592,585.                                |                |                       |  |  |
| ь                                       | Investments - corporate   | e stock (attach schedule)  |   |                |                       |  |  |
| - 1                                     |   | e bonds (attach schedule)  |   |                |                       |  |  |
| 11                                      | Investments - land, building<br>and equipment basis<br>Less accumulated depreci | <u> </u>   |   |                |                       |  |  |
| 100                                     | (attach schedule)   | 1  |   |                |                       |  |  |
|   | <b>5 5</b>  | loansach schedule)   |   |                | <del></del>           |  |  |
|   | Land, buildings, and  | bacin scriedule)   |   |                |                       |  |  |
|   | equipment basis<br>Less accumulated deprecia                                    | ation  |   |                |                       |  |  |
| 15                                      | (attach schedule)   | ATCH 5   | 910.                                    | <del></del>    |                       |  |  |
|   |   | completed by all filers - see the  |   | <del></del>    |                       |  |  |
|   |   | page 1, item I) ,  | 772,462.                                | 409,467.       | 409,467               |  |  |
|   |   |  | 9,278.                                  | 12,348.        |                       |  |  |
| - 1                                     |   | accrued expenses   |   | 12,3101        |                       |  |  |
|   |   |  |   |                |                       |  |  |
| 19                                      |   |  |   |                |                       |  |  |
| ≧ 20<br>2 21                            |   | ors, trustees, and other disqualified persons Lotes payable (attach schedule)      |   |                | 1                     |  |  |
| <del>'</del>                            | • •   | e >)   |   |                |                       |  |  |
|   | Other habilities (describ   | /  | <del></del>                             | <del></del>    |                       |  |  |
| 23                                      | Total liabilities (add line   | es 17 through 22)  | 9,278.                                  | 12,348.        |                       |  |  |
|   |   | low SFAS 117, check here . ▶ X   |   |                | ,                     |  |  |
| S                                       |   | 24 through 26 and lines 30 and 31.   |   |                |                       |  |  |
| <u> </u>                                | •   |  | 763,184.                                | 397,119.       |                       |  |  |
| R 25                                    |   |  |   |                |                       |  |  |
|   | Permanently restricted .  | · · · · · · · · · · · · · · · · · · ·  |   |                |                       |  |  |
| 킫~~                                     | •   | . [7]  |   |                |                       |  |  |
| 리                                       |   | not follow SFAS 117, plete lines 27 through 31.                                    |   |                |                       |  |  |
| Net Assets or Fund B 26 2 2 3 3 3 3 3 1 |   | •  |   | Ì              |                       |  |  |
| <u>ي ۲</u>                              |   | cipal, or current funds  |   |                |                       |  |  |
| 80 20                                   |   | r land, bldg , and equipment fund Lulated income, endowment, or other funds        |   |                |                       |  |  |
| ۲ م                                     | · · · · · · · · · · · · · · · · · ·   | d balances (see instructions)  | 763,184.                                | 397,119.       |                       |  |  |
| <b>5</b> 31                             |   | net assets/fund balances (see  |   |                |                       |  |  |
| اداع!                                   |   | , 1  | 772,462.                                | 409,467.       |                       |  |  |
| Part II                                 |   | nges in Net Assets or Fund Balar   |   | 103, 107.      |                       |  |  |
|   |   | balances at beginning of year - Part I   |   | ust agree with |                       |  |  |
|   |   | ed on prior year's return)   | , ,                                     | -              | 763,184.              |  |  |
|   |   |  |   |                | -413,390              |  |  |
|   |   | , line 27a   | • |                | 47,325                |  |  |
|   |   |  |   | $ \frac{3}{4}$ | 397,119               |  |  |
|   |   | n line 2 (domiza) 🏲  | • |                |                       |  |  |
|   | reases not included in  |  | line C) Deut II setting (6)             | 5 S            | 397,119               |  |  |
| o Iota                                  | i net assets or fund t  | palances at end of year (line 4 minus  | iine 5) - Paπ II, column (b)            | line 30 6      | 391,119               |  |  |

| Pai      | t IV Capital Gains   | and Losses for Tax on Inve                                     | estment Income                                  |   | <del></del>                                |                                  |
|----------|--|--|---|---|--|----------------------------------|
| _        | (a) List and   | d describe the kind(s) of property sold (                      |   | (b) How<br>acquired<br>P - Purchase<br>D - Donation | (c) Date acquired (mo , day, yr )          | (d) Date sold<br>(mo , day, yr ) |
| 1 a      | SEE PART IV SCHEE  | DULE   |   | D - Donation  |  |                                  |
| b        |  |  |   |   |  |                                  |
| c        |  |  |   |   |  |                                  |
| <u>d</u> |  |  |   |   |  |                                  |
| e        |  |  |   |   |  |                                  |
|          | (e) Gross sales price  | (f) Depreciation allowed (or allowable)                        | (g) Cost or other basis<br>plus expense of sale | . —   | (h) Gain or (lo                            |                                  |
| a        |  |  |   |   |  |                                  |
| b        |  |  |   |   |  |                                  |
| <u>C</u> |  |  |   |   |  |                                  |
| <u>d</u> |  |  |   |   |  |                                  |
| е        |  | howing gain in column (h) and owned                            | by the foundation on 12/31/69                   |   |  |                                  |
|          | Complete only for assets s   | <del></del>  |   |   | Gains (Col (h) ga<br>(k), but not less the |                                  |
|          | ) F M V as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69                           | (k) Excess of col (ı)<br>over col (ı), ıf any   |   | Losses (from co                            |                                  |
| a        |  |  |   |   |  |                                  |
| <u>b</u> |  |  |   |   |  |                                  |
| c<br>d   |  | <del></del>  |   |   |  |                                  |
| <u>u</u> |  |  |   |   |  |                                  |
| 2        | Capital gain net income  | or (not capital loce)  | ain, also enter in Part I, line 7               | 2   |  | -39,020.                         |
| 3        | Net short-term capital d   | ain or (loss) as defined in sections                           | •   |   |  | 37,020.                          |
| •        |  | art I, line 8, column (c) (see ins                             |   |   |  |                                  |
|          | - ·  |  | · · · · · · · · · · · · · · · · · · ·           | 3   |  | 0.                               |
| Pai      |  |  | duced Tax on Net Investment Ir                  | come  |  |                                  |
| Was      |  | the section 4942 tax on the distrib                            | outable amount of any year in the ba            | ase perio   | d?   | Yes X No                         |
| 1        |  | not qualify under section 4940(e)                              | ar, see the instructions before maki            | ng any en   | itries                                     |                                  |
| <u> </u> | (a)  | (b)  | (c)   | ing arry cr   | (d)  |                                  |
| Cale     | Base period years<br>endar year (or tax year beginning in)                       | Adjusted qualifying distributions                              | Net value of noncharitable-use assets           |   | Distribution ra<br>(col (b) divided by     |                                  |
|          | 2015   | 51,154.  | 765,232.  |   |  | 0.066848                         |
|          | 2014   | 37,492.  | 702,517.  |   |  | 0.053368                         |
|          | 2013   | 504,287.   | 723,853.  |   |  | 0.696670                         |
|          | 2012   | 401,943.   | 899,304.  |   |  | 0.446949                         |
|          | 2011   | 1,749,782.   | 1,598,651.                                      |   |  | 1.094537                         |
|          |  |  |   |   |  | 0 050000                         |
| 2        |  | d)   |   | 2   | <del></del> .                              | 2.358372                         |
| 3        |  |  | de the total on line 2 by 5, or by the          |   |  | 0 471674                         |
|          | number of years the fou  | indation has been in existence if le                           | ss than 5 years                                 | 3   | <del></del>                                | 0.471674                         |
| 4        | Enter the net value of ne  | oncharitable-use assets for 2016 f                             | rom Part X, line 5                              | 4   |  | 646,765.                         |
| 5        | Multiply line 4 by line 3.   |  |   | 5   |  | 305,062.                         |
| 6        | Enter 1% of net investm  | nent income (1% of Part I, line 27b)                           |   | 6   |  | 78.                              |
| 7        | Add lines 5 and 6  |  |   | 7   |  | 305,140.                         |
| 8        | Enter qualifying distribut<br>If line 8 is equal to or g<br>Part VI instructions | tions from Part XII, line 4 greater than line 7, check the box |   | 8<br>that par                                       |  | 534,286.<br>ex rate See th       |

| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in   | struct   | ions) |             |
|-----|--|--|-------|-------------|
| 1a  | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1  |  |       |             |
|     | Date of ruling or determination letter (attach copy of letter if necessary - see instructions)   |  |       |             |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V, check   |  |       | 78.         |
|     | here ▶ X and enter 1% of Part I, line 27b  |  |       |             |
| С   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J   |  |       |             |
|     | Part I, line 12, col (b)   |  |       |             |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2   |  |       | <del></del> |
|     | Add lines 1 and 2  |  |       | 78.         |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4   |  |       | 0.          |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0   |  |       | 78.         |
|     | Credits/Payments   |  |       |             |
| а   | 2016 estimated tax payments and 2015 overpayment credited to 2016   6a   1,007.  |  |       |             |
| b   | Exempt foreign organizations - tax withheld at source  |  |       |             |
|     | Tax paid with application for extension of time to file (Form 8868)  |  |       |             |
|     | Backup withindring erroneously withincid   |  | 1,0   | 0.7         |
| 7   | Total credits and payments Add lines 6a through 6d   |  |       | <del></del> |
| 8   | Effect any period of control of c |  |       |             |
|     | Tax due. If the total of mice of and o to more dial mile it, office amount over 1  |  | 9     | 29.         |
|     | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10  Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 929. Refunded ▶ 11  |  |       |             |
|     | t VII-A Statements Regarding Activities  | -  |       |             |
|     | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   |  | Yes   | No          |
| ıa  | participate or intervene in any political campaign?  | 1a   |       | X           |
| h   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see   |  |       |             |
|     | Instructions for the definition)?  | 1b   |       | Х           |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials  |  |       |             |
|     | published or distributed by the foundation in connection with the activities   |  |       |             |
| С   | Did the foundation file Form 1120-POL for this year?   | 1c   | Ì     | Х           |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  |  | ļ     |             |
|     | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$   |  |       |             |
|     | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed  | , 1  | }     |             |
|     | on foundation managers   \$  |  |       |             |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2  |       | X           |
|     | If "Yes," attach a detailed description of the activities  |  |       |             |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of  |  |       |             |
|     | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3  |       | X           |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4a   |       | X           |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | 4b   |       |             |
| 5   | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5  |       | Х           |
|     | If "Yes," attach the statement required by General Instruction T   |  |       |             |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either   |  |       |             |
|     | By language in the governing instrument, or  |  |       | ı           |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that   |  | х     |             |
| _   | conflict with the state law remain in the governing instrument?  | 7  | Х     |             |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV   | <del>                                     </del> |       |             |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions)  DE, TX,  |  |       | ı           |
| L   | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   |  |       |             |
| Đ   | (or designate) of each state as required by General Instruction G? If "No," attach explanation   | 8ь   | х     |             |
|     | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  |  |       |             |
| 9   | 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"   |  |       |             |
|     | complete Part XIV  | 9  |       | Х           |
| 40  |  |  |       |             |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses   | 10   |       | Х           |
| _   |  | m 99   | 0-PF  | 2016        |

Part VII-A Statements Regarding Activities (continued)

| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified             |        |         | ١,,         |
|----|--|--------|---------|-------------|
|    | person had advisory privileges? If "Yes," attach statement (see instructions)  | 12     |         | X           |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?    | 13     | Х       | <u> </u>    |
|    | Website address ► N/A  |        |         |             |
| 14 | The books are in care of ▶ HELEN MIHAS, VIZIENT INC Telephone no ▶ 972-830-  | -000   | 00      |             |
|    | Located at ▶ 290 EAST JOHN CARPENTER FWY. IRVING, TX ZIP+4 ▶ 75062-2   | 710    |         |             |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                    |        | 🕨       |             |
|    | and enter the amount of tax-exempt interest received or accrued during the year  |        |         |             |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority        |        | Yes     | No          |
|    | over a bank, securities, or other financial account in a foreign country?  | 16     |         | Х           |
|    |  |        |         |             |
|    | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of           |        |         | 1           |
|    | the foreign country  |        |         | <u> </u>    |
| ar | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |        | Vaa     | N.          |
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                |        | Yes     | No          |
| 1a | During the year did the foundation (either directly or indirectly)   |        |         |             |
|    | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No                        |        |         | ĺ           |
|    | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                              | i      |         | !           |
|    | disqualified person? Yes X No  |        | :       | i           |
|    | (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                          |        | ١ .     |             |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available for                        |        |         | į           |
|    | the benefit or use of a disqualified person)?  |        |         |             |
|    | (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).   |        |         |             |
| _  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |        |         | :           |
| D  | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 1b     |         |             |
|    | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?                          | וט     |         | <del></del> |
|    | Organizations relying on a current notice regarding disaster assistance check here                                     |        |         |             |
| ĉ  | 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 2016?   | 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))  |        |         |             |
| а  | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and                            |        |         | \           |
|    | 6e, Part XIII) for tax year(s) beginning before 2016?  |        |         | '           |
|    | If "Yes," list the years   |        |         | l           |
| b  | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)         |        |         | <b> </b>    |
|    | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to     |        |         |             |
|    | all years listed, answer "No" and attach statement - see instructions )  | 2b     |         | Х           |
| С  | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here        |        |         |             |
|    | •  |        |         |             |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise                          |        |         |             |
|    | at any time during the year?   |        |         |             |
| h  | If "Yes," did it have excess business holdings in 2016 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                   | <br>2⊾ | -       |             |
|    | foundation had excess business holdings in 2016)   | 3b     |         | X           |
|    | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?        | 4a     |         | Х           |
| þ  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its         |        |         | -, '        |
|    | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?     | 4b     | <u></u> | X           |

