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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

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

For calendar year 2016 or tax year beginning 4/26/2016 and ending 12/31/2016 A Employer identification number Name of foundation Ambit Cares, Inc. Number and street (or P O box number if mail is not delivered to street address) Room/suite 81-2832542 600 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code 75202 (214) 270-1731 Dallas Foreign postal code Foreign country name Foreign province/state/county C If exemption application is pending, check here ▶ G Check all that apply X Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test Address change □ Name change check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis.) line 16) ▶ \$ 65.480 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per income income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 106.428 Check ▶☐ If the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2 7 Net short-term capital gainRECE Income modifications Gross sales less returns an allowances 10a Less Cost of goods spin h Gross profit or (loss) (attach schedule) Other income (attach schedules DEN, 11 Total. Add lines 1 through 11 106,428 12 13 Compensation of officers, directors, trustees, etc. Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) 17 Interest Taxes (attach schedule) (see instructions) 18 19 Depreciation (attach schedule) and depletion 20 Occupancy 532 21 Travel, conferences, and meetings 22 Printing and publications 40,549 23 Other expenses (attach schedule) 40,416 Total operating and administrative expenses. 41.081 Add lines 13 through 23 O 40.948 Contributions, gifts, grants paid 52,000 25 Total expenses and disbursements. Add lines 24 and 25 26 93.081 40,948 Subtract line 26 from line 12. 27 Excess of revenue over expenses and disbursements . 13,347 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2016)

Page 2

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		53,689	53,689
	2	Savings and temporary cash investments			
-	3	Accounts receivable ▶			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable		11,791	11,791
	6	Receivables due from officers, directors, trustees, and other	1		
İ	1	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ध	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges .	[<u>_</u>		
Ä	10a	Investments—U.S. and state government obligations (attach schedule)			
	ь	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) .			
	14	Land, buildings, and equipment basis			
ļ		Less accumulated depreciation (attach schedule)		<u></u>	
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the	!		
		instructions Also, see page 1, item I)	0	65,480	65,48 <u>0</u>
	17	Accounts payable and accrued expenses		133	
ģ	18	Grants payable	<u> </u>	52,000	
itie	19	Deferred revenue	ļ		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.a</u>	21	Mortgages and other notes payable (attach schedule)	<u> </u>		
_	22	Other liabilities (describe)	<u> </u>		
	23	Total liabilities (add lines 17 through 22)		52,133	
Ś		Foundations that follow SFAS 117, check here ▶ □			
ည		and complete lines 24 through 26 and lines 30 and 31.	1	ł	
a	24	Unrestricted	<u> </u>		
Balances	25	Temporarily restricted			
Þ	26	Permanently restricted	 		
Net Assets or Fund	l	Foundations that do not follow SFAS 117, check here	[1	
ž	27	and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds		13,347	
Ş	29	Total net assets or fund balances (see instructions)		13,347	
et/	30	· · · · · · · · · · · · · · · · · · ·		13,347	
ž	31	Total liabilities and net assets/fund balances (see		65 400	
Ð.	art III	Instructions) . Analysis of Changes in Net Assets or Fund Balances	<u></u>	65,480	
		net assets or fund balances at beginning of year—Part II, column ((a) line 30 (must agre	e with	
•		of-year figure reported on prior year's return)	, was mile of this agree	1	0
2		r amount from Part I, line 27a	•	2	13,347
		- verse as a section of the desired verse as a section of the sect		3	10,047
		ines 1, 2, and 3		4	13,347
5	Decr	eases not included in line 2 (itemize)		5	.0,047
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), line	30 6	13,347

