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Form 990-PF

EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf For calendar year 2016 or tax year beginning , and ending Name of foundation A Employer identification number CARIS FOUNDATION 46-0510753 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 750 W. JOHN CARPENTER FRWY, STE 800 214-294-5585 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here IRVING, TX 75039 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change 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 I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 40,583,771. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) Part I (b) Net investment (a) Revenue and (d) Disbursements (c) Adjusted net charitable purposes (cash basis only) expenses per books ілсоте income 494,496 1 Contributions, gifts, grants, etc., received N/A if the foundation is not required to attach Sch. B. 18/5 Interest on savings and temporary cash investments Dividends and interest from securities 416,663. 416,663. STATEMENT 5a Gross rents W. b Net rental income or (loss) 131 .001 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 34,112,152. 131,001 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Ö × ... 10a Gross sales less returns and allowances OGDEN b Less Cost of goods sold c Gross profit or (loss) 4,700. 11 Other income -1,867. STATEMENT Total. Add lines 1 through 11 040,293. 552,364. 12 Compensation of officers, directors, trustees, etc 216,400. 54,100. 162,300. 14 Other employee salaries and wages 312,708. 15,677. 297,031. 15 Pension plans, employee benefits 12,800. $\overline{700}$ 12,100.9,790. 16a Legal fees 3 2,937. 6,853. STMT STMT 4 5,152. 1,546 **b** Accounting fees 3,606. c Other professional fees 17 Interest $\overline{119}$. STMT 5 21,619. 18 Taxes 0. 19 Depreciation and depletion 7,795. 0. 20 Occupancy 44,639. 392. 31,247.4,697. 21 Travel, conferences, and meetings 409. 3,288. 22 Printing and publications STMT 6 23 Other expenses 270,337. 193 229. 76,967.24 Total operating and administrative 905,937. expenses. Add lines 13 through 23 283,109 593,392. 2,967,230. Contributions, gifts, grants paid 2,967,230. 26 Total expenses and disbursements.

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016)

3,560,622.

3,873,167.

-2,832,874.

Add lines 24 and 25

Subtract line 26 from line 12:

& Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

N/A

283,109

269,255

FOR	m 99	00-PF (2016) CARIS FOUNDATION		46-	-0510753 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End (of year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	15,775,799.	14,529,504.	14,529,504.
	2	Savings and temporary cash investments	23,144,635.	21,543,929.	
	3	Accounts receivable ► 139.			
		Less; allowance for doubtful accounts	178.	139.	139.
	4	Pledges receivable			
	•	Less: allowance for doubtful accounts			1
ŀ	5	Grants receivable			
	-	Receivables due from officers, directors, trustees, and other			
	٠	disqualified persons			
	7	Other notes and loans receivable		 	1
	•	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			
Assets			-		
SS	9	Prepaid expenses and deferred charges			
		Investments - U.S. and state government obligations			
l		Investments - corporate stock			
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	the state of the s		
		Less accumulated depreciation			
		Investments - mortgage loans	220 026	262 222	060 024
	13	Investments - other STMT 8	338,826.	269,080.	260,234.
	14	Land, buildings, and equipment basis 312,260.			
j		Less accumulated depreciation STMT 9 ► 271,761.	48,294.	40,499.	40,499.
		Other assets (describe STATEMENT 10)	25,488.	25,488.	25,488.
- 1	16	Total assets (to be completed by all filers - see the			
\dashv		instructions. Also, see page 1, item I)	39,333,220.	36,408,639.	40,583,771.
	17	Accounts payable and accrued expenses			
	18	Grants payable			· · · · · · · · · · · · · · · · · · ·
e s	19	Deferred revenue			
-≣	20	Loans from officers, directors, trustees, and other disqualified persons			.
Liabilities	21	Mortgages and other notes payable	2 040	11 (10	
-	22	Other liabilities (describe ► PAYROLL LIABILITIE)	3,848.	11,642.	
		Tabel liabilities (add lines 17 through 00)	3,848.	11,642.	
\dashv	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	3,040.	11,042.	
ı		·			
ø	24	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
ဦ	25	Temporarily restricted		 	
ala	25 26	Permanently restricted			,
or Fund Balances	۲IJ	Foundations that do not follow SFAS 117, check here			1
됩		and complete lines 27 through 31.			ľ
٥	27	Capital stock, trust principal, or current funds	0.	0.	la constant de la con
	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	20 29	Retained earnings, accumulated income, endowment, or other funds	39,329,372.	36,396,997.	1
9t /	30	Total net assets or fund balances	39,329,372.	36,396,997.	1
Ž	30	Total liet assets of lund balances	33,323,372.	30,330,337.	·
	31	Total liabilities and net assets/fund balances	39,333,220.	36,408,639.	
=					
P	art	III Analysis of Changes in Net Assets of Fund Ba	nances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	39,329,372.
2 (Ente	r amount from Part I, line 27a		2	-2,832,874.
3 (Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	36,496,498.
5 1	Decr	eases not included in line 2 (itemize)	SEE ST.	ATEMENT 7 5	99,501.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	36,396,997.
					Form 990-PF (2016)

