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Form 990-PF

Depailment 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 separate instructions is at www.irs.gov/form990pf

| b Accounting fees c Other professional fees STMT 2 4,450. 0. 0. 0. 0. 17 Interest 18 Taxes 19 Depicication and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 3 4,125. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | For | calen | dar year 2016 or tax year beginning APR | 1, 2016 | , and ending | MAR 31, 2017 | |
|--|-------------|----------|---|--------------------------|----------------------|--|--|
| Section 4 Street (P. C), but recomber (renal and definition and | | | | | | A Employer identification | number |
| 1.563 | T | 'EX | AS STAR OAKS FUND, INC. | 74-6047454 | | | |
| City prison, State on promoting, country, and 20 and foreign postal code CYPRESS, TX, Y7429 G Circle at that study. | | | • • • | Room/suite | 1 ' | | |
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| Section 4947(a)(1) nonecentral thraitable trust. X Other taxable private foundation. Fare market value of all assets at end of year I Accounting method. S 90,531. ("part I, column (g) must be on cash bases) Fart II analysis of Revenue and Expenses. Fare market value of the Amounts in column (g) must be on cash bases) 1 Contributors, grits, grafts, etc., reserved. 2 Contributors, grits, etc., reserved. 2 Contributors, grits, etc., reserved. 2 Contributors, grits, etc., reserved. 2 Contributors, gr | | <u> </u> | | | | check here and attach co | mput tion |
| Far market value of all assets at end of year J Accorating method: | H (| | | | rtion | 1 - | |
| Contraction and Column Col | <u> </u> | | | F2-1 | - Comment | ` '` ' | • • • |
| Part I Analysis of Revenue and Exponses (The state of amounts in column (a) and (c) may not a compose (The state of amounts in column (a) and (c) may not incompose (The state of amounts in column (a) (c) may not incompose (The state of amounts in column (a) (c) may not incompose (The state of amounts in column (a) (c) may not incompose (The state of amounts in column (a) (c) may not incompose (The state of amounts in column (a) (c) may not incompose (The state of amounts in column (a) (c) ma | | | | | Accitar | | |
| Part I Analysis of Revenue and Expenses (a) Revenue and expenses (a) Analysis of Revenue | | | | | 225) | ancer section 507(0)(1) | (D), GIEGK Here P |
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| The property of the property o | <u></u> | | (The total of amounts in columns (b), (c) and (d) may not | | | | |
| The property of the property o | | 1 | Contributions, gifts, grants, etc., received | 132,224. | | | Alica I. Surat V |
| Security of the security of th | | 2 | | | A | 1997 - Ved in i 197 | |
| A Doudends and interest from securities 5a Gross rents b Net served income or (tess) 6 Net gain or pload your water of assets not on time 10 b considerable price from 10 assets on the first of the first on the first of the first on the first on the first of the first on the first of the first on the first on the first of the first of the first on the first on the first on the first of the first on the first of the first on the first on the first of the first on the | | 3 | | 32. | 32. | 32. | STATEMENT 1 |
| B Not retrial income or (tisse) 8 Not gain or (floss) from said of assets not on line 10 b Gross calce price for all assets contine floss 7 Control gain not income (firem Part IV, line 2) 8 Not short-ferm capital gain 9 Income modifications 10a and allowanes b Less Coart rigards and disalwanes b Less Coart rigards and administrative and contine floss 17 Total Add lines 1 through 11 13 Compensation of efficient, directors, business, dire | | 4 | | | | | |