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Part	V Capital Gains and	I Losses for Tax on Investn	nent Income			
		ne kind(s) of property sold (e.g., real estate use, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
b						<u> </u>
С						
d						
е				L		L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	other basis nse of sale		in or (loss) (f) minus (g)
<u>a</u>	-					
b						
<u>c</u>						
<u>d</u>						
е	Complete only for assets sh	owing gain in column (h) and owned	l by the foundation	on 12/31/69		
	Complete only for assets sit	(i) Adjusted basis		s of col (i)		ol (h) gain minus ot less than -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69		(j), if any	• • •	from col (h))
<u>a</u>						
<u>b</u>						· · · · · · · · · · · · · · · · · · ·
<u> </u>						-
<u>d</u>	~					-
<u>е</u>		(If gain	also enter in Pa	rt L line 7		
2	Capital gain net income of	r (net capital loss) { If (loss)), enter -0- in Pa	rt I, line 7	2	0
3	, ,	n or (loss) as defined in sections				
	r gain, also enter in Paπ i Part I, line 8	, line 8, column (c) (see ınstructı	ons) if (loss), er	iter -u- in }	3	0
Part		ler Section 4940(e) for Redu	iced Tay on N	et Investment l	-	0
Was t		ve this part blank. section 4942 tax on the distribu qualify under section 4940(e) D			se period?	Yes X No
1	Enter the appropriate amo	ount in each column for each yea	ar, see the instru	ctions before mak	ing any entries	
	(a)	(b)		(c)		(d) stribution ratio
Cal	Base period years endar year (or tax year beginning in	Adjusted qualifying distribution	ns Net value o	of nonchantable-use as		divided by col (c))
	2015					0 000000
	2014					0 000000
	2013					0 000000
	2012				 	0 000000
	2011		<u></u>			0 000000
2	Total of line 1, column (d))			2	0 000000
3	•	for the 5-year base period—divid		-	1 1	
	number of years the found	dation has been in existence if le	ess than 5 years		3	0 000000
4	Enter the net value of nor	ncharitable-use assets for 2016 f	from Part X, line	5	4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investme	nt income (1% of Part I, line 27b			6	0
7	Add lines 5 and 6		•		7	0
8	Enter qualifying distribution	ons from Part XII, line 4 ater than line 7, check the box in	. Port VI line 4h	and complete the	. 8	tox rate. See the
	Part VI instructions	ater triair line 7, check the box in	i ait vi, illie ID,	and complete tha	t part using a 170	IAN IAIC SEE IIIE

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ons)				
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)			<u> </u>		
b						
	here ▶ ☐ and enter 1% of Part I, line 27b					
C						
_	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0			
3	Add lines 1 and 2		0	 		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 5			_		
5 6	Credits/Payments			├		
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a					
b	Exempt foreign organizations—tax withheld at source 6b			ŀ		
c	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld . 6d .					
7	Total credits and payments Add lines 6a through 6d		0			
8	Enter any penalty for underpayment of estimated tax. Check here					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		0			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0			
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► 11		0			
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes			
_	participate or intervene in any political campaign?	<u>1a</u>	<u> </u>	<u> </u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?	1b	├	X		
	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.					
_	c Did the foundation file Form 1120-POL for this year?					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c		X		
_	(1) On the foundation. ▶\$ (2) On foundation managers ▶\$		1			
е	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		Х		
	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?		N/A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Year" attach the statement required by Coneral Instruction T.	5	<u> </u>	Х		
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1	•			
0	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 law remain in the governing instrument?	6	X			
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.	7	X			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	TX	.	1			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		<u> </u>			
	(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 calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If			Ì		
40	"Yes," complete Part XIV	9	├	X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X			
	والمناز والمنا	Form 99		(2242)		

Part	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_ X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address ► ww2 ambitenergy com/ambitcares			
14	The books are in care of ▶ Controller of Ambit Cares Telephone no ▶			
	Located at ► 1801 N Lamar St Dallas TX ZIP+4 ► 75202			<u></u>
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	•	I	▶ ∟
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 the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?]	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ĺ	İ	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after		İ	
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Χ
	Organizations relying on a current notice regarding disaster assistance check here		-	
С	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		Х
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 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		l	
	(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	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
20	▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		.	
3a	at any time during the year? Yes X No	[İ	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
D	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]		
	foundation had excess business holdings in 2016)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X

