990-T	Exempt Organization Bu	sines	s Income T	ax Returi	ո _	OMB No 1545-0687
I)	(and proxy tax und	aer sect	•			2016
	Information about Form 990-T and its instru	uctions is a	, and ending vailable at www. <i>irs.o</i>	ov/form990t		2016
Department of the Treasury	▶ Do not enter SSN numbers on this form as it ma		•		, o i	pen to Public Inspection to 11(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name		d see instructions.)		DEmploy	er identification number /ees' trust, see
B Exempt under section	Print FLORA AND MORRIS MIZE	L FOUI	NDATION I		84	-1383695
501()()	or Number, street, and room or state no. If a P.O. bo			-	E Unrelate	ed business activity code tructions)
🤳 🔲 408(e) 🔲 220(e	Type 4350 SOUTH MONACO STRI	EET 5	TH FLOOR		(See IIIs	auctions)
②	City or town, state or province, country, and ZIP DENVER, CO 80237	or foreign p	ostal code	•	5230	00
Book value of all assets	E Group avamption number (Con instructions)				15250	
at end of year 9,259,505.	G Check organization type ► X 501(c) corporation	on	501(c) trust	401(a) trust		Other trust
H Describe the organizati	ion's primary unrelated business activity. > INVEST		(1)			
I During the tax year, wa	is the corporation a subsidiary in an affiliated group or a pare	ent-subsidia	ry controlled group?	>	Yes	X No
	e and identifying number of the parent corporation.					
	of CVENTURES, INC			one number 🕨 3		
	ed Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a Gross receipts or sa						
b Less returns and all		1c				
2 Cost of goods sold (2				
	ict line 2 from line 1c	3				
	ome (attach Schedule D) m 4797, Part II, line 17) (attach Form 4797)	4a				
c Capital loss deduction	*	4b				
	partnerships and S corporations (attach statement)	4c 5	46,316.	STMT 1	1	46,316
6 Rent income (Sched	· · · · · · · · · · · · · · · · · · ·	6	40,310.	DIMI 1	· 	40,310
=	nced income (Schedule E)	7		-		
	oyalties, and rents from controlled organizations (Sch. F)	8				
	of a section 501(c)(7), (9), or (17) organization (Schedule G			RECE)
	ctivity income (Schedule I)	10		10 Table	-	
11 Advertising income		11	•	BI NUV 2	2 700	/ 였
12 Other income (See ii	nstructions; attach schedule)	12		100		<u> </u>
13 Total. Combine line		13	46,316.	OGDE	N, U	46,316
Part II Deduction	ons Not Taken Elsewhere (See instructions t	for limitation	ons on deductions.)	<u> </u>		
	r contributions, deductions must be directly connecte	ed with the	e unrelated business	income.)		
	officers, directors, and trustees (Schedule K)				14	
15 Salaries and wages					15	
16 Repairs and mainte	nance				16	
17 Bad debts					17	
18 Interest (attach sch19 Taxes and licenses	•				18	
	tions (See instructions for limitation rules) STATEMI	ENIO 11	ממים מתאתו	อพองก 10	19	1 522
21 Depreciation (attacl	·	CMI T		CMENI IZ	20	4,532
•	claimed on Schedule A and elsewhere on return		21 22a		22b	
23 Depletion	mainted on ochedule A and elsewhere of return		[224]	-	23	
	eferred compensation plans				24	
25 Employee benefit p					25	
26 Excess exempt exp	-				26	
27 Excess readership	· · · · · · · · · · · · · · · · · · ·				27	
28 Other deductions (a	•				28	
	Add lines 14 through 28				29	4,532
	taxable income before net operating loss deduction. Subtra	act line 29 fr	om line 13		30	41,784
	deduction (limited to the amount on line 30)				31	
	taxable income before specific deduction. Subtract line 31)		32	41,784
Oill Clated Buoilless	(Generally \$1,000, but see line 33 instructions for exception	ns)			33	1,000
33 Specific deduction				-11		
33 Specific deduction of Unrelated business	s taxable income. Subtract line 33 from line 32. If line 33 is	s greater tha	in line 32, enter the sm	aller of zero ur	1 1	
33 Specific deduction of 34 Unrelated business line 32		s greater tha	in line 32, enter the sm	aller of zero ur	34	40,784 Form 990-T (201

อบ	Enter the amount of line 49 you want. Credited to 2017 estimated tax	
Part	V Statements Regarding Certain Activities and Other Information (see instructions)	
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority	Yes
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country	
	here >	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	L
	If YES, see instructions for other forms the organization may have to file.	
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	<u> </u>
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it correct, and complete "Declaration of preparer (other then taxpayer) is based on all information of which preparer has any knowledge	s true,
Here	May the IRS discuss to the preparer shown be	
	Signature of officer SECRETARY/TREASURER the preparer shown be instructions)? X	· · —