| 6a Net gar or floor) You have of asserts not on lime 10 be asserts containing the formal increases calcal principles of all be asserts on lime 10 be asserted in 1 | | 5a | Gross rents | DEATH | | | 11(14) |
| b Green cacles price for all file and the properties of the proper | | b | Net rental income or (loss) | " VECEIV | | | |
| 10 Income modifications Gross sales isses returns | | 6a | | | | | |
| 10 Income modifications Gross sales isses returns | Ē | Ь | | AUG 1 6 5 | 17 9 | 21823 2224 2 2 3 1 2 3 1 2 3 2 3 2 3 2 3 2 3 2 3 2 | |
| 10 Income modifications Gross sales isses returns | 20 | 7 | Capital gain net income (from Part IV, line 2) | TO A COMPANY | 0. | | |
| 103 and allowances b Less Cost of goods sold c Gross profit or (loss) 110 Other Income 12 Total, Add lines 1 through 11 132, 256 32 32 32 13 Compensation of officers, discelers, frustees, etc 0 0 0 0 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees STMT 2 4 450 0 0 0 0 17 Interest 18 Taxes Depreciation and depletion Cocupancy 2 Travel, conferences, and meetings 2 Printing and publications 2 Other expenses STMT 3 4 125 0 0 0 0 12 Total operating and administrative expenses Add lines 13 through 23 8 575 0 0 0 0 0 26 Total operating and administrative expenses Add lines 13 through 23 2 2 3 3 3 3 3 3 3 | α | 8 | Net short-term capital gain | | a | 0. | |
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| c Gross prout or (loss) 11 Other income 12 Total. Add lines 1 through 11 132,256. 32. 32. 32. 32. 32. 32. 32. 3 | | 10a | and allowances | | | | |
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| 13 Compensation of officers, directors, fructions, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees 16 Accounting fees 17 Interest 18 Taxes 19 Depreciation and deplotion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 27 Add lines 24 and 25 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 29 C Adjusted net income (if negative, enter -0-) 20 C Adjusted net income (if negative, enter -0-) 20 C Adjusted net income (if negative, enter -0-) 29 C Adjusted net income (if negative, enter -0-) 20 C Adjusted net income (if negative, enter -0-) 20 C Adjusted net income (if negative, enter -0-) 20 C C Adjusted net income (if negative, enter -0-) 20 C C C C C C C C C C C C C C C C C C C | | 1 | • | 122 256 | 3.1 | 3.1 | **** * *** * *** * *** *** *** *** *** |
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| 23 Other expenses STMT 3 4,125. 0. 0. 0. 24 Total operating and administrative expenses. Add lines 13 through 23 8,575. 0. 0. 0. 25 Contributions, gifts, grants paid 213,372. 26 Total expenses and disbursements. Add lines 24 and 25 221,947. 0. 0. 213,372. 27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 32. | <i>((</i>) | 1 | Printing and publications | | | | |
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| Add lines 24 and 25 27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 32. | Ĉ | 25 | Contributions, gifts, grants paid | 213,372. | 1844 , 117 4 2 | | 213,372. |
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| c Adjusted net income (if negative, enter -0-) | | | | -89,691. | Process Park Care | | · · · · · · · · · · · · · · · · · · · |
| | | b | Net investment income (if negative, enter -0-) | | | | |
| | | C | Adjusted net income (if negative, enter -0-) | I tale the Collaboration | | 1 32. | 5 000 PE (0010) |

