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OMB No 1545-0052

2016

Form 990-PF

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ndar year 2016, or tax year beginning 01-01-20)16 , a	nd ending 12-31		
Eu	gene Ed	ındatıon dge III Charıtable Trust go Bank IFS Fıducıary Tax Svc		47-3874730	lentification numbe	r
		d street (or P O $$ box number if mail is not delivered to street address) st WT Harris Blvd MAC D1114	Room/suite	B Telephone no (336) 747-866	umber (see instruction	ns)
		n, state or province, country, and ZIP or foreign postal code IC 28288		application is pending	g, check here	
CH	neck al	I that apply	foundation	2. Foreign of test, check	rganizations, check he organizations meeting ck here and attach coi undation status was t on 507(b)(1)(A), check	the 85% mputation Figure
Fai	r mark year <i>(f</i>	a 4947(a)(1) nonexempt charitable trust ☐ Other taxable to the value of all assets at end from Part II, col (c), • \$ 14,739,099 J Accounting method ☐ Other (specify) _(Part I, column (d) must	☑ Cash ☐ Accru		ation is in a 60-month on 507(b)(1)(B), checl	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	2,254,150)		, , , , , , , , , , , , , , , , , , , ,
	2	schedule) Check if the foundation is not required to attach Sch B				
	3 4 5a	Dividends and interest from securities Gross rents	322,698	322,698		
rue	b 6a	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	15,473			
Reversie	ь 7 8	Gross sales price for all assets on line 6a 113,857 Capital gain net income (from Part IV, line 2) Net short-term capital gain		15,473	108	
	9 10a b	Income modifications				
	с 11	Gross profit or (loss) (attach schedule) Other income (attach schedule)				
	12	Total. Add lines 1 through 11	2,592,321 115,354			28,839
15es	14 15 16a	Other employee salaries and wages	113,334	, 00,310		20,033
ve Exper	ь с	Accounting fees (attach schedule)	2,035			2,035
ımıstratı	17 18 19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion				
Operating and Administrative Expenses	20 21 22	Occupancy				
iting.	23 24	Other expenses (attach schedule)	168	168		
Ober	25	Add lines 13 through 23	117,557 598,500			30,874 598,500
	26	Total expenses and disbursements. Add lines 24 and 25	716,057	86,684		629,374
	27 a	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	1,876,264			
	b c	Net investment income (If negative, enter -0-) Adjusted net income(If negative, enter -0-)		251,487	108	000 55 (55)
or	Paner	WORK REQUESION ACT NOTICE, see Instructions		Cat No. 11289	Y Ear	m QQ0-PF (2016

	3	Accounts receivable -			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	11 799 991 🖦	13 542 264	14 185 48

4,415

14,095,874

1,155

1,155

14,094,719

14.094.719

14,095,874

12,213,470

14,100,963

14,094,719 Form **990-PF** (2016)

1,876,264

11,229

6,244

1

2

3

4

5

6

ارجه

12,213,470

12,213,470

4,415

14,739,099

14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ر**چ** Other assets (describe > _ 2,590 15 Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 12,213,470 17 Accounts payable and accrued expenses . 18 Grants payable. 19 Loans from officers, directors, trustees, and other disqualified persons 20