| Part VIII    | Information About Officers, Directors, Trustees, Foundation I and Contractors (continued)        | Managers, Highly Paid Emplo              | yees,            |
|--------------|--|--|------------------|
| 3 Five       | highest-paid independent contractors for professional services (see                              | instructions). If none, enter "NON       | E."              |
|              | (a) Name and address of each person paid more than \$50,000                                      | (b) Type of service                      | (c) Compensation |
| NONE         | 17/  |  |                  |
|              |  | -  |                  |
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|              | <del></del>  | <del></del>                              |                  |
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|              |  |  |                  |
| otal numb    | er of others receiving over \$50,000 for professional services                                   | <u></u>                                  | <u> </u>         |
| Part IX-A    | Summary of Direct Charitable Activities  |  |                  |
| rait IX-A    | Summary of Direct Chamable Activities  |  |                  |
| List the fou | ndation's four largest direct charitable activities during the tax year. Include relevant statis | itical information such as the number of |                  |
|              | is and other beneficianes served, conferences convened, research papers produced, etc            |  | Expenses         |
| 1 N/A        | <del></del>  |  |                  |
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| 2            |  |  |                  |
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| 4            |  |  |                  |
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|              |  |  |                  |
| Part IX-B    | Summary of Program-Related Investments (see instructions)  |  |                  |
| Describe th  | e two largest program-related investments made by the foundation during the tax year on line     | s 1 and 2                                | Amount           |
| 1 NONE       |  |  |                  |
|              | <del></del>  |  |                  |
|              | <del></del>  |  |                  |
|              |  |  | -                |
| 2            |  |  |                  |
|              |  |  |                  |
|              |  |  | _                |
| All other pr | ogram-related investments. See instructions  | <del></del>                              |                  |
| 3 NONE       |  |  |                  |
|              |  |  |                  |
|              |  | <del></del>                              |                  |
| <del> </del> |  |  | <del></del>      |
| Total. Add   | lines 1 th <u>rough 3 </u>   | <u></u> <u></u> <b>.</b> .               |                  |

| Par   | Minimum Investment Return (All domestic foundations must complete this part Forei see instructions.)  | gn foundati   | ons,                  |
|-------|---|---------------|-----------------------|
| 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            | 338,947.              |
| b     | Average of monthly cash balances  | 1b            | 317,667.              |
| С     | Fair market value of all other assets (see instructions)  | 1c            |                       |
| d     | Total (add lines 1a, b, and c)  | 1d            | 656,614.              |
| e     | 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             |                       |
| 3     | Subtract line 2 from line 1d  | 3             | 656,614.              |
| 4     | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see   |               |                       |
|       | instructions)   | 4             | 9,849.                |
| 5     | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4   | 5             | 646,765.              |
| 6     | Minimum investment return. Enter 5% of line 5   | 6             | 32,338.               |
| Par   | 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             | 32,338.               |
| 2 a   | Tax on investment income for 2016 from Part VI, line 5 2a 78.   |               |                       |
| <br>b | Income tax for 2016 (This does not include the tax from Part VI).   | 1 1           |                       |
| c     | Add lines 2a and 2b   | 2c            | 78.                   |
| 3     | Distributable amount before adjustments Subtract line 2c from line 1  | 3             | 32,260.               |
| 4     | Recoveries of amounts treated as qualifying distributions   | 4             |                       |
| 5     | Add lines 3 and 4   | 5             | 32,260.               |
| 6     | Deduction from distributable amount (see instructions)  | 6             |                       |
| 7     | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,   |               |                       |
| -     | line 1  | 7             | 32,260.               |
| Par   | Qualifying Distributions (see instructions)   |               |                       |
| -     | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.  | 1 -           | 534,286.              |
| a     | (2),  | 1a            | 334,200.              |
| b     | 3 3   | 1b            |                       |
| 2     | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.   |               |                       |
|       | purposes  | 2             |                       |
| 3     | Amounts set aside for specific charitable projects that satisfy the:  |               |                       |
| а     | ,   | 3a            |                       |
| b     |   | 3b            | 504.000               |
| 4     | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4   | 4             | 534,286.              |
| 5     | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income   | _             | -                     |
| _     | Enter 1% of Part I, line 27b (see instructions)   | 5             | 78.                   |
| 6     | Adjusted qualifying distributions. Subtract line 5 from line 4  | 6             | 534,208.              |
|       | <b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculation qualifies for the section 4940(e) reduction of tax in those years. | alculating wi | nether the foundation |