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

Form **990-PF** (2016)

| | <u>AS STAR OAKS FUN</u> | | | | 74-604 | 7454 Page 3 |
|--|---|--|--|--|--|--|
| Part IV Capital Gains | and Losses f <mark>or Tax</mark> on Ir | nvestment in | come | | | |
| (a) List and desc 2-story brick wa | ribe the kind(s) of property sold (e.q arehouse, or common stock, 200 sh | g., real estate, is. MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | | | · | | | ······································ |
| b NO | NE | | | | | |
| C | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | (h) Gain or (loss (e) plus (f) minus (| |
| a | | | | | | |
| b | | | ······································ | | | |
| C | | | | | | |
| đ | | | | | | |
| e | | | | | | |
| | ig gain in column (h) and owned by | the foundation on | 12/31/69 | (| I) Gains (Col. (h) gain | minus |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col. (1) . (j), if any | co | i. (k), but not less than Losses (from col. (| |
| a | | | | | | |
| b | | | | | | |
| C | | | | | | |
| đ | | | · | | | |
| ß | | | | | | |
| 2 Capital gain net income or (net ca | If gain, also enter | er in Part I, line 7 0- in Part I, line 7 | | } 2 | | |
| · · | • • • | | * ** * * * * * * * * * * * * * * * * * * | | | |
| 3 Net short-term capital gain or (losif gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | column (c). | ind (6): | | | | |
| Part V Qualification U | nder Section 4940(e) for | Reduced Ta | x on Net | Investment Inc | ome | |
| (For optional use by domestic private | | | | | | |
| • | | 10 TO (a) tax on not | WWCGERHOITE III | 301110.7 | | |
| If section 4940(d)(2) applies, leave the | nis part diank. | | | | | |
| Was the foundation liable for the sec if "Yes," the foundation does not qual | | | n the base per | iod? | ()* | X Yes No |
| | each column for each year; see the | | making any er | ntries. | | |
| (a) Base period years Calendar year (or tax year beginni | (b) Adjusted qualifying di | stributions [| Net value of no | (c) oncharitable-use assets | Distrib (col. (b) divi | (d) ution ratio ded by col. (c)) |
| 2015 | | | | | | |
| 2014 | | | ······································ | | | |
| 2013 | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 2012 | | | ······································ | | | |
| 2011 | | | ······································ | | | |
| | | | | | | |
| 2 Total of line 1, column (d) | , , , , , , , , , , , , , , , , , , , | | | | 2 | |
| 3 Average distribution ratio for the | | | | | | |
| the foundation has been in existe | Alasa Aban Carana | , , , , , , | - | , | 3 | |
| 4 Enter the net value of noncharitab | | | | | | |
| | · | , line 5 | ., , | | 4 | |
| 5 Multiply line 4 by line 3 | | * | *** * - * | | 5 | |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | +** v* • | 6 | |
| 7 Add lines 5 and 6 | | 4 (4) | ****** | n) = 1 /4 | 7 | |
| 8 Enter qualifying distributions from | n Part XII, line 4 | *** * * * ; | | v 2 vt 2 • • v | 8 | |
| If line 8 is equal to or greater than See the Part VI instructions. | n line 7, check the box in Part VI, lin | e 1b, and complete | e that part usin | ig a 1% tax rate. | | |
| | | | | | | 884 85 |

| | 990-PF (2016) TEXAS STAR OAKS FUND, INC. | | 60474 | | <u> </u> | Page 4 |
|----|--|---|--|--------------|------------------|--|
| | rt'VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 - | see ins | struc | tions | <u>s)</u> |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter *N/A" on line 1. | 13 | | | | |
| | Date of ruling or determ nation letter: (attach copy of letter if necessary-see instructions) | , ž ₂ , | 2631.33 | | Service Constant | 3 s |
| þ | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | | (1 19% C | <u>U.</u> |
| | of Part I, Ime 27b | | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | 199 | | | a. A |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | ↓ | | | <u>0.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | <u>0.</u> |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 5355 8 t . | N 4362 | | 0. |
| 6 | Credits/Payments: | 1362 | 1 19 5 | | | |
| | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a | + | | | | ¥.) |
| | Exempl foreign organizations - tax withheld at source The good with englishing for extension of time to the (Corm 8000) | - ∤: "! | | | | 9 |
| | Tax paid with application for extension of time to file (Form 8868) Company with helding assessment withheld | Ⅎ Åൣ຺՟ | | | | |
| | Backup withholding erroneously withheld Total gradity and payments. Add lyses for through fid. | - | | | | Ö. |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | | <u> </u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 0. |
| 10 | | 10 | | | | <u> </u> |
| 11 | Enter the amount of line 10 to be. Credited to 2017 estimated tax | 11 | | | | |
| | it VII-A Statements Regarding Activities | | <u> </u> | | | |
| · | During the tax year, did the four dation attempt to influence any national, state, or local legislation or did it participate or interver | e in | | 9 2 1 | Yes | No |
| | any political campaign? | | t | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition | n)? | • • | 1b | | X |
| _ | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis | | · · ·] | S. Tr | 32.03 | |
| | distributed by the foundation in connection with the activities, | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 24.24. | |
| C | Did the foundation file Form 1120-POL for this year? | | | 10 | | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | ſ | 337 | | |
| | (1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 | |] | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | l | | | - 1 |
| | managers. > \$O. | | | | 120 | |
| 2 | Has the four dation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the four dation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | Ot | | | | |
| | 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 | | Х |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | Ņ | I/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | F | X |
| | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | 337 | 3147 | |
| | By language in the governing instrument, or | | | | 7. | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation. | te law | | 40 3.65 | Zy) | |
| _ | 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 X | V . | , | 7 | X | - Tangang Pag |
| _ | | | į | | | |
| 8a | Finter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | TX | | | | 250 | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | .200 | r Isi | لنماا |
| ^ | of each state as required by General Instruction G? If "No," attach explanation | lana | . , . | 8b | X | T.F. W . 9 |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call years 2015 or the tayable years for example in 2016 (see instructions for Dest VIVO3 in the call of the tayable years for example in 2016 or the tayable years for example in 2016 (see instructions for Dest VIVO3 in the call of the tayable years for example in 2016 (see instructions for Dest VIVO3 in the call of the call of the tayable years for example in 2016 (see instructions for Dest VIVO3 in the call of the | encar | | | X | Maria de la composição de |
| 10 | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV | * | | 9 | Δ | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule tisting their names and addresses | | <u></u> _ | 10 |) DE | (00.10) |