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Liabilities

Net Assets or Fund Balances

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

	Page 3
l	

	(a) kınd(s) of property sold (e g , rea ise, or common stock, 200 shs l		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a EDGE CHAR TRUST 2016 GAI	IN LOSS		Р	2016-01-01	2016-12-31
b EDGE CHAR TRUST 2016 GAI			Р	2015-01-01	2016-12-31
c Capital Gain Dividends					
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus expe	ense of sale	(e) plus (f) minus (g)
a 6,96	58		6,860		108
b 95,36	53		91,524		3,839
С					11,526
d					
e					
Complete only for assets sho	owing gain in column (h) and owi	ned by the foundation (on 12/31/69	,	I)
	(i)	i	(k)	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis as of 12/31/69	Excess	of col(ı) (j), ıf any	col (k), but not	less than -0-) or om col (h))
a	30 31 22, 32, 32	3,5,5	(3// =/	,	108
b					3,839
c					
d					
e					
2 Capital gain net income or ((net capital loss)	If gain, also enter in Polif (loss), enter -0- in Polif (loss)		2	15,473
· · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 1 line 8, column (c) (see instruction	ons) If (loss), enter -0	· }	3	108
Part V Qualification Und	er Section 4940(e) for Re	duced Tax on Net	Investment In	come	
For optional use by domestic privat	te foundations subject to the sec	tion 4940(a) tax on ne	t investment incom	e)	
f section 4940(d)(2) applies, leave	this part blank				
Vas the foundation liable for the se f "Yes," the foundation does not qu			in the base period?	Y	es 🗹 No
1 Enter the appropriate amoun	nt in each column for each year,	see instructions before	making any entries	5	_
(a) Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable	le-use assets	(d) Distribution rati	
year (or tax year beginning in) 2015	4,640		12,009,155	(col (b) divided by c	0 00039
	4,640		12,009,133		0 00039
2014					
2013					
2012					
2011				T	
• • • • • • • • • • • • • • • • • • • •				0 000386	
	the 5-year base period—divide to on has been in existence if less to		' ' -		0 000386
	on has been in existence it less t aritable-use assets for 2016 from		· · · · 		13,114,804
		•			5,062
	ncome (1% of Part I line 27h)				7 515
	ncome (1% of Part I, line 27b)				2,515
	ncome (1% of Part I, line 27b) from Part XII, line 4 ,		7		2,515 7,577 629,374

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1	iced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Takal Addition of the control		
Total. Add lines 1 through 3		
		Form 990-PF (2016)

1a

1b

2

За 3b

4

5

629,374

629.374

2.515

626.859

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Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation qualifies for

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. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount-see instructions f 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 applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . d Excess from 2015. e Excess from 2016. . Page 9

618,323

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1	Distributable amount for 2016 from Part XI, line 7			653,225
2	Undistributed income, if any, as of the end of 2016			
а	Enter amount for 2015 only		594,472	
ь	Total for prior years 20			
3	Excess distributions carryover, if any, to 2016			
а	From 2011			
ь	From 2012	1		
С	From 2013	1		
	From 2014			
	From 2015			
f	Total of lines 3a through e			
	Qualifying distributions for 2016 from Part			
	XII, line 4 ► \$ 629,374			
а	Applied to 2015, but not more than line 2a		594,472	
b	Applied to undistributed income of prior years			
	(Election required—see instructions)			
С	Treated as distributions out of corpus (Election	C		
١.	required—see instructions)			24.002
	Applied to 2016 distributable amount			34,902
е	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2016			
	(If an amount appears in column (d), the			

(a)

Corpus

(b)

Years prior to 2015

(c)

2015

d	Applied to 2016 distributable amount		34,902
е	Remaining amount distributed out of corpus		
5	Excess distributions carryover applied to 2016		
	(If an amount appears in column (d), the same amount must be shown in column (a))		
6	Enter the net total of each column as indicated below:		
			1

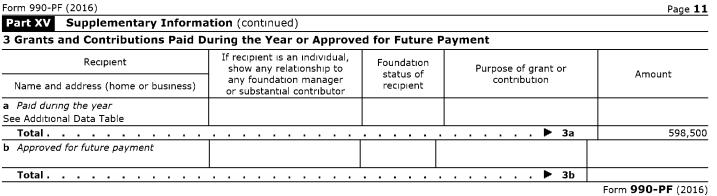
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

SCHOLARSHIPS TO STUDENTS PURSUING A HIGHER EDUCATION

CONSIDERATIONS WILL BE GIVEN TO THE LIST OF CHARITIES NAMED IN THE GOVERNING DOCUMENT AS SUGGESTED BY THE SETTLOR AND TO THOSE ORGANIZATIONS CARRYING OUT CHARITABLE PURPOSES PRIMARILY IN BRAZOS COUNTY THE TRUST WILL ALSO AWARD

factors

Form 990-PF (2016)