	IS FOUNDATION and Losses for Tax on In	vestment	Income	SEE ATTAC		6-051 TATEME	
(a) List and desc	cribe the kind(s) of property sold (e.g arehouse; or common stock, 200 shs	., real estate,		(b) How acquired P - Purchase D - Donation	(c) Date	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
a		· · · · · · · · · · · · · · · · · · ·			-		·
)							
<u> </u>							
		T ::-		<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ain or (loss) s (f) minus (
						-	
:							
34,112,152.		3	3,981,15	1.			131,001.
	ng gain in column (h) and owned by t			<u> </u>	(I) Gains (C	Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i) col. (j), if any	c	ol. (k), but i	not less than (from col. (I	1 -0-) or
		ļ. <u></u>	, , , , , , , , , , , , , , , , , , , 				
		-					121 001
-	L	i		\ 			131,001.
Capital gain net income or (net ca	apıtal loss) { If gaın, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	} 2	·-··		131,001.
If gain, also enter in Part I, line 8,		id (6):		}		N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Investment Inc	ome	N/A	
or ontional use by domestic private	e foundations subject to the section 4	1940(a) tax on	net investment in	come.)			
	•	1340(0) 011	not invostment in	001110.)			
section 4940(d)(2) applies, leave t	his part blank.						
as the foundation liable for the sec	tion 4942 tax on the distributable am	ount of any ye	ar in the base per	iod?			Yes X No
	lify under section 4940(e). Do not co				<u>.</u>		
** *	each column for each year; see the ir	structions bef	ore making any er	ntries.			
(a) Base period years	(b)		M.A17	(c)		Distrib	(d) ution ratio
Calendar year (or tax year beginni			Net value of no	ncharitable-use asset		(col. (b) div	ided by col. (c))
2015		3,288.		41,522,19			.059325
2014		2,817.		43,560,849			.108878
2013		5,359.		24,233,30			.149190
2012		7,886. 7,289.		41,744,343 16,843,15			.054568
2011	2,43	1,209.		10,043,13			.144/05
Total of line 1, column (d)					2		.516666
• • • • •	5-year base period - divide the total (nn line 2 hv 5	or by the number	of veare	-		• 510000
the foundation has been in existe		on line 2 by 3,	or by the number	ui years	3		.103333
the foundation has been in existe	noc ii icaa tilali a yeara				- 3		
Enter the net value of noncharitat	ple-use assets for 2016 from Part X,	line 5			4	4	0,598,537 .
Multiply line 4 by line 3					5		<u>4,195,169.</u>
Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6		2,693.
Add lines 5 and 6					7	•	4,197,862.
Enter qualifying distributions from	m Part XII, line 4				8	:	3,560,622.
	n line 7, check the box in Part VI, line	th. and come	lete that part usin	g a 1% tax rate.			
See the Part VI instructions.	. ,						
23521 11-23-16						F	orm 990-PF (2016

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 -	see ins	truc	tions	<u>;) </u>
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 here and enter 1%	1	<u> </u>		5,3	<u>85.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of 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				<u>0.</u>
3	Add lines 1 and 2	3	<u> </u>		5,3	<u> </u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	Ь			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>		5,3	<u> 35.</u>
6	Credits/Payments:		1			į
8	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 12,543	-				ì
b	Exempt foreign organizations - tax withheld at source	4				į
	Tax paid with application for extension of time to file (Form 8868)	4				1
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7	<u> </u>	1	2,5	13.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	├──			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9_	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ		7,1	
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				0.
_	art VII-A Statements Regarding Activities		т		Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel	ie iri	-	4.	1.03	X
	any political campaign?	-n\0	-	18		X
D	Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes (see instructions for the definition	•		1b		- ^-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	inea or				;
	distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?		b	1c	^	x ·
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			, ic	y & .	· 20 2 2
u	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0		ĺ	~	× , ·	
Δ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				!
٠	managers. > \$ 0.				23	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		ľ	2	اعتبانكلاسه	X
_	If "Yes," attach a detailed description of the activities		Ī			
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?	N	I/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	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					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of	te law].			
	remain in the governing instrument?			6	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 X	V		7	Х	
			[
88	Enter the states to which the foundation reports or with which it is registered (see instructions)		<u> </u>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	lendar	ſ			
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		ļ	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? In "Yes," attach a schedule listing their names and addresses		i	10		X
			_	$-\alpha\alpha$	1 06	(2016)