623541 11-23-16

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016.)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Form 990-PF (2016)

| orm 990-PF (2016) TEXAS STAR OAKS FUND, INC | ` <u> </u> | | <u>74-60474</u> | 54 Page 6 |
|---|---|---|---|---|
| Part VII-B Statements Regarding Activities for Which Fe | orm 4720 May Be Re | equired (continu | ued) | |
| 5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or | | | s X No | |
| any voter registration drive? | | , <u></u> Ye | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) | described in section | Ye | s X Na | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fo | , , , , | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instructions relying on a current notice regarding disaster assistance check he | tions)? | | N/A ** | 5b |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro expenditure responsibility for the grant? | om the tax because it maintain $oldsymbol{N}$ | ned | s 🔲 No | |
| If "Yes," attach the statement required by Regulations section 53.4945-6a Did the foundation, during the year, receive any funds, directly or indirectly, to p a personal benefit contract? | ay premiums on | , Ye | s X No | • |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe if "Yes" to 6b, file Form 8870. | ersonal benefit contract? | 23 A 5 E 7 1 | | 6b X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax si b If "Yes," did the foundation receive any proceeds or have any net income attribut Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors | able to the transaction? | | | 7b |
| 1 List all officers, directors, trustees, foundation managers and their c | ompensation. | · · · · · · · · · · · · · · · · · · · | | |
| (a) Name and address | (b) Tille, and average hours per weck devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred componsation | (e) Expense account, other allowances |
| SEE STATEMENT 4 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| Compensation of five highest-paid employees (other than those incl | uded on line 1). If none, o | enter "NONE." | | |
| (a) Name and address of each employee paid more than \$50 000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and defened compensation | (e) Expense account, other allowances |
| NONE | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| Total number of other employees paid over \$50,000 | | | , > | 0 990-PF (2016) |

| Form 990-PF (2016) TEXAS STAR OAKS FUND, INC. | | 6047454 Page 7 |
|--|---|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NO | NE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 1 |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u> </u> |
| | -4 | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced, | etc. | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2 | Amount |
| 1 N/A | Tally 2. | Amount |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | |
| | | |
| | | |
| Total Add lings 1 through 3 | b | 0. |
| Total. Add lines 1 through 3 | | Form 990-PF (2016) |
| | | · +···· \LU IU) |

| Ų | 1 330-F1 (2016) 111Mid B11Mid | | |
|--------|---|----------------|----------------|
| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign four | ndations, see | instructions.) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b | 110,374. |
| c | Fair market value of all other assets | 1¢ | |
| d | Total (add lines 1a, b, and c) | 1d | 110,374. |
| _ | Reduction claimed for blockage or other factors reported on lines 1a and | (i) | |
| G | 1c (attach detailed explanation) 1e 0. | 1' . 1 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| | | 3 | 110,374. |
| 3 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,656. |
| 4 | | 5 | 108,718. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 6 | 5,436. |
| 6 | Minimum investment return. Enter 5% of line 5 | | 3,230. |
| | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.) | 10 certain | |
| | | T 1 | |
| 1 | Minimum investment return from Part X, line 6 | Jai 18 | |
| 2a | Tax on investment income for 2016 from Part VI, line 5 | | |
| b | | | |
| Ç | 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 | |
| 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 | |
| P | art XIII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 213,372. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | 2842) | |
| a | Suitability test (prior IRS approval required) | 3a | |
| a b | Cash distribution test (attach the required schedule) | 3b | |
| | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 213,372. |
| 4 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| 5 | | 5 | 0. |
| _ | income. Enter 1% of Part I, line 27b | 6 | 213,372. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | <u> </u> | |
| | Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation | onaimes for it | e segnuti |