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Par	VII-B Statements Regarding Activities for	or Whi	ch Form 47	'20 Ma	y Be Req	uired (continue	d)			
5a	During the year did the foundation pay or incur an					_	ш.				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No					'					
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,]						
	directly or indirectly, any voter registration drive		Sor olmilor nu		2		∐ Yes ☐ Yes	X No			
	(3) Provide a grant to an individual for travel, study						□ 162		'		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions).	cnanta	able, etc , org	janizati	on describe	eain	Yes	X No	,		
	(5) Provide for any purpose other than religious, c	haritabl	le, scientific,	literary	, or educati	onal			ļ		
	purposes, or for the prevention of cruelty to chi						Yes Yes	X No	·		
b	If any answer is "Yes" to 5a(1)-(5), did any of the							bed ın			
	Regulations section 53 4945 or in a current notice	_	_			structio	ns)?		_5b	N/A	
	Organizations relying on a current notice regarding								ا ا		
С	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility for	or the g	rant?		trom the ta	ax	Yes	□ No	,		
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fu				nav nrem	IIIme					
0a	on a personal benefit contract?		lectly of filali	cony, u	J pay piem	iuiiis	☐ Yes	X No	,		
b	Did the foundation, during the year, pay premiums	s, direct	ly or indirecti	y, on a	personal b	enefit c	contract?	<u> </u>	6b		$\overline{\mathbf{x}}$
	If "Yes" to 6b, file Form 8870		•	•							
	At any time during the tax year, was the foundation a pa						Yes	X No			
	If "Yes," did the foundation receive any proceeds								7b	N/A	
Par	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors										
1	List all officers, directors, trustees, foundation	mana	gers and the	ir com	pensation	(see ir	structio	ns).			
	(a) Name and address	`´hou	e, and average rs per week ed to position	`´(lf ı	mpensation not paid, iter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse ac allowan	
See A	attached Statement				_1						
		ļ			0						
·			00		0						
							<u></u> _			_	
			00		. 0						
	O	/- 4h	00		0		! A A!	>	[4-	
	Compensation of five highest-paid employees "NONE."	(otner	than those	incluge ———	ea on line	see			r none,	entei	
	(a) Name and address of each employee paid more than \$50,00	^	(b) Title, and a hours per v		(c) Compe	notion	(d) Contrib employee		(e) Expe	nse ac	count,
	(a) Name and address of each employee paid more than \$50,00	U	devoted to po		(c) Compe	isauon	plans and compen		other	allowan	ces
NON							Gompon	<u> </u>			
						_					
							<u> </u>		 	_	
					_						<u>-</u>
Total	number of other employees paid over \$50,000 .	-	<u> </u>		<u> </u>			—	 		
ıvıdl	number of other employees paid over \$50,000 .	•	<u> </u>						L	_	

All other program-related investments See instructions

Total. Add lines 1 through 3

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundation	ons,
	see instructions.)	 	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes		
а	Average monthly fair market value of securities .	1a	
b	Average of monthly cash balances	1b	10,882
С	Fair market value of all other assets (see instructions)	1c	<u>_</u>
d	Total (add lines 1a, b, and c)	1d	10,882
е	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	10,882
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	10,882
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5 . MIR Prorated - Short Year	6	0
Part			
	foundations and certain foreign organizations check here — and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5 . 2a]	
b	Income tax for 2016 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b .	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
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	0
Par	XII Qualifying Distributions (see instructions)		
rait	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	40,948
b	Program-related investments—total from Part IX-B	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	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	40,948
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,948
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will	hether the f	oundation
	qualifies for the section 4940(e) reduction of tax in those years		

Form 9	90-PF (2016) Ambit Cares, Inc			81-2	2832542 Page 9
Part	XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only			0	<u>-</u>
þ	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2016	Î			
a	From 2011				
b	From 2012 .				
C	From 2013				
d	From 2014 From 2015				1
e	Total of lines 3a through e	· · · · · · · · · · · · · · · · · · ·			
4	Qualifying distributions for 2016 from Part XII,			·	
•	line 4 ▶ \$ 40,948_	ļ			i I
а	Applied to 2015, but not more than line 2a				١
	Applied to undistributed income of prior years				
	(Election required—see instructions)	ļ		ļ	
С	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2016 distributable amount				
e	Remaining amount distributed out of corpus	40,948			
5	Excess distributions carryover applied to 2016				
	(If an amount appears in column (d), the same				i
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
_	indicated below:	40.040			
a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	40,948	-		
þ	Prior years' undistributed income Subtract line 4b from line 2b		0		į
С	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				1
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions				,
е	Undistributed income for 2015 Subtract line				ı
	4a from line 2a Taxable amount—see				ł
	instructions			0	
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				0
7	to satisfy requirements imposed by section				'
	170(b)(1)(F) or 4942(g)(3) (Election may be			ļ	
	required—see instructions)				
8	Excess distributions carryover from 2011 not	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
•	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	40,948			
10	Analysis of line 9				1
а	Excess from 2012 .				r
b	Excess from 2013				
C	Excess from 2014]	•
d	Excess from 2015				!
e	Excess from 2016			1	·

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

factors

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of **Amount** any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year Total ▶ 3a 0 **b** Approved for future payment Feeding America PC N/A Feeding the Hungry 45,840 35 East Wacker Dr, Ste 2000 Chicago, IL 60601 Mobile Loaves & Fish N/A PC Feeding the Hungry 6,160 5524 Bee Cave Rd Austin, TX 78746 Total 52,000 Form 990-PF (2016)