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Part VII-B	Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)		
5a During the	year did the foundation pay or incur any amount to:					
(1) Carry o	on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influen	ice the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ctly,			
	ter registration drive?			s X No		1 1
-	e a grant to an individual for travel, study, or other similar purposes	?		s X No		
	e a grant to an organization other than a charitable, etc., organization					
• •	(1)(4)(A)? (see instructions)	T GOODING III GOOGO.	□ ve	s X No		1
,	e for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or to				
٠,,	e for any purpose office trial rengious, characters, scientific, filerary,	or couoditonal parposes, or te		s X No		1
•	-	dar tha avaantiana daaaribad ir		8 <u>22</u> 110		
-	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		i neguiations	N/A		
	4945 or in a current notice regarding disaster assistance (see instru	•			5b	+
_	ns relying on a current notice regarding disaster assistance check h					
	er is "Yes" to question 5a(4), does the foundation claim exemption fr		/-			
expenditure	e responsibility for the grant?	N	/A Ye	s L No		
If "Yes," at	ttach the statement required by Regulations section 53 4945	-5(d)		ŀ		
6a Did the four	ndation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal l	benefit contract?		Ye	s X No	_	
b Did the four	ndation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to	6b, file Form 8870			Ì		1
7a At any time	during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If "Yes," did	the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII	Information About Officers, Directors, Truste		agers, Highly			
	Paid Employees, and Contractors					
1 List all offic	ers, directors, trustees, foundation managers and their o	compensation.				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acco	uni, other owances
•						
SEE STA	TEMENT 12		210,000.	6,400.		0.
				.,		
		!		ı	l	
	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·					
		,	•		 	
		,				
2 Compensa	tion of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		
(a) Nan	ne and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	acco	Expense unt, other owances
T.ANTOONT O	SANDERS - 750 W. JOHN	CONSULTANT		compensation		***************************************
CARPENTE		40.00	250,000.	10,000.		Λ
	 : 	ADMINISTRATOR	430,000.	_10,000.	 	0.
KYLA MCE		1	62 700	2 000		^
FRWY, ST	TE 800, IRVING, TX 75039	40.00	62,708.	2,800.	 	0.
		1			1	
					<u> </u>	
					ļ	
		<u> </u>	<u></u>		<u></u>	
Total number of	f other employees paid over \$50 000			▶		0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		_
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
2		
<u> </u>	_	
	_	
All other program-related investments. See instructions.		
3		
		