Preparer's signature

Total

Date

1\$

Form 990-T (2016)

instructions)? X Yes PTIN

Check L

self- employed

Firm's EIN

Phone no

Paid Preparer

Use Only

Form 990-T (2016)

Tax Computation

c Income tax on the amount on line 34

Proxy tax. See instructions

Alternative minimum tax

Part IV | Tax and Payments

42 Subtract line 41e from line 40

Total tax. Add lines 42 and 43

b 2016 estimated tax payments

c Tax deposited with Form 8868

g Other credits and payments:

☐ Form 4136

e Backup withholding (see instructions)

b Other credits (see instructions)

c General business credit. Attach Form 3800

e Total credits. Add lines 41a through 41d

45 a Payments: A 2015 overpayment credited to 2016

Total payments. Add lines 45a through 45g

Print/Type preparer's name

Firm's name

Firm's address

(2) Additional 3% tax (not more than \$100,000)

Tax rate schedule or Schedule D (Form 1041)

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

d Foreign organizations: Tax paid or withheld at source (see instructions)

f Credit for small employer health insurance premiums (Attach Form 8941)

Estimated tax penalty (see instructions). Check if Form 2220 is attached

Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed

Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

Form 2439 Other

Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

d Credit for prior year minimum tax (attach Form 8801 or 8827)

Part III

37

38

39

46

47

48

49

FLORA AND MORRIS MIZEL FOUNDATION I

Controlled group members (sections 1561 and 1563) check here See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

Organizations Taxable as Corporations. See instructions for tax computation.

(2) |\$ **b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)

Schedule A - Cost of Good	s Sold. Enter method of inv	ventory valuation 🕨 N/A					
1 Inventory at beginning of year	_1	6 Inventory at end of yea	ır		6		
2 Purchases	2	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3	from line 5. Enter here and in Part I,					
4a Additional section 263A costs		line 2			7		
(attach schedule)	4a	8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	the organization?					
Schedule C - Rent Income (see instructions)	(From Real Property a	ind Personal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent received or accrued			·			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than i of rent f	eal and personal property (if the percent or personal property exceeds 50% or if erent is based on profit or income)	age	3(a) Deductions directly columns 2(a) ai		ected with the income i (attach schedule)	n
(1)			_				
(2)							
(3)							
(4)				,			
Total	0 . Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del		ee instructions)		(-,			
		2. Gross income from		3. Deductions directly cor to debt-finance	nected ced pro	d with or allocable operty	
1. Description of debt-fi	nanced property	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	is
(1)					\top		
(2)					\top		
(3)			l		+		
(4)			<u> </u>		+		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)		%	·		1		
(2)		%					
(3)		%					
(4)		%				-	
		•		nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals		•		0			0.
Total dividends-received deductions in	icluded in column 8		<u> </u>				0.
						Form 000 T	<u> </u>

0

0.

0.

Totals (carry to Part II, line (5))

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2. Gross 3. Direct 5. Circulation 6. Readership advertising 1. Name of periodical advertising costs ıncome costs ıncome (1) (2)(3) (4) Totals from Part I 0 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on Enter here and on page 1, Part II, line 27 page 1, Part I, line 11, col (B) Totals, Part II (lines 1-5) 0 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2016)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Form 4626 (2016)

Employer identification number 84-1383695 FLORA AND MORRIS MIZEL FOUNDATION I Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). 40,784. Taxable income or (loss) before net operating loss deduction Adjustments and preferences: a Depreciation of post-1986 property 2a **b** Amortization of certified pollution control facilities 2b c Amortization of mining exploration and development costs 2c d Amortization of circulation expenditures (personal holding companies only) 2d e Adjusted gain or loss 2e f Long-term contracts 21 g Merchant marine capital construction funds 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h i Tax shelter farm activities (personal service corporations only) 2i Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations 2k I Depletion 21 m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 2n o Other adjustments and preferences 20 40,784. Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 3 Adjusted current earnings (ACE) adjustment; 40,784 a ACE from line 10 of the ACE worksheet in the instructions 4a **b** Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a 0 negative amount. See instructions 4b c Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) 4d e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 4e 40,784. 5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT 5 Alternative tax net operating loss deduction. See instructions 6 7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 40,784. interest in a REMIC, see instructions 7 8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled 0. group, see instructions). If zero or less, enter -0-8a O. 8b **b** Multiply line 8a by 25% (0.25) c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled 40,000. group, see instructions). If zero or less, enter -0-8c 784 9 Subtract line 8c from line 7. If zero or less, enter -0-9 10 10 Multiply line 9 by 20% (0.20) 11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions 11 12 12 Tentative minimum tax. Subtract line 11 from line 10 118. 13 Regular tax liability before applying all credits except the foreign tax credit 13 14 Alternative minimum tax. Subtract line 13 from line 12, If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return

For Paperwork Reduction Act Notice, see separate instructions.