ter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
. Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees a	nd contracts from government agencies					
	ship dues and assessments					
	st on savings and temporary cash					
	ds and interest from securities			14	322,698	
	tal income or (loss) from real estate					
	inanced property					
	ebt-financed property					
	estment income.					
	r (loss) from sales of assets other than					
invento	pry			18	15,473	
	ome or (loss) from special events					
Gross p	rofit or (loss) from sales of inventory					
	evenue a					
				+		
d						
e	Add columns (h) (d) and (a)				338,171	
e Subtota Total. /	Add line 12, columns (b), (d), and (e)			13	338,171	338,17:
e Subtota Total. A	Add columns (h) (d) and (a)	ns)			•	
e Subtota Total. A ee worksh art XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	
eSubtota Total. / ee worksh art XVI	I Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	
eSubtota Total. / ee worksh art XVI	I Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	
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eSubtota Total. / ee worksh art XVI	I Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	
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eSubtota Total. / ee worksh art XVI	I Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	
eSubtota Total. A e worksh art XVI	I Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	
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e Subtota Total. / ee worksh art XVI ine No.	I Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). Leet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which is the accomplishment of the foundation's ex	ns) e Accomplish i income is reporte	ment of Exem	pt Purposes of Part XVI-A contribut	ed importantly to	

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

Part	XVII	Exempt Organi	zations						•				
		ganization directly or in Code (other than sectio	directly enga							ection 501		Yes	No
a Trai	nsfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	on c	of	_				
(1)	Cash.										1a(1)		No
(2)	Other	assets									1a(2)		No
b Oth	er tran	sactions											
		of assets to a nonchar	•	_							1b(1)		No
(2)	Purch	ases of assets from a n	ioncharitable	exem	pt organi	zation					1b(2)		No
		il of facilities, equipmer	-								1b(3)		No
		oursement arrangemen									1b(4)		No
٠.		or loan guarantees.									1b(5)		No
٠.,		mance of services or m	•		_					• •	1b(6)		No
	-	facilities, equipment, n			•						1c		No
		ver to any of the above ds, other assets, or ser											
		saction or sharing arra											
/- > !	No. 1	(L) A	L (-) N					(4) D	- f t t t				
(a) Line	INO	(b) Amount involved	(c) Name of	noncna	aritable exe	empt organization		(a) Description	of transfers, transacti	ons, and sna	ring arrar	igemen	ts
	_												
	_												
		idation directly or indire	•		•	*				-	_		
des	cribed i	in section 501(c) of the	Code (other	than	section 50	01(c)(3)) or in se	ectio	on 527?		. l	∟ Yes	✓ N	0
b If "\	Yes," co	omplete the following so											
		(a) Name of organization	n		(b) Type of organiza	atıor	1	(c) Descrip	tion of relati	onship		
	Unde	er penalties of perjury,	I declare tha	t I hav	ve examır	ned this return, ii	nclu	uding accompar	nying schedules and	d statemen	ts, and t	o the l	best
		y knowledge and belief		orrect,	, and com	plete Declaratio	n o	f preparer (oth	er than taxpayer) ı	s based on	all infor	mation	of
Sign		h preparer has any kno	wieage			1				May the I	DC discus	c thic re	nturn
Here		*****				2017-07-10		_ ******		with the p			
	/ 9	Signature of officer or ti	rustee			Date		Title		(see instr)? 🗹 Y	es 🗆 N	ю
		D		<u> </u>									
		Print/Type preparer's	name	Prepa	arer's Sıgı	nature		Date	Check if self-	PTIN			
		_							employed ▶ □		P00297	281	
Paid		Durwood Thompso JrCPA CFP	n						' ' ' ' ' '				
Prep	arer				DC.								
Use (Firm's name ► Thor	npson Derrig	ı & Cra	aig PC					Firm's E	IN►		
JJC (Firm's address ▶ 15	98 Copperfie	eld Pkv	vy								
					·	14				Phone n	o (979)	260-9	9696
		Co	llege Station	i, ⊺X	//845467	′4					, - ,		-