Tabel Add Inno 1 the such 2	•	0.
Total. Add lines 1 through 3		m 990-PF (2016)
	1-01	555 (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	المثت	-
а		1a	25,716,436.
		1b	15,152,652.
C	Fair market value of all other assets	10	347,701.
d	Total (add lines 1a, b, and c)	1d	41,216,789.
	Reduction claimed for blockage or other factors reported on lines 1a and	1877 J	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	41,216,789.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	618,252.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	40,598,537.
6	Minimum investment return. Enter 5% of line 5	6	2,029,927.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certair	1
	foreign organizations check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,029,927.
2a	Tax on investment income for 2016 from Part VI, line 5	- 24	
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	5,385.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,024,542.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,024,542.
6	Deduction from distributable amount (see instructions)	6	0 <u>.</u>
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,024,542.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	سشش	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3,560,622.
b	Program-related investments - total from Part IX-B	1b	0.
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	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,560,622.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,560,622.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies 1	for the section
_	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (s	see instructions)			
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2015	2015	2016
1 Distributable amount for 2016 from Part XI, line 7				2,024,542.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	1
b Total for prior years:		_		
· · · · · · · · · · · · · · · · · · ·				
3 Excess distributions carryover, if any, to 2016:]	
a From 2011 1,600,839.	4			
b From 2012 212,482.	-			
c From 2013 2,411,443.	-			
dFrom 2014 2,576,208. eFrom 2015 407,954.	-			
	7,208,926.			
f Total of lines 3a through e	7,200,520.			
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ 3,560,622.	× 4	^		; <u>/</u>
a Applied to 2015, but not more than line 2a	†	, ,	0.	1
b Applied to undistributed income of prior			, , ,	
years (Election required - see instructions)	* *	0.		
c Treated as distributions out of corpus		2 3 3 3 4	· *	
(Election required - see instructions)	0.		, }	it . j
d Applied to 2016 distributable amount	*	%\$ / v	. 4. (3).	2,024,542.
e Remaining amount distributed out of corpus	1,536,080.	112 × Ž	/	M; "4,"
5 Excess distributions carryover applied to 2016	0.	, ÿ , ½%° · ' · ' · '	, * 17%	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)		J.	*	(y)
6 Enter the net total of each column as	*	***		
indicated below:		, ,		
& Corpus Add lines 31, 4c, and 4e Subtract line 5	8,745,006.	***************************************	, w	,
b Prior years' undistributed income. Subtract	• • • •	_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			<u> </u>
8 Excess distributions carryover from 2011	1 600 839			
not applied on line 5 or line 7	1,600,839.			
9 Excess distributions carryover to 2017.	7,144,167.			
Subtract lines 7 and 8 from line 6a	,,133,107.			
10 Analysis of line 9: a Excess from 2012 212, 482]		
b Excess from 2013 2,411,443.		1		
c Excess from 2014 2,576,208	1			
d Excess from 2015 407,954]			
e Excess from 2016 1,536,080.				
				Corm 990-DE (2016)

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	OUNDATION			46-05	10753 Page 10
Part XIV Private Operating For	oundations (see in	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2016, enter the date of t	the ruling	>		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described in	section	4942(j)(3) or 49	142(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c 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			•		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:]	
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	<u>.</u>				
2/3 of minimum investment 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, 		ii			
dividends, rents, payments on					
securities loans (section				}	
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)		<u> </u>			
(3) Largest amount of support from					
an exempt organization				<u> </u>	
(4) Gross investment income				1000	
Part XV Supplementary Info			the foundation i	naa \$5,000 or mor	e in assets
at any time during t		uctions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			ibutions received by the f	foundation before the clos	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(a)(2).)			
SEE STATEMENT 13					
b List any managers of the foundation wh			or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation ha	is a 10% or greater intere	SL.			
NONE		 			
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here 🕨 🗶 if the foundation (
the foundation makes gifts, grants, etc.					<u>d.</u>
a The name, address, and telephone num	ber or e-mail address of t	the person to whom applic	cations should be address	sed:	
	·				
b The form in which applications should l	be submitted and informa	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	kınds of institutions, or o	other factors:	
	 .				- 000 DE :
623601 11-23-16					Form 990-PF (2016)

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year		İ		
	}			
ABILENE CHRISTIAN UNIVERSITY		501 (C) (3)	PAYMENT FOR GENERAL	
PO BOX 29132			SUPPORT	
ABILENE, TX 79699				1,500,000
BANDS MINISTRIES		501 (C) (3)	PAYMENT FOR GENERAL	
PO BOX 1926			SUPPORT	
COLLEYVILLE, TX 76034		 		25,314.
CARIS FOUNDATION INTERNATIONAL		501 (C) (3)	PAYMENT FOR GENERAL	
750 W. JOHN CARPENTER FRWY, STE 800			SUPPORT	
IRVING, TX 75039	 	 	 	1,030,000.
DALLAS FOUNDATION		501 (C) (3)	PAYMENT FOR GENERAL	
3963 MAPLE AVENUE, STE 390			SUPPORT	
DALLAS, TX 75219		 		100,000.
FORTRESS YOUTH DEVELOPMENT CENTER		501 (C) (3)	PAYMENT FOR GENERAL	
712 STELLA ST			SUPPORT	
FORT WORTH, TX 76104	INTERNATION CHIEF	Im (a)		58,916.
Total SEE COI b Approved for future payment	NTINUATION SHEE		▶ 3a	2,967,230.
NONE		İ		
		1		
		 		
	 	 		
Tabl		<u> </u>		
Total			> 3b	0.