	Adjus	ted Current Earnings (See ACE Worksheet Insti			
	e-adjustment AMTI. Enter the amount from line 3 o	Form 4626		1	40,784.
	E depreciation adjustment		1 1		
	AT depreciation		2a		
	CE depreciation:				
(1) Post-1993 property	2b(1)	_		
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)			
(4) Pre-1990 original ACRS property	2b(4)			
(5) Property described in sections				
	168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2b(1) throug	h 2b(6)	2b(7)		
c AC	E depreciation adjustment. Subtract line 2b(7) fron	ı lıne 2a		2c	_
3 Inc	clusion in ACE of items included in earnings and pro-	ofits (E&P):			
	x-exempt interest income		3a		
b De	ath benefits from life insurance contracts		3b		
c All	other distributions from life insurance contracts (ii	ncluding surrenders)	3c		
d Ins	side buildup of undistributed income in life insurance	ce contracts	3d		
	her items (see Regulations sections 1.56(g)-1(c)(6				
	a partial list)	, J	3e		
	tal increase to ACE from inclusion in ACE of items i	ncluded in E&P. Add lines 3a thro	uah 3e	3f	
	sallowance of items not deductible from E&P:		- .		
a Ce	rtain dividends received		4a		
	ridends paid on certain preferred stock of public utilities that	are deductible under section 247 (as			
	ected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19,		4b		
	vidends paid to an ESOP that are deductible under		4c		
	npatronage dividends that are paid and deductible	` '			
	82(c)		4d		
	ner items (see Regulations sections 1.56(g)-1(d)(3	N(1) and (11) for a	·•		
	rtial list)	(ii) and (ii) ioi a	4e	1	
	tal increase to ACE because of disallowance of item	s not deductible from F&P. Add li		4f	
	ner adjustments based on rules for figuring E&P:	io not doddottolo nom Edi . Ndd ii	nos au unough 10	" "	
	angible drilling costs		5a		
	culation expenditures		5b		
	ganizational expenditures		5c		
	O inventory adjustments		5d		
	stallment sales		5e		
	tal other E&P adjustments. Combine lines 5a throu	ah 5a		5f	
	callowance of loss on exchange of debt pools	yıı Je		6	
	,	auglified foreign contracts		7	
	quisition expenses of life insurance companies for	quaimeu ioreigh contracts			
	pletion	ala ar ayahanga af ara 1004	urb.	8	
	sis adjustments in determining gain or loss from sa		•	- 9	
	justed current earnings. Combine lines 1, 2c, 3f, 4	n, and Si infough 9. Enter the rest	in here and on line 4a or	44	40,784.
F0I	rm 4626			10	±0,/04•

) FROM PARTNERSHIPS CORPORATIONS	STATEMENT 11
DESCRIPTION		AMOUNT
ASCENT CAPITAL FUND II TENNENBAUM SPECIAL SITUATIONS	FUND IX	45,266. 1,050.
TOTAL TO FORM 990-T, PAGE 1, I	INE 5	46,316.
FORM 990-T	CONTRIBUTIONS	STATEMENT 12
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	TNUOMA
DESCRIPTION/KIND OF PROPERTY CASH CONTRIBUTIONS	METHOD USED TO DETERMINE FMV	AMOUNT 494,712.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	13
QUALIFIED CONTRIBUTIONS	SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2011 FOR TAX YEAR 2012 FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	UNUSED CONTRIBUTIONS 764,167 482,872			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% C	CONTRIBUTIONS	1,247,039 494,712		
TOTAL CONTRIBUTIONS AVAITAXABLE INCOME LIMITATIO		1,741,751 4,532		
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTION TOTAL EXCESS CONTRIBUTION	is .	1,737,219 0 1,737,219		
ALLOWABLE CONTRIBUTIONS	DEDUCTION		4,	532
TOTAL CONTRIBUTION DEDUC	TION		4,	532

FORM 4626 AMT CONTRIBUTIONS		STATEMENT	14
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2011 FOR TAX YEAR 2012			
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	764,441 481,974		
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTIONS	<u></u>	1,246, 494,	
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME AS ADJUSTED		1,741,	127 532
EXCESS CONTRIBUTIONS		1,736,	595
ALLOWABLE CONTRIBUTIONS		4,	532
AMT CHARITABLE DEDUCTION REGULAR CONTRIBUTION DEDUCTION		-	532 532
AMT CONTRIBUTION ADJUSTMENT			0