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TWIN CITY MISSION PO BOX 3490 None 501(C)3 GENERAL OPERATING NEEDS 67,000 BRYAN, TX 77805 TEXAS AM UNIVERSITY LIBRARIES None 501(C)3 GENERAL OPERATING NEEDS 50,000 5000 TAMU COLLEGE STATION, TX 77843 ST JOSEPH'S FOUNDATION None 501(C)3 GENERAL OPERATING NEEDS 10,000 2801 FRANCISCAN DRIVE BRYAN, TX 77802 HOSPICE BRAZOS VALLEY INC None 501(C)3 GENERAL OPERATING NEEDS 72,000 502 WEST 26TH STREET BRYAN, TX 77803 HEALTH FOR ALL CLINIC INC None 501(C)3 GENERAL OPERATING NEEDS 30,000 PO BOX 5913 BRYAN, TX 77805 CHILDREN'S MUSEUM OF THE BRAZOS None 501(C03 GENERAL OPERATING NEEDS 8.000 4001 EAST 29TH STREET 80 BRYAN, TX 77802 BRYAN COLLEGE STATION PUBLIC None 170(C)1 GENERAL OPERATING NEEDS 20,000 LIBRAR 201 E 26TH STREET BRYAN, TX 77803 BRYAN ISD EDUCAITON FOUNDATION None 501(C)3 **SCHOLARSHIPS** 40,000 101 N TEXAS AVE BRYAN, TX 77803 **BRAZOS VALLEY SYMPHONY** None 501(C)3 GENERAL OPERATING NEEDS 20,000 PO BOX 3524 BRYAN, TX 77805 BRAZOS VALLEY FOOD BANK 501(C)3 GENERAL OPERATING NEEDS 94,500 None PO BOX 74 BRYAN, TX 77806 5,000 **BRAZOS VALLEY CHORALE** None 501(C)3 GENERAL OPERATING NEEDS PO BOX 10644 COLLEGE STATION, TX 77842 BOYS AND GIRLS CLUB OF BRAZOS CTY None 501(C)3 GENERAL OPERATING NEEDS 182,000 PO BOX 524 BRYAN, TX 77806 598,500 Total .

За

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -		Γ	DLN: 93491191000447					
TY 2016 Accounting F	TY 2016 Accounting Fees Schedule										
	Name: Eugene Edge III Charitable Trust										
		Wells Far	rgo Bank	IFS Fiduci	ary Tax Svc						
	EIN:	47-38747	730		·						
Soft	ware ID:	1600030	3								
Software	Version:	2016v3.0)								
Category	Amo	ount		estment ome	Adjusted Net Income	Disbursements for Charitable Purposes					
THOMPSON DERRIG & CRAIG		1,735		0	(0 1,735					
WELLS FARGO		300		0	(0 300					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491191000447 **TY 2016 Compensation Explanation** Name: Eugene Edge III Charitable Trust Wells Fargo Bank IFS Fiduciary Tax Svc **EIN:** 47-3874730 **Software ID:** 16000303 **Software Version:** 2016v3.0 Person Explanation Name

Person Name WELLS FARGO BANK NA BANK NA BANK NA Well Services include, but are not limited to, administrative services such as fiduciary accounting, custody of assets, complying with tax filing requirements, complying with distribution provisions, and complying with federal and state laws applicable to private foundations, plus asset management services such as creating asset allocation strategies, investment reporting and reallocating and rebalancing of portfolios as necessary

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	n -	DL	N: 93491191000447
TY 2016 Investments - Other	Schedule			
Name:	Eugene Edge I	II Charitable Tru	ıst	
	Wells Fargo Ba	nk IFS Fiduciary	Tax Svc	
EIN:	47-3874730			
Software ID:	16000303			
Software Version:	2016v3.0			
Category/ Item	Li	sted at Cost or	Book Value	End of Year Fair

Software Version: 2016v3.0	Software Version: 2016v3.0					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
FIXED ASSET, EQUITIES, AND OTHER FUNDS	AT COST	13,542,264	14,185,489			

TY 2016 Other Assets Schedule					
Name:	Eugene Edge III Charitable Trust				
	Wells Fargo Bank IFS Fiduciary Tax Svc				
EIN:	47-3874730				
Software ID:	16000303				

DLN: 93491191000447

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

Software Version: 2016v3.0

Other Assets Schedule			
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INCOME RECEIVABLE	2,590	4,415	4,415