| Pa | rt XIII Undistributed Income (see instr   | uctions)   |                     |      |             |
|----|---|------------|---------------------|------|-------------|
|    |   | (a)        | (b)                 | (c)  | (d)         |
| 1  | Distributable amount for 2016 from Part XI,   | Corpus     | Years prior to 2015 | 2015 | 2016        |
|    | line 7  |            |                     |      | 32,260.     |
| 2  | Undistributed income, if any, as of the end of 2016                                   |            |                     |      |             |
|    |   |            |                     |      |             |
| a  | Enter amount for 2015 only  |            |                     |      | <del></del> |
|    | Total for prior years 20 14 ,20 13 ,20 12   |            |                     |      |             |
| 3  | Excess distributions carryover, if any, to 2016                                       |            |                     |      |             |
| a  | From 2011 1,670,785.  |            |                     |      |             |
| b  | From 2012   |            |                     |      |             |
| c  | From 2013   |            | ļ                   |      |             |
| d  | From 2014   |            |                     |      |             |
|    | From 2015 13,192.   |            |                     |      |             |
| f  | Total of lines 3a through e   | 2,511,187. |                     |      |             |
|    | Qualifying distributions for 2016 from Part XII,                                      |            |                     |      |             |
| -  | line 4 ▶ \$534,286.   |            |                     |      |             |
|    | Applied to 2015, but not more than line 2a  |            |                     |      |             |
|    | • • •   |            |                     |      |             |
| þ  | Applied to undistributed income of prior years  |            |                     |      |             |
|    | (Election required - see instructions)  |            |                     |      |             |
| ¢  | Treated as distributions out of corpus (Election                                      |            |                     |      |             |
|    | required - see instructions)  |            |                     |      |             |
| þ  | Applied to 2016 distributable amount  |            |                     |      | 32,260.     |
| е  | Remaining amount distributed out of corpus  | 502,026.   |                     |      |             |
| 5  | Excess distributions carryover applied to 2016.                                       |            |                     |      |             |
|    | (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            |            |                     |      |             |
| U  | indicated below:  |            |                     |      |             |
| a  | Corpus Add lines 3f, 4c, and 4e Subtract line 5                                       | 3,013,213. |                     |      |             |
|    | •   |            | . –                 |      |             |
| p  | Prior years' undistributed income Subtract  |            |                     |      |             |
| _  | Enter the amount of prior years' undistributed  |            |                     |      |             |
| C  | income for which a notice of deficiency has   |            |                     |      |             |
|    | been issued, or on which the section 4942(a)  |            |                     |      |             |
|    | tax has been previously assessed  |            |                     |      |             |
| d  | Subtract line 6c from line 6b Taxable   |            |                     |      |             |
|    | amount - see instructions   |            |                     |      |             |
| е  | Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see      |            |                     |      |             |
|    | instructions  |            |                     |      |             |
|    | ·   |            |                     |      |             |
| ī  | Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be |            |                     |      |             |
|    | distributed in 2017   |            |                     |      |             |
| -  |   |            |                     |      |             |
| 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)  |            |                     | ·    |             |
| 8  | Excess distributions carryover from 2011 not  | 1,670,785. |                     |      |             |
|    | applied on line 5 or line 7 (see instructions)  | 1,010,103. |                     |      |             |
| 9  | Excess distributions carryover to 2017.   | 1 240 400  |                     |      |             |
|    | Subtract lines 7 and 8 from line 6a   | 1,342,428. |                     |      |             |
| 10 | Analysis of line 9  |            |                     |      |             |
| a  | Excess from 2012  |            |                     |      |             |
| b  | Excess from 2013 468, 548 .   |            |                     |      |             |
|    | Excess from 2014  |            |                     |      |             |
|    | Excess from 2015 13,192.  |            |                     |      |             |
|    | Excess from 2016 502,026.   |            |                     |      |             |
|    |   |            | <u></u>             |      |             |

| Form   | 990-PF (2016)  | VIZIENT F                                | OUNDATION, INC              |                         | 22-                     | -2710552 Page <b>10</b>                          |
|--------|--|--|-----------------------------|-------------------------|-------------------------|--|
| Pa     | rt XIV Private Op  | erating Foundations                      | (see instructions ar        | nd Part VII-A, questi   | on 9)                   | NOT APPLICABLE                                   |
| 1 a    | If the foundation has  | received a ruling or d                   | etermination letter that    | it is a private opera   | ating                   |  |
|        | foundation, and the rulin                                      | g is effective for 2016, e               | nter the date of the ruling |                         | ▶[                      |  |
| b      | Check box to indicate  | whether the foundation                   | is a private operating t    | foundation described in | section 4942(           | (3) or 4942(j)(5)                                |
| 2 a    | Enter the lesser of the ad-                                    | Tax year                                 |                             | Prior 3 years           | r <del>-</del>          | (e) Total  |
|        | justed net income from Part                                    | (a) 2016                                 | <b>(b)</b> 2015             | (c) 2014                | (d) 2013                | (0)  |
|        | for the minimum investment<br>return from Part X for each      |  |                             |                         |                         |  |
|        | year listed  |  |                             |                         |                         |  |
| b      | 85% of line 2a   |  |                             |                         |                         |  |
| С      | Qualifying distributions from Part                             |  |                             |                         |                         |  |
|        | XII, line 4 for each year listed .                             |  |                             |                         |                         |  |
| d      | Amounts included in line 2c not                                |  |                             |                         |                         |  |
|        | used directly for active conduct of exempt activities          |  |                             |                         |                         |  |
| е      | Qualifying distributions made                                  |  |                             |                         |                         |  |
|        | directly for active conduct of                                 |  |                             |                         |                         |  |
|        | exempt activities Subtract line 2d from line 2c                |  |                             |                         |                         |  |
| 3      | Complete 3a, b, or c for the                                   |  |                             |                         |                         |  |
| а      | alternative test relied upon "Assets" alternative test - enter |  |                             |                         |                         |  |
|        | (1) Value of all assets  |  |                             |                         |                         |  |
|        | (2) Value of assets qualifying                                 |  |                             |                         |                         |  |
|        | under section<br>4942(j)(3)(B)(i)                              |  |                             |                         |                         |  |
| b      | "Endowment" alternative test-                                  |  |                             |                         |                         |  |
|        | enter 2/3 of minimum invest-<br>ment return shown in Part X,   |  |                             |                         |                         |  |
|        | line 6 for each year listed                                    |  |                             |                         |                         |  |
| C      | "Support" alternative test - enter                             |  |                             |                         |                         |  |
|        | (1) Total support other than gross investment income           |  |                             |                         |                         |  |
|        | (interest, dividends, rents,                                   |  |                             |                         |                         |  |
|        | payments on securities<br>loans (section 512(a)(5)),           |  |                             |                         |                         |  |
|        | or royalties)  |  |                             |                         |                         |  |
|        | (2) Support from general public and 5 or more                  |  |                             |                         |                         |  |
|        | exempt organizations as  |  |                             |                         |                         |  |
|        | provided in section 4942<br>(j)(3)(B)(iii)                     |  |                             |                         | -                       |  |
|        | (3) Largest amount of sup-<br>port from an exempt              |  |                             |                         |                         |  |
|        | organization   |  |                             |                         |                         | <del>                                     </del> |
| _      | (4) Gross investment income.                                   |  |                             | 1 10 11 0               |                         | <u> </u>   |
| Рα     |  | ntary information (Curing the year - see |                             | only if the founda      | tion nad \$5,000 o      | r more in assets at                              |
| 4      | Information Regardin   |  | <del></del>                 | <del></del>             |                         | <del></del>                                      |
| '<br>а | List any managers of   |  |                             | e than 2% of the tota   | al contributions recei  | ved by the foundation                            |
| _      | before the close of any  |  |                             |                         |                         |  |
|        | N/A  |  |                             |                         |                         |  |
| b      | List any managers of   | the foundation who                       | own 10% or more of          | the stock of a corp     | oration (or an equal    | y large portion of the                           |
|        | ownership of a partner   |  |                             |                         |                         |  |
|        |  |  |                             |                         |                         |  |
|        | N/A  |  |                             |                         |                         |  |
| 2      | Information Regardin   | g Contribution, Grant                    | , Gift, Loan, Scholarsh     | ip, etc., Programs:     |                         |  |
|        | Check here ► X If t  | he foundation only                       | makes contributions         | to preselected char     | table organizations     | and does not accept                              |
|        | unsolicited requests f   | or funds If the found                    | ation makes gifts, gra      | ints, etc (see instruc  | tions) to individuals ( | or organizations under                           |
|        | other conditions, comp   |  |                             |                         |                         |  |
| а      | The name, address, a   | nd telephone number                      | or e-mail address of t      | he person to whom ap    | plications should be ac | dressed  |
| b      | The form in which app  | lications should be sul                  | omitted and information     | on and materials they   | should include          |  |
|        | N / 2  |  |                             |                         |                         |  |
| _      | N/A Any submission deadle                                      |  |                             | ·                       |                         | <del></del>                                      |
| Ü      | any subimission deadi  |  |                             |                         |                         |  |
| _      | N/A  |  |                             |                         |                         |  |
| d      | Any restrictions or lifactors                                  | mitations on awards                      | , such as by geogra         | aphical areas, charita  | ible fields, kinds of   | institutions, or other                           |