Form **990-PF** (2016)

494C(e) reduction of tax in those years.

| Part XIII Undistributed Income (see instructions) N/A | | | | | | | |
|--|---|----------------------------|--|-------------|--|--|--|
| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 | | | |
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | | | | |
| 2 Undistributed income if any as of the end of 2016 a Enter amount for 2015 only | | | | | | | |
| b Total for prior years* | | | | | | | |
| 3 Excess distributions carryover, if any, to 2016: a From 2011 | | | | | | | |
| b From 2012 | | | | | | | |
| c From 2013 d from 2014 | | | | | | | |
| e From 2015 f Total of lines 3a through c | | | | | | | |
| 4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ | | | | | | | |
| a Applied to 2015, but not more than line 2a | | | | | | | |
| b Applied to undistributed income of prior years (Flection required - see instructions) | | | | | | | |
| c Treated as distributions out of corpus | | | | | | | |
| (Election required - see instructions) | | | | | | | |
| d Applied to 2016 distributable amount e Remaining amount distributed out of corpus | **/************************************ | | | | | | |
| 5 Excess distributions carryover applied to 2016 | | | (1.4 m) | | | | |
| (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: | | | | | | | |
| a Corpus Add lines 3f, 4c, and 4e, Subtract line 5 | | | | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | | | | |
| 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 | | | 7 78 5-28 - 38 - 38 - 38 7 8 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 | | | | |
| 4a from line 2a. Taxable amount - see instr | | | 4 | | | | |
| 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 | | | 2 | | | | |
| may be required - see instructions) | | | | | | | |
| 8 Excess distributions carryover from 2011 | | | | | | | |
| not applied on line 5 or line 7 | | | | | | | |
| 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 | | | | | | | |

| | TAR OAKS FUNI | | | 74-604 | 7454 Page 10 |
|--|--------------------------------|----------------------------|----------------------------|------------------------------|-----------------|
| Part XIV Private Operating Fo | | | question 9) | | <u> </u> |
| 1 a If the foundation has received a ruling or | determination letter that it | is a private operating | | | , |
| foundation, and the ruling is effective for | 2016, enter the date of the | ruling , , , | | <u>17/70</u> | · |
| b Check box to indicate whether the found | ation is a private operating f | oundation described in s | | 942(j)(3) or 494 | 2(1)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| investment return from Part X for | | | 1 | | |
| each year listed | 32. | 53. | 65. | 57. | 207. |
| b 85% of line 2a | 27. | 45. | 55. | 48. | _176. |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year fisted | 213,372. | 213,493. | 161,859. | 94,956. | 683,680. |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | 0. | 0. | 0. | 0. | 0. |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | İ | |
| Subtract line 2d from line 2c | 213,372. | 213,493. | 161,859. | 94,956. | 683,680. |
| 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | 0. | 0. | 0. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | 0. | 0. | 0. |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | 0. |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross | | 1 | | Į. | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | 132,256. | 269,733. | 133,673. | 172,398. | 708,060. |
| (2) Support from general public | 202/2001 | | | | |
| and 5 or more exempt | | ļ | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | 132,256. | 269,733. | 133,673. | 172,398. | 708,060. |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | 0. |
| (4) Gross investment income | 32. | 53. | 65. | 57. | 207. |
| Part XV Supplementary Info | rmation (Complete | | | | |
| at any time during the | | | | | |
| 1 Information Regarding Foundatio | | | | | <u> </u> |
| a List any managers of the foundation whi | - | on 2% of the total contrib | utions received by the for | undation before the close | of any tax |
| year (but only if they have contributed in | | | allona roccirca by mo io. | arradicir boror 5 kilo ordos | or diff tax |
| NONE | , , , , | . , , , , | | | |
| b List any managers of the foundation who | n own 10% or more of the s | tock of a corporation (or | an equally large portion | of the ownership of a part | nership or |
| other entity) of which the foundation has | | NOON OF a dosporation for | an equally large persion | or the emiliarity of a part | or or or |
| NONE | • | | | | |
| 2 Information Regarding Contributi | on Grant Gift Loan S | cholarship etc. Proc | rame. | | |
| Check here I If the foundation o | | | | accept unsolicited reques | ts for funds If |
| the foundation makes gifts, grants, etc. | - | • | • | | |
| a The name, address, and telephone numb | <u> </u> | | | | |
| DEANA SANDERS, CHAIRI | _ | · · | auris snoute of auditosso | u. | |
| b The form in which applications should be APPLICATION FORM, CA | e submitted and information | • | | ATTON. | ··· |
| c Any submission deadlines: | | | | | |
| NONE | n cuch as bu | reso absorbable 4-13- 1- | ndn nf (nat-tutue | or footors | |
| d Any restrictions or limitations on awards LIMITED TO TEXAS RES | | | | IEI RACIOIS. | |