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491191000447
TY 2016 Other Decreases Scho	edule		
Name:	Eugene Edge	III Charıtable Trust	
	Wells Fargo B	ank IFS Fiduciary Tax Svc	
EIN:	47-3874730		
Software ID:	16000303		
Software Version:	2016v3.0		
De	escription		Amount
BOOK/TAX DIFFERENCES			262
COST BASIS ADJUSTMENTS			2,121
CY FIT			2,515
PY FIT			1,346

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491191000447		
TY 2016 Other Expenses Sche	dule		_	_		
Name: Eugene Edge III Charitable Trust						
	Wells Fargo Bank IFS Fiduciary Tax Svc					
EIN:	EIN: 47-3874730					
Software ID:	16000303					
Software Version:	2016v3.0					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ADR FEES	168	168				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491191000447
TY 2016 Other Increases Sche	dule		
Name:	Eugene Edge 1	III Charitable Trust	
	Wells Fargo Ba	ank IFS Fiduciary Tax Svc	
EIN:	47-3874730		
Software ID:	16000303		
Software Version:	2016v3.0		
De	escription		Amount
INTEREST - TAX EXEMPT			598
RETURN OF CAPITAL			10,631

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491191000447	
TY 2016 Other Liabilities Sche	dule				
Name:	Eugene Edge I	III Charıtable	Trust		
ı	Wells Fargo Bank IFS Fiduciary Tax Svc				
EIN:	47-3874730				
Software ID:	16000303				
Software Version:	2016v3.0				
Description	n		Beginning of Year - Book Value	End of Year - Book Value	
FEDERAL INCOME TAX PAYABLE				1,155	

efile GRAPHIC print - I	file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491191000447							
Schedule B (Form 990, 990-EZ,	Sched	ule of Contributors		OMB No 1545-0047				
or 990-PF) Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990								
Name of the organizat Eugene Edge III Charitat			Employer id	lentification number				
Wells Fargo Bank IFS Fid	uciary Tax Svc		47-3874730					
Organization type (che	eck one)							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)() (enter number) c	organization						
	4947(a)(1) nonexempt char	ritable trust not treated as a priv	ate foundation					
	☐ 527 political organization							
Form 990-PF	501(c)(3) exempt private fo	oundation						
	4947(a)(1) nonexempt cha	ritable trust treated as a private	foundation					
501(c)(3) taxable private foundation								
	ation filing Form 990, 990-EZ, or 990- r property) from any one contributor C							
Special Rules								
under sections to under sections to under sections to the under sections are under sections.	tion described in section 501(c)(3) filin 509(a)(1) and 170(b)(1)(A)(vi), that che ny one contributor, during the year, tot ne 1h, or (ii) Form 990-EZ, line 1 Com	ecked Schedule A (Form 990 or al contributions of the greater of	990-EZ), Part II, line 13,	16a, or 16b, and that				
during the year,	tion described in section 501(c)(7), (8) total contributions of more than \$1,000 the prevention of cruelty to children or	O <i>exclusively</i> for religious, charit	able, scientific, literary, o					
during the year, If this box is che purpose Do not	tion described in section 501(c)(7), (8) contributions exclusively for religious, ecked, enter here the total contributions complete any of the parts unless the lable, etc., contributions totaling \$5,000	charitable, etc., purposes, but not sthat were received during the younger and Rule applies to this org	no such contributions tota year for an <i>exclusively</i> re ganization because it rece	iled more than \$1,000 ligious, charitable, etc ,				
990-EZ, or 990-PF), bu	on that is not covered by the General F t it must answer "No" on Part IV, line 2 Form 990PF, Part I, line 2, to certify tha	, of its Form 990, or check the b	oox on line H of its					
For Paperwork Reduction for Form 990, 990-EZ, or 99	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2016)				

senedale B (i oim	330, 330 LZ, OI 330 1 1) (20 10)			age <u>L</u>
Name of organiza Eugene Edge III Ch Vells Fargo Bank IF		Employer identification 47-3874730	number	
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conti	ribution
1	EUGENE EDGE III EST CO WELLS FARGO 3000 BRIARCREST	\$ 2,254,150	Person Payroll Noncash	
	BRYAN, TX77802		(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conti	ribution
			Person	П
-			Payroll	
		\$	Noncash	
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conti	ribution
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conti	ribution
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conti	ribution
			Person	
-			Payroll	
		\$	Noncash	
			(Complete Part II for contributions)	noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of conti	ribution
			Person	
-			Payroll	
		<u>\$</u>	Noncash	
			(Complete Part II for contributions)	noncash

Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organiz Eugene Edge III C	ation	Employer identi	fication number
	FS Fiduciary Tax Svc	47-38	74730
Part II	Noncash Property	•	
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	investments	\$ 2,254 150	2016-12-31
(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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2016)

Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat Eugene Edge III Cha Wells Fargo Bank IFS	ritable Trust		Employer identification number 47-3874730
Part III Exclusion than \$1, organizathe year	<i>vely</i> religious, charitable, etc., contributio 000 for the year from any one contributor	r. Complete columns (a) throu of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) Fullpose of gift	(c) ose of gift	(u) Description of now gift is field
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t 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
	Transferee's name, address, and	(e) Transfer of gift	t 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
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Wells Fargo

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Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail) EDGE, EUGENE III CHARITABLE TRUST Trust Year Ending 12/31/2016

Type D	escription Date	Shares	Price	Fed Cost	State Cost	Fed Galn	State Gain	(Туре
261980494	DREYFUS EMG MKT D	EBT LOC C-I 6083					· · · · · · · · · · · · · · · · · · ·	,
Sold	10/20/16	3586.157	42,316 65					
Acq	08/24/15	2103 878	24,825.76	22,785.00	22,785 00	2,040.76	2,040 76	L
Acq	01/10/15	1482 279	17,490 89	18,365 44	18,365.44	-874 55	-874 55	L
Note		Total for 10/20/2016	i	41,150.44	41,150 44	1,166 21	1,166.2	1
478366107	JOHNSON CONTROLS	INC						
Sold	09/02/16	1027	45,098.03					
Acq	08/24/15	1027	45,098 03	42,825.90	42,825 90	2,272.13	2,272.13	L
Note		Total for 9/2/2016	i	42,825.90	42,825 90	2,272.13	2,272.1	3
478366107	JOHNSON CONTROLS	INC						
Sold	09/02/16	158	6,938 18					
Acq	11/13/15	158	6,938.18	6,830 34	6,830 34	107.84	107.84	s
Note		Total for 9/2/2016	,	6,830 34	6,830 34	107,84	107.84	4
478366107	JOHNSON CONTROLS	INC						
Sold	09/02/16	181	7,948 16					
Acq	08/24/15	181	7,948 16	7,547 70	7,547 70	400 46	400 46	L
Note		Total for 9/2/2016	•	7,547.70	7,547.70	400.46	400 4	6
G0084W101	ADIENT PLC -W/I							
30004VV 101 Sold	11/15/16	0.1	4 68					
Acq	11/01/16	0.0434	2.03	2.02	2 02	0 01	0 01	S
Acq	11/01/16	0.0566	2.65	2.65	2.65	-0 00	-0 00) S
Note		Total for 11/15/2016	<u></u>	4.67	4 67	0 01	0 0	1

Wells Fargo

Page 2 of 2 2/21/2017 20:42:42

Statement of Capital Gains and Losses From Sales (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail) EDGE, EUGENE III CHARITABLE TRUST

Trust Year Ending 12/31/2016

Type I	Description Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain (Type)
G51502105	JOHNSON CTLS INTL	PLC					
Sold	09/26/16	0 566	24 88				
Acq	09/06/16	0 566	24.88	24 88	24 88	0.00	000 S
Note		Total for 9/26/2016	3	24.88	24 88	0.00	0 00
	та	otal for Account: 76250200	0	98,383 93	98,383 93	3,946 65	3,946.65
		Total Proceeds:			Fed	S	late
		102,330.58		S/T Gain/Loss	107 85		107 85
		,		L/T Gain/Loss	3,838 80	3	3,838 80