| Part XV Supplementary Information (   | continued)   |            |                                  |          |
|---|--|------------|----------------------------------|----------|
| 3 Grants and Contributions Paid Duris   | ng the Year or Appr  | oved for F | uture Payment                    |          |
| 3 Grants and Contributions Paid Durin Recipient Name and address (home or business) | If recipient is an individual,<br>show any relationship to | Foundation | Purpose of grant or contribution | Amount   |
| Name and address (home or business)   | any foundation manager<br>or substantial contributor       | recipient  | contribution                     | 711100At |
| a Paid during the year  |  |            |                                  |          |
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| ATCH 8  |  |            |                                  |          |
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|   |  |            |                                  |          |
| Total   |  |            |                                  | 510,141. |
| b Approved for future payment   |  | <u> </u>   | 1                                |          |
| b rippieved for raidre payment  |  | ļ          |                                  |          |
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| Total   | L  | L          | ▶ 3b                             |          |
| IUldi   |  |            |                                  | i        |

| Part XVI-        | A Analysis of Income-Prod   | lucing Acti   | ivities                  |                |                                   |                                     |
|------------------|---|---------------|--------------------------|----------------|-----------------------------------|-------------------------------------|
|                  | amounts unless otherwise indicated                                    | T             | ated business income (b) | Excluded b     | y section 512, 513, or 514<br>(d) | (e)<br>Related or exempt            |
| 1 Program        | service revenue   | Business code | Amount                   | Exclusion code |                                   | function income (See instructions ) |
| •                |   |               |                          |                |                                   | (                                   |
|                  |   |               |                          |                |                                   |                                     |
|                  |   |               |                          |                |                                   |                                     |
|                  |   |               |                          |                |                                   |                                     |
|                  |   |               |                          |                |                                   |                                     |
| f                |   |               |                          |                |                                   |                                     |
| g Fees a         | and contracts from government agencies                                |               |                          |                |                                   |                                     |
| 2 Members        | thip dues and assessments   |               |                          |                |                                   |                                     |
|                  | savings and temporary cash investments                                |               |                          |                |                                   |                                     |
|                  | s and interest from securities  |               |                          | 14             | 8,078.                            |                                     |
| 5 Net renta      | il income or (loss) from real estate                                  |               |                          |                |                                   |                                     |
| a Debt-f         | financed property   |               |                          |                |                                   |                                     |
| <b>b</b> Not de  | ebt-financed property   |               |                          |                |                                   |                                     |
| 6 Net rental     | income or (loss) from personal property                               |               |                          |                |                                   |                                     |
| 7 Other inv      | restment income   |               |                          |                |                                   |                                     |
| 8 Gain or (lo    | oss) from sales of assets other than inventory                        | ,             |                          | 18             | -39,020.                          |                                     |
| 9 Net incon      | me or (loss) from special events                                      |               |                          |                |                                   |                                     |
|                  | ofit or (loss) from sales of inventory                                |               |                          |                |                                   |                                     |
| 11 Other revenue | enue a OTHER INCOME   |               |                          |                |                                   |                                     |
| b                | <u>.                                    </u>                          |               |                          | _              |                                   |                                     |
| c                |   |               |                          |                |                                   | <del></del>                         |
| d                |   |               |                          |                |                                   |                                     |
| е                |   |               |                          |                | 20.040                            |                                     |
|                  | Add columns (b), (d), and (e)   |               | •                        |                | -30,942.                          | 20.040                              |
|                  | d line 12, columns (b), (d), and (e)                                  |               |                          |                | 13                                | -30,942.                            |
| Part XV          | eet in line 13 instructions to verify calc  Relationship of Activitie |               | tiphyset of t            | Francis Deci   |                                   | <del></del>                         |
| <b>V</b>         | Explain below how each activit accomplishment of the foundation       | -             |                          |                |                                   |                                     |
|                  |   |               |                          |                |                                   |                                     |
|                  |   |               |                          |                |                                   |                                     |
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|                  |   |               |                          |                |                                   |                                     |
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|       |        | Exempt Orgai                     | nizations                             |  |                |               |                |                             |                       |           |                |
|-------|--------|----------------------------------|---------------------------------------|--|----------------|---------------|----------------|-----------------------------|-----------------------|-----------|----------------|
| 1     | Did th | he organization direct           | ly or indirectly e                    | ngage in any of the f                  | following      | with any      | other orga     | nization described          |                       | Yes       | No             |
|       |        | ction 501(c) of the Co           |                                       |  |                |               |                |                             |                       |           |                |
|       | organ  | nizations?                       |                                       |  |                |               |                |                             |                       |           |                |
| а     | Trans  | fers from the reportin           | g foundation to a                     | a noncharitable exem                   | pt organiz     | ation of:     |                |                             |                       | !         |                |
|       | (1) C  | ash                              |                                       |  |                |               |                |                             | . 1a(1)               |           | Х              |
|       |        | ther assets                      |                                       |  |                |               |                |                             | 1                     |           | Х              |
| b     | Other  | transactions.                    |                                       |  |                |               |                |                             |                       |           |                |
|       | (1) S  | ales of assets to a no           | ncharitable exem                      | pt organization                        |                |               |                |                             | . 1b(1)               |           | X              |
|       | (2) P  | urchases of assets fro           | om a noncharitab                      | le exempt organization                 | n              |               |                |                             | . 1b(2)               |           | Х              |
|       | (3) R  | ental of facilities, equi        | pment, or other a                     | ssets                                  |                |               |                |                             | . 1b(3)               |           | X              |
|       | (4) R  | eimbursement arrangi             | ements                                |  |                | <i>.</i> .    |                |                             | . 1b(4)               | <u> </u>  | X              |
|       | (5) Lo | oans or loan guarantee           | ∍s                                    |  |                |               |                |                             | . 1b(5)               |           | X              |
|       |        | erformance of service            |                                       |  |                |               |                |                             |                       |           | X              |
|       |        | ng of facilities, equipn         |                                       |  |                |               |                |                             |                       |           | X              |
| d     | If the | answer to any of th              | e above is "Yes                       | " complete the follo                   | wing sch       | edule. Co     | olumn (b) s    | should always sho           | w the                 | faır m    | arket          |
|       | value  | of the goods, other              | assets, or service                    | es given by the repo                   | rting four     | idation I     | the found      | lation received les         | s than                | fair m    | ıarket         |