Pai	rt XVI-A Analysis of Income-Producing Act	ivities				
Ente	er gross amounts unless otherwise indicated	Unrelated bu	(b)	(c)	on 512, 513, or 514 (d)	(e) Related or exempt function income
1	Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
	a					
	b			ļ		
	c					
	d					
	e					
	g Fees and contracts from government agencies			 		·
2	Membership dues and assessments		_			
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities .					
5	Net rental income or (loss) from real estate:				=	
	a Debt-financed property .					
	b Not debt-financed property					
_	, · · · ·					
6	Net rental income or (loss) from personal property					
7	Other investment income .	.		<u> </u>		
8	Gain or (loss) from sales of assets other than inventory			.		
9	Net income or (loss) from special events			<u></u>		
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
	•					
	С			1		
				1		
						_
	e					
40	O 1:4:4:1 Add1::::::::::::::::::::::::::::::::::					
	Subtotal Add columns (b), (d), and (e)			<u>/ </u>	0	
13	Total. Add line 12, columns (b), (d), and (e)		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	13	
13 (Se	Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions to verify calculation			•		
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) . e worksheet in line 13 instructions to verify calculation	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
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13 (See	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (Se	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0
13 (Se	Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculation rt XVI-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes	13	0

		Exempt Orga	anizations						
1				ngage in any of the follow			1	Yes	No
				ection 501(c)(3) organiza	tions) or in section 527,	relating to			
	poli	tical organizations?	?						1
а	Tra	nsfers from the rep	orting foundation to	a noncharitable exempt o	rganization of		<u></u>	_	1
	(1) Cash						1a(1)		X
	(2) Other assets								Х
b	Oth	er transactions							
	(1)	Sales of assets to a	a noncharitable exer	npt organization			1b(1)		Х
	(2)	Purchases of asset	ts from a noncharital	ole exempt organization			1b(2)		X
	(3)	Rental of facilities,	equipment, or other	assets			1b(3)		X
	(4)	Reimbursement ari	rangements		•		1b(4)		X
	(5)	Loans or loan guar	rantees				1b(5)		X
	(6)	Performance of ser	rvices or membershi	p or fundraising solicitation	ons		1b(6)		X
C	Sha	aring of facilities, eq	quipment, mailing list	s, other assets, or paid e	mployees		1c		Χ
d				plete the following schedule					
				ven by the reporting founda					
	valu	e in any transaction	or sharing arrangemer	it, show in column (d) the v	alue of the goods, other as	ssets, or services receiv	/ed	_	
(a) Lin	e no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Description of tran	sfers, transactions, and sha	anng arra	ngeme	nts
									
			<u>_</u>						
									
				 					
		 			_ -				
	_							_	
		<u> </u>				-			
2a				ted with, or related to, on			Yes	⊡	_
				ther than section 501(c)(3	s)) or in section 5277	ــا	res	N IZ	0
b	<u>II,</u>		following schedule	4)7					
		(a) Name of organi	ization	(b) Type of organiza	tion	(c) Description of relation	nsnip		
									
									
	Lun	per penalties of penury. I decla	are that we examined this ret	urn, including accompanying schedules	and statements, and to the best of m	v knowledge and belief, it is true			
Sign				er) is based on all information of which		·	S		
-		hum	Marshan	L 11/6/17 b	CSO	May the IR: with the pre			
Here		ignature of officer or trus	itee	Date Tr	de .	(see instruc			∏No
	تــــــــــــــــــــــــــــــــــــــ	Pant/Type preparer's	<u>`</u>	Preparer's signature	Date		PTIN		==
Paid			- ··	SELF-PREPARE	·	Check if self-employed			
Prepa	arer	Firm's name		100011111111111111111111111111111111111	<u> </u>	 			
Use (Only	T IIII G Hame				Firm's EIN			
		Firm's address				Phone no	orm 99).PF	(2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

2016

Employer identification number

Ambit Cares, Inc		81-2832542				
Organization type (check one	e)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion				
	501(c)(3) taxable private foundation					
	oo i(e)(e) taxabie pirrate isalisation					
Check if your organization is	covered by the General Rule or a Special Rule.					
• -	(), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule See				
General Rule						
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions					
Special Rules						
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 hat received from any one contributor, during the year, total contributions ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line of the greater of (1)				
contributor, during the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during the contributions totaled in during the year for an General Rule applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
	t isn't covered by the General Rule and/or the Special Rules doesn't file S	,				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Scriedule B (FOITH 990, 990-EZ, 01 990-FT) (2010)	
Name of organization	Employer identification number
Ambit Cares, Inc	81-2832542
Part I Contributors (See instructions). Use duplicate copies of Part I if additional space i	is needed.