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year RIKA STANLEY GRANT 6,000. EDNA HARTMAN GRANT 6,000. ILA WILLIS GRANT 6,000, GRANT SHAYNA SMITH 6,000. MICHELLE WITTEN GRANT 4,500. SEE CONTINUATION SHEET(S) ▶ 3a 213.372, b Approved for future payment NONE Total **▶** 3b Fcrm 990-PF (2016)

| nter gross amounts unless otherwise indicated. | | | | ded by section 512, 513, or 514 | (e) |
|---|-----------------|--|-----------------------|---------------------------------|-------------------|
| group arroams officer street are | (a) Business | (b) | (C) Exclu- sion | (d) | Related or exempt |
| 1 Program service revenue: | code | Amount | eboo | Amount | function income |
| 8 | | | | | |
| b | | , | | | |
| ¢ | | | | | |
| d | | | | | |
| e |)] | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | <u>"</u> | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | <u> </u> | | 14 | 32. | · |
| 4 Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate: | | | 1 18 4 | | |
| a Debt-financed property ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 3 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | | | |
| Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| Subtotal. Add columns (b), (d), and (e) | 18 8 8 45 is. | 0. | | 32. | |
| | | | <u></u> | 13 | 3 |

| Line No. ▼ | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|----------------|---|
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| | | | | | <u> </u> | | | |
|----------------|---|--|----------------|--------|-------------------------|----------------|---|--|
| | | | | | | | | |
| | | | | | | | | |
| Sign Here | and be | penalties of perjury, I declare that I have examined this slief, it is true, correct, and complete Declaration of prejure Branda C Parter lature of officer or trustee | | | ation of which preparer | | May the IRS discuss this return with the preparer showr below (see instr.)? X Yes No | |
| Paid | L. wine wine | Print/Type preparer's name JAY A HORN, CPA | Preparer's sig | nature | Date | self- employed | PTIN P01259887 | |
| Prepa Use (| | rer Firm's name ► DENMAN & COMPANY, LLP | | | | | Firm's EIN ► 42-0794029 | |
| ····· | Firm's address > 1601 22ND STREET, SUITE 400 WEST DES MOINES, IA 50266-1453 | | | | 3 | Phone no. 515 | -225-8400 | |
| | | | | | | | Form 990-PF (2016 | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2016