| 40.1. |        | in any transaction or            |                                       |  |                |               |                |                             |                       |           |                |
| (a) L | ne no  | (b) Amount involved N/A          | (c) Name of no                        | ncharitable exempt organiza            | ation          |               | ption of trans | fers, transactions, and si  | aring arra            | ingeme    | nts            |
|       |        | N/A                              |                                       |  |                | N/A           |                |                             |                       |           |                |
|       |        |                                  |                                       | ······································ |                |               |                |                             |                       |           |                |
|       |        |                                  |                                       |  | -              |               |                |                             |                       |           |                |
|       |        | -                                |                                       |  |                |               |                |                             |                       | _         |                |
|       |        |                                  |                                       | <del></del>                            |                |               |                |                             |                       |           |                |
|       |        |                                  |                                       |  |                |               |                |                             |                       |           |                |
|       |        |                                  | -                                     | <del></del>                            |                |               |                |                             |                       |           |                |
|       |        |                                  |                                       |  |                |               |                |                             |                       |           |                |
|       |        |                                  | · · · · · · · · · · · · · · · · · · · |  |                |               |                | · · ·                       |                       |           | <del></del>    |
|       |        |                                  |                                       |  |                |               |                |                             |                       |           |                |
|       | ·,     |                                  |                                       |  |                |               |                |                             |                       |           |                |
| -     |        |                                  |                                       | <del></del>                            |                |               | -              |                             |                       |           |                |
|       |        |                                  |                                       | <del> </del>                           |                | <del></del>   |                |                             |                       |           |                |
|       | -      |                                  | ****                                  |  |                | ·             |                |                             |                       |           |                |
|       |        |                                  |                                       |  |                |               | -              |                             |                       |           |                |
| 22    | le the | foundation directly of           | or indirectly offil                   | estad with or ralates                  | 1 40 000       |               | 4              |                             |                       |           |                |
| La    |        | bed in section 501(c)            |                                       |  |                |               |                |                             |                       | es X      | No             |
| b     |        | s," complete the follow          |                                       | ier than section 30 f(t                | ,)(3)) UI III  | i section .   | 3217           |                             | <u> </u>              |           | ] 110          |
|       |        | (a) Name of organization         |                                       | (b) Type of organ                      | nization       |               |                | (c) Description of relation | nship                 |           |                |
|       |        |                                  |                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                |               |                | <u> </u>                    |                       |           |                |
|       |        |                                  |                                       | <del></del>                            | - "-           |               |                | ~                           |                       |           |                |
|       |        |                                  |                                       | ~                                      | -              |               |                | <del></del>                 |                       |           |                |
|       | -      |                                  |                                       |  | ,              |               |                |                             |                       |           |                |
|       |        |                                  |                                       |  |                |               |                | _                           |                       |           |                |
|       |        | er penalties of penjury, I decla |                                       |  |                |               |                | o the best of my knowle     | dge and b             | elief, it | is true,       |
| Sigr  |        | ect, and complete Declaration of | preparer (other than tax              | payer) is based on all informatio      | Π of which pre | parer has any | knowledge      |                             |                       |           |                |
| _     |        | TIM MOORE                        |                                       | 1/1/1/4/1                              | 7              | ASSIST        | TREASU         | RY May the I                | RS discus<br>preparer |           | retum<br>below |
| Here  | Sig    | gnature of officer or trustee    |                                       | Date                                   |                | itle          |                | (see instructi              |                       | 7 7       | No             |
|       |        |                                  |                                       |  |                |               |                | <u> </u>                    |                       |           |                |
| Paid  | 1      | Print/Type preparer's nar        | me                                    | Preparer signature                     | · L            | <b>)</b> –    | Date           | Check if                    | PTIN                  |           |                |
|       |        | KELLEY SIMON                     |                                       | Kelley                                 | 20             | <b>~</b>      | 11/13/17       | self-employed               | P007                  | 9143      | 6              |
| -     | parer  |                                  | NST & YOUNG                           |  |                |               |                | Firm's EIN ▶ 34-6           | 556569                | 96        |                |
| Jse   | Only   | Firm's address > 37              | 0 17TH STREE                          | ET STE 3300                            |                |               |                |                             |                       |           |                |
|       |        | DE                               | NVER, CO                              |  |                | 8020          | )2             | Phone no 720-9              | 31-40                 | 000       |                |
|       |        |                                  |                                       | <del></del>                            |                |               |                | F                           | om <b>99</b> (        | )-PF      | (2016)         |

2016 FORM 990-PF VIZIENT FOUNDATION, INC

FORM 990-PF - PART IV

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME |                                       |                             |   |                                |                                    |     |                      |            |  |
|---|---------------------------------------|-----------------------------|---|--------------------------------|------------------------------------|-----|----------------------|------------|--|
| Kınd of F   | Property                              |                             | Descr                                   | ription                        |                                    | 2 0 | Date<br>acquired     | Date sold  |  |
| Gross sale<br>price less<br>expenses of sale          | Depreciation<br>allowed/<br>allowable | Cost or other basis         | FMV<br>as of<br>12/31/69                | Adj basis<br>as of<br>12/31/69 | Excess of<br>FMV over<br>adj basis |     | Gain<br>or<br>(loss) |            |  |
|   |                                       | TOTAL CAPITA                |   |                                | 1                                  |     | 13.                  |            |  |
|   |                                       | VARIOUS CAPI                |   |                                |                                    | P,  | VAR                  | VAR        |  |
| 76,681.   |                                       | 85,407.                     | DECORTI                                 |                                |                                    |     | -8,726.              |            |  |
|   |                                       | VARIOUS CAPI<br>PROPERTY TY |   |                                |                                    | Р   | VAR                  | VAR        |  |
| 532,328.  |                                       | 562,635.                    |   |                                |                                    |     | -30,307.             |            |  |
|   |                                       | CAPITAL GAIN                | I DISTRIBUTI                            | ON                             |                                    |     | 01/01/2015           | 12/31/2016 |  |
| TOTAL GAIN(LC   | oss)                                  |                             | • |                                |                                    |     | -39,020.             |            |  |
|   |                                       |                             |   |                                |                                    |     | į                    |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
| •   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    | 1   | :                    |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |
|   |                                       |                             |   |                                |                                    |     | ľ                    |            |  |
|   |                                       |                             |   |                                |                                    |     |                      |            |  |