ter gross amounts unless otherwise indicated.	Unrelated bu	isiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt
Program service revenue:	code		COGE		
	- 		+ +		
	- -		+ +		
	_		 		
			1		
e	_		 		
Fees and contracts from government agencies	-				
Membership dues and assessments					
Interest on savings and temporary cash					
nvestments			[[
Dividends and interest from securities			14	416,663.	
Net rental income or (loss) from real estate:				7	
Debt-financed property				··_ ···- · · · · · · · · · · · · · · · ·	
Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income	900000	-6,567.	14	4,700.	
Gain or (loss) from sales of assets other	7 2 3 3 3		 - -		
than inventory			18	131,001.	
Net income or (loss) from special events	 -		 		·· ····
Gross profit or (loss) from sales of inventory			 		
Other revenue:			1 - 1 -		
B			1 1		
b					
c	_		+		
d	_				
cd	_	-6,567.		552,364.	
c d e Subtotal. Add columns (b), (d), and (e)	_	-6,567.		552,364.	545,7
c d d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		-6,567.			545,7
c d E Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.)			13	545,7
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. Relationship of Activities	s to the Accomp	olishment of Ex	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. Relationship of Activities	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities Break No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) a worksheet in line 13 instructions to verify calculations. Breat XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. ART XVI-B Relationship of Activities The No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations. art XVI-B Relationship of Activities ne No. Explain below how each activity for which in	s to the Accomp	olishment of Exolumn (e) of Part XVI-A	empt P	13 urposes	

Form 990-PF (2016) CARIS FOUNDATION 46-0510753

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the or	ganization directly or indir	rectly engage in any o	f the followin	g with any other organizatio	in described in section	on 501(c) of	l l	Yes	No
	the Code	(other than section 501(c)	(3) organizations) or	in section 52	7, relating to political organi	izations?		1	1 74	異なり
а		from the reporting founda						Ş - 1	19	
_	(1) Cash				,			1a(1)	442	X
	(2) Other							1a(2)		X
	Other tran							3 3	الأعلا	
U			hla avament arganizati							X
		of assets to a noncharitat						1b(1)		X
	• •	hases of assets from a nor	•	ganization				1b(2)		
	• •	al of facilities, equipment, (or other assets					16(3)		X
		bursement arrangements						1b(4)		<u>X</u>
	(5) Loan	s or loan guarantees						1b(5)		<u>X</u>
	(6) Perfo	rmance of services or mei	mbership or fundrais	ing solicitatioi	ns			1b(6)		<u>X</u>
C	Sharing o	f facilities, equipment, mai	iling lists, other asset	s, or paid emp	ployees			1c		_X_
đ	If the ansi	wer to any of the above is	"Yes," complete the fo	ollowing sche	dule. Column (b) should alv	ways show the fair m	narket value of the goods, of	her asse	ets,	
	or service	s given by the reporting fo	oundation. If the foun	dation receive	d less than fair market valu	e in any transaction	or sharing arrangement, sh	w in		
	column (d	i) the value of the goods, (other assets, or servi	ces received.		_				
(a)∟	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions, and sh	arıng arra	ngemen	its
				N/A		1				
						1				
_										
_						+			_	
										
										
							 _			
										
			<u></u>							
								_		
	_									
		-			<u> </u>		·			
					<u></u>					
28	Is the fou	ndation directly or indirect	tly affiliated with or r	elated to one	or more tax-exempt organiz	zations described				
		501(c) of the Code (other	•				<u> </u>	Yes	X	No
		omplete the following sche		0)) 01 111 3001	OH OLI		<u> </u>] 110
<u> </u>	11 103, 0	(a) Name of org			(b) Type of organization	T 7	c) Description of relationsh	ın.		
		N/A	James		(b) Type of organization	 	(a) Bobbilpilon of Foldations	<u> </u>		
		N/A								
						 				
_						 				
						 				
	1000	manakina of a company to desire the	had I have a second	ation in the		stements and to the first	t of muknowledge			
٥:	1				accompanying schedules and sta taxpayer) is based on all informat		May	the IRS d	scuss t	his
Sig	gn 📞 /	~ 7 () ~		,			shov	n with the <u>m</u> below (
ne	re	/ ~/ /	1/21			OFFICE	R 2	Yes	Ĺ	No
	Sigi	nature of officer or trustee			Date	Title		==		_
		Print/Type preparer's na	ıme	Preparer's si	gnature	Date	Check if PTIN			
				0	N.	11.11/11	self- employed			
Pa	id	JERRI HAMM	ER	Fla !	YM _	117111	P00	047	514	
Pr	eparer	Firm's name ► ARM	ANINO, LL	٧٩			Firm's EIN ▶ 94-62			
Us	e Only	}								
		Firm's address ► 15	950 N. DA	LLAS PI	KWY. #600					
				75248			Phone no. 972-66	1-19	343	
					 			m 99 0		(2015)
							FO	,,, , ,		(2010)