raiti	Contributors (See instructions). Ose duplicate copie	s of Fart in additional space is i	ieeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Ambit Holdings LLC 1801 N Lamar St, Ste 600 Dallas TX 75202 Foreign State or Province Foreign Country	\$44,657	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Brian McClure 2900 Grimes Ranch Rd Austin TX 78732 Foreign State or Province Foreign Country	\$23,963	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
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization Employer identification number
Ambit Cares, Inc 81-2832542

Part II	Noncash Property (See Instructions) Use duplicate co	ppies of Part II if additional spa	ice is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	Overhead supplies and marketing materials as detailed in a Resource Sharing Agreement dated April 26, 2016	\$ 40,932	9/30/2016
(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
		\$	

Name of org	-			Employer identification number						
Ambit Care				81-2832542						
Part III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the year the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any completing Pa ar (Enter this i	y one contributor. Com art III, enter the total of en information once. See in	plete columns (a) through (e) and xclusively religious, charitable, etc,						
(a) No.	(h) Pours as a finish	4-1	\	(d) Description of hour office hold						
from Part I	(b) Purpose of gift	(C) Use of gift	(d) Description of how gift is held						
<u> </u>										
		(e) T	ransfer of gift							
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee						
	For Prov Country									
(a) No.	FOI FIGV COUNTY		<u> </u>							
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I										
				•						
	(e) Transfer of gift									
			_							
	Transferee's name, address, and a	ip of transferor to transferee								
(a) No.	For Prov. Country			r						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	 									
	(e) Transfer of gift									
	/=/									
	Transferee's name, address, and	ip of transferor to transferee								
	For. Prov Country		L							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee									
	The state of the s	<u> </u>		The second of th						
	Country		I							

Part I, Line 23 (990-PF) - Other Expenses

		40,549	0		0 40,416
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Misc costs	63	0		63
2	Promotion & Marketing	37,260	0		37,260
3	Meals	2,553	0		2,420
4	Fees	673	0		673

Part VII-A, Line 10 (990-PF) - Substantial Contributors

Ambit Cares, Inc

	•		
	Foreign Country		
	Zip Code	75202	78732
	State		×
	Ċ	Dallas	Austin
	Street	1801 N Lamar St Ste 600	2900 Grimes Ranch Rd
Check "X"	if Business	X 1	2
	Name	1 Ambit Holdings LLC	2 Brian McClure

rustees and Foundation Managers
impensation of Officers, Directors, Tru
Part VIII, Line 1 (990-PF) - Cc

Ambit Cares, Inc.

	Expense Account	0	. °	0	0			0	0	0	
0		0	6	0	0	0		ó	6	0	_
	Benefits										
0	Compensation	0	0	0	0	0		0	0	o	•
	Avg Hrs Per Week	0.25	0.25	0 25	0.25	0.25		0 25	0 25	300	
		Director	Director	Director	Director	Controller		Treasurer	Secretary	Dir of Marketing	
	Foreign Country										
	Zip Code	75202	75202	75202	75202	75202		75202	75202	75202	
	State	ž_	¥	¥	¥	×	_	¥	¥	¥	
	City	Dallas	Dallas	Dallas	Dallas	Dallas		Dallas	Dallas	Dallas	
	Street	009	1801 N Lamar St Ste 600	1801 N Lamar St Ste 600	1801 N Lamar St Ste 600			1801 N Lamar St Ste 600	1801 N Lamar St Ste 600	1801 N Lamar St Ste 600	
	Check "X"										_
	Name	Jere W Thompson Jr	Laurie Rodriguez	John Burke	Chns Chambless	Todd Brock		Julie Jacobs	Patricia Zacharie	Eric Johnstone	
			-	~	ы.	4	2		7		

Part X, Line 4 (990-PF) - Explanation for Entering Amount Larger than 1 1/2% FMV of Assets					
Cash deemed held for charitable activities	10,882				
Please provide an explanation for entering a cash amount larger the	han 1 1/2% of the fair market value of all assets				
All cash balances are considered necessary to cover the current of grant payables held at the end of 2016	haritable activities of the organization and to cover				