#### Schedule B

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

Name of the organization

## **Schedule of Contributors**

OMB No 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

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

Employer identification number

| VIZIENT FOUNDATION, I   | NC  | 22-2710552   |  |  |
|---|---|--|--|--|
| Organization type (check one)   |   |  |  |  |
| Filers of:  | Section:  |  |  |  |
| Form 990 or 990-EZ 501(c)( ) (enter number) organization  |   |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva   | ate foundation   |  |  |
|   | 527 political organization  |  |  |  |
| Form 990-PF   | X 501(c)(3) exempt private foundation   |  |  |  |
|   | 4947(a)(1) nonexempt charitable trust treated as a private t  | oundation (  |  |  |
|   | 501(c)(3) taxable private foundation  |  |  |  |
|   |   |  |  |  |
| General Rule  X · For an organization   | , (8), or (10) organization can check boxes for both the General Rule a<br>filing Form 990, 990-EZ, or 990-PF that received, during the year, or<br>r property) from any one contributor. Complete Parts I and II See in<br>intributions.   | ontributions totaling \$5,000  |  |  |
| Special Rules   |   |  |  |  |
| regulations under se<br>13, 16a, or 16b, and<br>\$5,000 or <b>(2)</b> 2% of                     | described in section 501(c)(3) filing Form 990 or 990-EZ that met the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form that received from any one contributor, during the year, total contributed amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, lind described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ                                  | m 990 or 990-EZ), Part II, line butions of the greater of (1) ne 1 Complete Parts I and II       |  |  |
| contributor, during the   | ne year, total contributions of more than \$1,000 <i>exclusively</i> for religional purposes, or for the prevention of cruelty to children or animals. C  | ous, charitable, scientific,   |  |  |
| contributor, during the contributions totaled during the year for a <b>General Rule</b> applies | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eze year, contributions exclusively for religious, charitable, etc., purpose more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any is to this organization because it received nonexclusively religious, charitable, etc., purpose. | ses, but no such butions that were received of the parts unless the aritable, etc, contributions |  |  |
| Caution: An organization that i   | sn't covered by the General Rule and/or the Special Rules doesn't fil<br>t answer "No" on Part IV, line 2, of its Form 990; or check the box o<br>certify that it doesn't meet the filing requirements of Schedule B (For   | le Schedule B (Form 990,<br>on line H of its Form 990-EZ or on its                               |  |  |

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| Employer identification | number |
|-------------------------|--------|
| 22-2710552              |        |

| Part I     | Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. |                            |   |  |  |
|------------|--|----------------------------|---|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |
| 1_         | VIZIENT INC  290 E JOHN CARPENTER FREEWAY  IRVING, TX 75062-2710                               | \$\$                       | Person Payroll Noncash (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |
| 2          | VIZIENT GULF STATES, INC  8545 UNITED PLAZA BLVD, STE 380  BATON ROUGE, LA 70809               | \$65,000.                  | Person Payroll Noncash (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions) |  |  |

Employer identification number

|   | <i>Z</i> Z | -2 | 1 | T | U | J | J, | ۷, |  |
|---|------------|----|---|---|---|---|----|----|--|
| _ | _          |    |   | _ |   | _ | _  |    |  |

| Noncash Property (See Instructions). Use duplicate copies | •   |   |
|---|---|---|
| (b)<br>Description of noncash property given              | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received                                      |
|   | <br>\$  |   |
| (b)  Description of noncash property given                | (c)<br>FMV (or estimate)<br>(See instructions)  | (d)<br>Date received                                      |
|   | <b>\$</b>   |   |
| (b)  Description of noncash property given                | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received                                      |
|   | <br>\$  |   |
| (b) Description of noncash property given                 | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received                                      |
|   | <br>  \$  |   |
| (b)  Description of noncash property given                | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received                                      |
|   | <br>\$  |   |
| (b)  Description of noncash property given                | (c) FMV (or estimate) (See Instructions)  | (d)<br>Date received                                      |
|   | <br> <br>  \$   |   |
|   | Description of noncash property given  (b)  Description of noncash property given | Description of noncash property given    See instructions |

Name of organization VIZIENT FOUNDATION, INC

Employer identification number

| 22 | -27 | 105 | 52 |
|----|-----|-----|----|

|                  | duplicate copies of Part III if addit | e year. (Enter this information ional space is needed. |  |
|------------------|---------------------------------------|--|--|
| No.<br>m<br>rt I | (b) Purpose of gift                   | (c) Use of gift  | (d) Description of how gift is held      |
|                  | Transferee's name, address, ar        | (e) Transfer of gift                                   | Relationship of transferor to transferee |
| No on ort I      | (b) Purpose of gift                   | (c) Use of gift  | (d) Description of how gift is held      |
|                  | Transferee's name, address, ar        | (e) Transfer of gift                                   | Relationship of transferor to transferee |
| No m             | (b) Purpose of gift                   | (c) Use of gift  | (d) Description of how gift is held      |
|                  | Transferee's name, address, ar        | (e) Transfer of gift                                   | Relationship of transferor to transferee |
| No.              | (b) Purpose of gift                   | (c) Use of gift  | (d) Description of how gift is held      |
| _                |                                       | (e) Transfer of gift                                   |  |
|                  | Transferee's name, address, a         | nd ZIP + 4   | Relationship of transferor to transferee |

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

22-2710552

ATTACHMENT 1

| SECURITIES  |
|-------------|
| FROM        |
| INTEREST    |
| AND         |
| - DIVIDENDS |
| Н           |
| PART        |
| 990PF,      |
| FORM        |

| NET<br>INVESTMENT<br>INCOME             | 8,501.<br>-423.   | 8,078. |
|---|---|--------|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 8,501.<br>-423.   | 8,078. |
| DESCRIPTION                             | DIVIDEND INCOME<br>NET PREMIUM/(DISCOUNTS) REALIZED ON SALE | TOTAL  |

V 16-7.6F

VHAHF

TT9003 C099

| FEES         |
|--------------|
| PROFESSIONAL |
| OTHER        |
| 1            |
| PART I       |
| 990PF,       |
| FORM         |

| NET<br>INVESTMENT<br>INCOME             | 300.            | 300.   |
|---|-----------------|--------|
| REVENUE<br>AND<br>EXPENSES<br>PER BOOKS | 300.            | 300.   |
|   |                 | TOTALS |
|   | FEES            |        |
| DESCRIPTION                             | INVESTMENT MGMT |        |

ATTACHMENT 2

22-2710552

VHAHE

V 16-7.6F

- TAXES FORM 990PF, PART I

DESCRIPTION

PAYROLL TAXES

REVENUE AND EXPENSES PER BOOKS

1,634.