623622 11-23-16

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

(CARIS	FOUNDATION		46-0510753
Organization type (chec	k one)			
Filers of:	Secti	n:		
Form 990 or 990-EZ		01(c)() (enter number) organization		
		947(a)(1) nonexempt charitable trust not treated as a	private foundation	
		27 political organization		
Form 990-PF	X	01(c)(3) exempt private foundation		
		947(a)(1) nonexempt charitable trust treated as a priva	ate foundation	
•		01(c)(3) taxable private foundation		
Note: Only a section 501		by the General Rule or a Special Rule . (10) organization can check boxes for both the General	ral Rule and a Special Rule.	See instructions.
General Rule				
	_	orm 990, 990-EZ, or 990-PF that received, during the y tributor Complete Parts I and II. See instructions for c		
Special Rules				
sections 509(a)(any one contrib	(1) and 170 utor, durir	ed in section 501(c)(3) filing Form 990 or 990-EZ that r b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 the year, total contributions of the greater of (1) \$5,0 Complete Parts I and II.	-EZ), Part II, line 13, 16a, or	16b, and that received from
year, total contr	ributions o	ed in section 501(c)(7), (8), or (10) filing Form 990 or 99 more than \$1,000 exclusively for religious, charitable, children or animals. Complete Parts I, II, and III.		
year, contribution is checked, ento purpose. Don't	ons <i>exclus</i> er here the complete	ed in section 501(c)(7), (8), or (10) filing Form 990 or 9 rely for religious, charitable, etc., purposes, but no suctotal contributions that were received during the year they of the parts unless the General Rule applies to the contributions totaling \$5,000 or more during the year	h contributions totaled mor or an exclusively religious,	e than \$1,000 If this box charitable, etc.,
but it must answer "No"	on Part I\	covered by the General Rule and/or the Special Rules of line 2, of its Form 990, or check the box on line H of it requirements of Schedule B (Form 990, 990-EZ, or 990	s Form 990-EZ or on its For	

LHA 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)

Name of organization

Employer identification number

CARIS	FOUNDATION	-0510753	
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID & KATHY HALBERT CLT 750 W. JOHN CARPENTER FRWY, STE 800 IRVING, TX 75039	\$345,364.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JWH TESTAMENTARY CLT 750 W. JOHN CARPENTER FRWY, STE 800 IRVING, TX 75039	\$ <u>149,131.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	B-16	Schedule B (Form	990, 990-EZ, ar 990-PF) (2016)

Name of organization

Employer identification number

CARIS FOUNDATION

46-0510753

Part II	Noncash Property (See instructions) Use duplicate copies of Property	art II if additional space is needed	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			†

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

	Form 990, 990-EZ, or 990-PF) (2016)	. <u> </u>	Page 4				
Name of organ	nization		Employer identification number				
CARIS E	OUNDATION		46-0510753				
Part III	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete of	ibutions to organizations described i	n section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$				
(a) No.	Use duplicate copies of Part III if additional	al space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
 -							
_							
		(e) Transfer of gif	t				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
<u></u>							
] -							
-		- -					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(a), a pose of girt	(0, 000 0. g	(c, passipass a man ginto man				
-							
-		(e) Transfer of gift					
,		(e) framerer or an	•				
<u> </u>	<u>Transferee's name, address, ar</u>	nd ZIP + 4	Relationship of transferor to transferee				
-							
-							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
} -							
<u> </u>							
		(e) Transfer of gif	t				
	Transferee's name, address, ar	nd ZIP +_4	Relationship of transferor to transferee				
-							
-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I			- 				
-							
-							
 	(e) Transfer of gift						
\vdash	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
1 -							
-							
623454 10-18-16	· · · · · · · · · · · · · · · · · · ·		Schedule B (Form 990, 990-EZ, or 990-PF) (2016)				
053434 10-10-10	•	10	Deliberia D (1 01111 220, 230-LL, 01 230-LT) (2010)				