1,634.

TOTALS

CHARITABLE PURPOSES

1,634.

1,634.

V 16-7.6F

VHAHE

ATTACHMENT 4

PART I - OTHER EXPENSES DESCRIPTION LICENSE AND FEES PRINTING/PROMOTION FORM 990PF,

AND
EXPENSES
PER BOOKS
255. REVENUE

CHARITABLE PURPOSES 25. 21. 276.

TOTALS

276.

VHAHF

V 16-7.6F

TT9003 C099

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

ACCRUED INTEREST CURRENT

TOTALS

ENDING BOOK VALUE

2016 FORM 990-PF VIZIENT FOUNDATION, INC

22-2710552

ATTACHMENT 6

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

PRIOR PERIOD ADJUSTMENT

47,325.

TOTAL

47,325.

22-2710552

ATTACHMENT 7

VIZIENT FOUNDATION, INC

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

VHAHE

| CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES |   |  |   | 0.           |
|---|---|--|---|--------------|
| CC<br>COMPENSATION BI   | .0  | ·o   | .0  | 0            |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION                      | CHAIR<br>1.00   | TREASURER<br>1.00  | SECRETARY & DIRECTOR<br>1.00  | GRAND TOTALS |
| NAME AND ADDRESS  | CURT NONOMAQUE<br>290 EAST JOHN CARPENTER FWY.<br>IRVING, TX 75062-2710 | FRANCO DOOLEY<br>290 EAST JOHN CARPENTER FWY.<br>IRVING, TX 75062-2710 | COLLEEN RISK<br>290 EAST JOHN CARPENTER FWY.<br>IRVING, TX 75062-2710 |              |

ATTACHMENT 8

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|--------------------------|---|
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| 3                        | Į |
| GRANTS AND CONTRIBUTIONS | ١ |
| - 4                      | ١ |
| PART XV                  | I |
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| ٩                        | Į |
| 34 990PE                 | ١ |
| 9                        | l |
| FORM                     | ١ |
|                          |   |

|                                 | RELATIONSHIP TO SUBSTANTIAL CONTHIAUTOR |   |        |
|---------------------------------|---|---|--------|
| RECIPIENT NAME AND ADDRESS      | FOUNDATION STATUS OF RECIPIED'T         | PURPOSE OF GRANT OR CONTRIBUTION                  | AMOUNT |
| BEAUREGARD MEMORIAL HOSPITAL    | NONE                                    | LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF  | 1,500  |
| 600 SOUTH PINE STREET           | NC                                      | FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL    |        |
| DERIDDER, LA 73070              |   | EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE       |        |
|                                 |   | VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE  |        |
|                                 |   | WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF     |        |
|                                 |   | POLICY  |        |
| ST. FRANCIS MEDICAL CENTER      | NONE                                    | LOUISIANA FLOODING- AUGUST 2016 DISASTER RELIEF   | 50,000 |
| 309 JACKSON STREET              | NC                                      | FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL    |        |
| MONROE, LA 71201                |   | EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS |        |
|                                 |   | IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S       |        |
|                                 |   | DISASTER RELIEF POLICY                            |        |
| WEST CALCASIEU CAMERON HOSPITAL | NONE                                    | LOUISIANA FLOODING- AUGUST 2016 DISASTER RELIEF   | 2,500  |
| 701 CYPRESS STRET               | NC                                      | FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL    |        |
| SULPHUR, LA 70663               |   | EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS |        |
|                                 |   | IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S       |        |
|                                 |   | DISASTER RELIEF POLICY                            |        |
| FRANCISCAN MISSIONARIES         | NONE                                    | LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF  | 14,000 |
| 433 PLAZA STREET                | NC                                      | FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL    |        |
| BOGALUSA, LA 70427              |   | EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE       |        |
|                                 |   | VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE  |        |
|                                 |   | WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF     |        |
|                                 |   | POLICY  |        |
| ST TAMMANY PARRISH HOSPITAL     | NONE                                    | LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF  | 29,000 |
| 1202 S TYLER ST                 | NC                                      | FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL    |        |
| COVINGTON, LA 70433             |   | EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE       |        |
|                                 |   | VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE  |        |
|                                 |   | WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF     |        |

POLICY

| FORM |  |
|------|--|
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VIZIENT FOUNDATION, INC

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

990-PF

22-2710552

TT9003 C099

RELATIONSHIP TO SUBSTANTIAL CONTFIBUTOR FOUNDATION STATUS OF RECIPIE 4T NONE NONE NONE Š S н WILLIS KNIGHTON HEALTH SYSTEM RECIPIENT NAME AND ADDRESS DENHAM SPRINGS, LA 70726 BATON ROUGE, LA 70809 SHREVEPORT, LA 71103 25392 LAKE GEORGE DR 2600 GREENWOOD ROAD 4200 ESSEN LANE ADDIE PENA FMOL

1,000.

LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF

FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL

EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE

VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE

WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF

POLICY

125,000

LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF

PURPOSE OF GRANT OR CONTRIBUTION

FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL

EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE

VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE

WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF

POLICY

AMOUNT

ATTACHMENT 8 (CONT'D)

LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE POLICY NONE Š

LAKE CHARLES, LA 70601

1701 OAK PARK BLVD

LAKE CHARLES

NONE

OCHSNER

1,000

200,000

LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF

FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL

VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE

EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE

WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF

POLICY

LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE

75,000

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2016 FORM 990-PF

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VIZIEN

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 8 (CONT.D)

AMOUNT

LOUISIANA FLOODING - AUGUST 2016 DISASTER RELIEF VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE VICTIMS OF FEMA DECLARED DISASTERS IN ACCORDANCE FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE EMPLOYEES OF THE NAMED ORGANIZATION WHO ARE TEXAS FLOODING - JUNE 2016 DISASTER RELIEF PURPOSE OF GRANT OR CONTRIBUTION POLICY POLICY RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NC S S 1514 JEFFERSON HIGHWAY, SUITE 607 RECIPIENT NAME AND ADDRESS 999 YAMATO RD, 3RD FLOOR NEW ORLEANS, LA 70121 BOCA RATON, LA 33431 PROMISE HEALTHCARE ASSIST THE OFFICER DALLAS, TX 75215 1412 GRIFFIN ST

5,000

6,141

TOTAL CONTRIBUTIONS PAID

WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF

POLICY

510,141