46-0510753

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation 1a MORGAN STANLEY -ST NONCOVERED P 12/31/16 b MORGAN STANLEY ST NONCOVERED P 12/31/16 P 12/31/16 c MORGAN STANLEY ST COVERED d MORGAN STANLEY P ST COVERED 12/31/16 P 12/31/16 e MORGAN STANLEY -LT NONCOVERED P f MORGAN STANLEY LTCOVERED 12/31/16 LT COVERED P 12/31/16 g MORGAN STANLEY P 12/31/16 h COMCAST CORP-CL A | CARMAX INC P 12/31/16 P 12/31/16 CARMAX INC P 12/31/16 k BLACKROCK LIQ FUND T-FD-CM P 12/31/16 I AUTONATION INC P 12/31/16 m AMERICAN EXPRESS CO n LONG-TERM GAINS FROM GARMARK PARTNERS II LP K-1 P 01/23/16 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 686. 686. a 266,490. 268,079. -1,589.b 61,722. 9,967. 51,755. C 2,995,126. -120,994. 2,874,132. 777,718. 670,941. 106,777. е 259. 208. 51. f 298,530. .105,153. 193.377. g 414,123. 1,213. 415,336. h 473,603. 463,411. 10,192. 552,915. 610,139. -57,224. 26,969,591. 26,969,591. 0._ 29,754. 27,864. 1,890. ı 381,139.404,761. -23,622. m 10,277. 10,277. n ٥ Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 686. a -1,589. b 9,967. C -120,994. 106,777.f 51. 193,377. g 1,213. h 10,192. -57,224. 0. 1,890. 1 -23,622. m 10,277. п 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 131,001. 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter "-0-" in Part I, line 8

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
GLOBAL HEALTH CORPS		501 (C) (3)	PAYMENT FOR GENERAL	
ONE PENN PLAZA, SUITE 6271	}	1	SUPPORT	
NEW YORK, NY 10119	- 	 	 	150,00
GRANBURY CHURCH OF CHRIST		501 (C) (3)	PAYMENT FOR GENERAL	
1905 W PEARL ST			SUPPORT	
GRANBURY, TX 76048				36,000
HEALTH TALENTS INTERNATIONAL		501 (C) (3)	PAYMENT FOR GENERAL	
PO BOX 8303			SUPPORT	04 504
SEARCY, AR 72145		 		24,500
LAKE CITIES CHURCH OF CHRIST		501 (C) (3)	PAYMENTS FOR GENERAL	
280 INDIAN CREEK DRIVE TROPHY CLUB, TX 76262		1	SUPPORT	32,50
INDERIT CHOB, IN 10202				
NEW ROOTS HAITI		501 (C) (3)	PAYMENT FOR GENERAL	
18211 NW 61ST AVE RIDGEFIELD, WA 98642		1	SUPPORT	5,00
Умс а		501 (C) (3)	PAYMENT FOR GENERAL	
601 N. AKARD ST DALLAS, TX 75201			SUPPORT	5,00
		 		
		 	 	<u> </u>
Tablifon and the state of		<u> </u>		253,00
Total from continuation sheets				

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	RITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS FROM						
GARMARK PARTNERS II LP K-1	7.		0.	7	. 7.	
DIVIDENDS FROM	, ,			•	, ,	
SECURITIES	409,396.		0.	409,396	. 409,396.	
INTEREST FROM GARMARK PARTNERS						
II LP K-1	7,260.		0.	7,260	. 7,260.	
TO PART I, LINE 4	416,663.		0.	416,663	. 416,663.	
FORM 990-PF		OTHER I	NCO	ME	S	TATEMENT 2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCO ORDINARY LOSS (UBT		ARK		2,239.	2,239.	
PARTNERS II LP K-1 RENTAL INCOME FROM				-6,567.	0.	
II LP K-1				370.	370.	
OTHER INCOME FROM II LP K-1	GARMARK PARTI	NERS		2,091.	2,091.	
TOTAL TO FORM 990-	PF, PART I, I	LINE 11		-1,867.	4,700.	
FORM 990-PF		LEGAL	FE	ES	S	TATEMENT 3
DDGGD I DWI OV		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DESCRIPTION						
LEGAL FEES		9,790.		2,937.		6,853.

ACCOUNTI	NG FEES	S	STATEMENT 4		
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
5,152.	1,546.		3,606.		
5,152.	1,546.		3,606.		
TAXES		STATEMENT 5			
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
11. 21,500.	11.		0.		
108.	108.		0.		
21,619.	119.		0.		
	(A) EXPENSES PER BOOKS 5,152. 5,152. TAX (A) EXPENSES PER BOOKS 11. 21,500. 108.	EXPENSES NET INVEST- PER BOOKS MENT INCOME 5,152. 1,546. 5,152. 1,546. TAXES (A) (B) EXPENSES NET INVEST- MENT INCOME 11. 21,500. 0. 108. 108.	(A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME 5,152. 1,546. 5,152. 1,546. TAXES S (A) (B) (C) ADJUSTED NET INCOME S,152. 1,546. 1,546.		

FORM 990-PF	OTHER EXPENSES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES AND SUBSCRIPTIONS	348.	104.		244.
EQUIPMENT RENTAL	1,944.	583.		1,361.
INSURANCE	54,283.	16,285.		37,998.
INVESTMENT EXPENSE	160,601.	160,601.		0.
MISCELLANEOUS	1,644.	492.		1,148.
NON DEDUCTIBLE EXPENSES FROM				
PASSTHROUGH	137.	0.		0.
PAYROLL TAX EXPENSES	25,592.	3,659.		21,933.
PORTFOLIO 2% DEDUCTIONS FROM				
GARMARK PARTNERS II LP K-1	5,400.	5,400.		0.
CHARITABLE CONTRIBUTIONS				
FROM GARMARK PARTNERS II LP		•		•
K-1	39.			39.
POSTAGE	189.			132.
SOFTWARE/SUPPORT	319.			223.
SUPPLIES	1,883.			1,318.
UTILITES	17,958.	5,387.		12,571.
TO FORM 990-PF, PG 1, LN 23	270,337.	193,229.		76,967.

FORM 990-PF OTHER DECREASES IN	NET ASSETS OR F	UND BALANCES	STATEMENT 7
DESCRIPTION			AMOUNT
UNREALIZED GAINS OR LOSS FROM INVE	STMENT		99,501.
TOTAL TO FORM 990-PF, PART III, LI	NE 5		99,501.
FORM 990-PF OTE	ER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
GARMARK PARTNERS II LP	COST	269,080.	260,234.
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	269,080.	260,234.
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OTHER	312,260.	271,761.	40,499
TOTAL TO FM 990-PF, PART II, LN 14			40,433
TOTAL TO THE 950 IT, TAKE II, DA I	312,260.	271,761.	40,499
FORM 990-PF	OTHER ASSETS	271,761.	
		271,761. END OF YEAR BOOK VALUE	40,499.
FORM 990-PF	OTHER ASSETS BEGINNING OF	END OF YEAR	40,499. STATEMENT 10 FAIR MARKET
FORM 990-PF DESCRIPTION SECURITY DEPOSIT	OTHER ASSETS BEGINNING OF YR BOOK VALUE 4,286.	END OF YEAR BOOK VALUE	40,499 STATEMENT 10 FAIR MARKET VALUE 4,286

FORM 990-PF	OTH	HER LIABILITIES		STAT	EMENT 11	
DESCRIPTION			BOY AMOUN	r eoy i	AMOUNT	
PAYROLL LIABILITIES		3,84		11,642.		
TOTAL TO FORM 990-PF, PAR	r II, LIN	NE 22	3,84	18.	11,642.	
		OF OFFICERS, D FOUNDATION MANA		STAT	EMENT 12	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
DAVID D HALBERT		VICE PRESIDENT	& DIRECTOR			
750 W. JOHN CARPENTER FRWY, STE 800 IRVING, TX 75039	, STE	1.00	0.	0.	0.	
KATHRYN A HALBERT 750 W. JOHN CARPENTER FRWY, STE 800 IRVING, TX 75039		EXECUTIVE DIRECTOR/PRESIDENT				
		20.00	0.	0.	0.	
KRISTEN S HALBERT		DIRECTOR/TREAS	URER			
750 W. JOHN CARPENTER FRW 800 IRVING, TX 75039	Y, STE	1.00	0.	0.	0.	
CHRISTOPHER HARMON		VICE PRESIDENT	'/SECRETARY			
750 W. JOHN CARPENTER FRW 800 IRVING, TX 75039	Y, STE	40.00	210,000.	6,400.	0.	
MICHAEL D HALBERT		DIRECTOR/TREASURER				
750 W. JOHN CARPENTER FRW 800 IRVING, TX 75039	Y, STE	1.00	0.	0.	0.	

210,000. 6,400.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 13

NAME OF MANAGER

DAVID D HALBERT KATHRYN A HALBERT