Name of the organization

Employer identification number

| TE | EXAS STAR OAKS FUND, INC. | 74-6047454 | | | | |
|--|---|---|--|--|--|--|
| Organization type (check of | one). | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | X 501(c)(3) taxable private foundation | | | | | |
| · - | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e. See instructions. | | | | |
| General Rule | | | | | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's | | | | | |
| Special Rules | | | | | | |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| 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. | | | | | | |
| 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 | | | | | | |
| but it must answer "No" on | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | • | | | | |

| Name of or | ganization | ••• | Employer identification number |
|--|--|---------------------------|--|
| TEXAS | STAR OAKS FUND, INC. | | 74-6047454 |
| Part I | | l space is needed. | |
| (a) No. | (b) Name, address, and ZI P + 4 | (c) Total contribution | (d) ns Type of contribution |
| 1 | P.E.O. FOUNDATION | | Person X |
| | DES MOINES, IA | \$50,3 | Payroll Noncash (Complete Part il for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) Type of contribution |
| , and a second or a second | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | (d) ns Type of contribution |
| ALL-PLATE TO PROGRAMME | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributio | ns Type of contribution |
| una di di sa | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contribution | (d) ns Type of contribution |
| | | \$ | Person Payroll Noncash |

623452 10-18-16

(Complete Part II for noncash contributions)

Name of organization

Employer identification number

| IEVAD | STAR UARS FUND, INC. | | -604/454 |
|------------------------------|---|---|--|
| Part II | Noncash Property (See instructions). Use duplicate copies of Part | Il if additional space is needed. | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | _ | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | vening-b |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See ins tr uctions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | Charles and the control of the contr |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | 00 000 57 000 05) (0040) |

| | 3 (Form 990, 990-EZ, or 990-PF) (2016) | | | Page 4 | | |
|---|--|---|-----------------------------------|--|--|--|
| Name of org | ganization | | | Employer identification number | | |
| TEXAS | STAR OAKS FUND, INC. | ributions to organizations described in | n section 501(c)(7), (8), or | 74-6047454 | | |
| Tarin A | the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition. | columns (a) through (e) and the follow i, charitable, etc., contributions of \$1,000 or le | /ING line entry. For organization | ns | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | |
| | 1, , , , , , , , , , , , , , , , , , , | | | | | |
| | entertain in the control of the cont | | | | | |
| } | | (e) Transfer of gift | · | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | |
| | | | | | | |
| (a) No. | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | |
| *************************************** | And the state of t | | | | | |
| - | | (e) Transfer of gift | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | ription of how gift is held | | |
| | | | | | | |
| | | (e) Transfer of gift | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of tra | nsferor to transferee | | |
| | *************************************** | | | The second secon | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | . (d) Desc | ription of how gift is held | | |
| | | *************************************** | | | | |
| - | (e) Transfer of gift | | | | | |
| | Transferee's name, address, ar | | nsferor to transferee | | | |
| ľ | | | TO UNICHONDE | ional or to during the | | |
| | | | | | | |
| 623454 10-18- | 16 | <u>-</u> | Schedule I | 3 (Form 990, 990-EZ, or 990-PF) (2016) | | |

| 3 Grants and Contributions Paid During the | | | | |
|--|--|----------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | CONTIDUION | |
| | | | | |
| IONAS MEDRANO | | | GRANT | 2,77 |
| | | | | |
| MY JAMES | | | GRANT | |
| | | | | 1,20 |
| SHILOH GARBISCH | | | CRANT | |
| | | | | 6,00 |
| | | | | |
| CYNTHIS COURTNEY | | | GRANT | 5,60 |
| | | | | |
| JULIE CRACO | | | GRANT | 6.00 |
| | | | | 6,00 |
| EREMY MAXWELL | | | GRANT | |
| | | | | 2.17 |
| | | | | |
| ELLY JOHNSON | | | GRANT | 4,70 |
| | | | | |
| CALENA POWELL | | | BRANT | 1 00 |
| | | · | | 1,00 |
| SHARON DAVIS | | | GRANT | |
| | | | | 6,00 |
| | | | | |
| ACQULINE ESTES | | | GRANT | 1,22 |
| Total from continuation sheets | × | | | 184.87 |

74-6047454

| 3 Grants and Contributions Paid During the Y | | — ₁ 1 | | |
|--|--|--|----------------------------------|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | CONTIDUTOR | 74110011 |
| | | | | |
| CRICA CERVANTES | | | GRANT | 6,00 |
| | | | | |
| RITTANY RAMSEY | | | GRANT | 3,00 |
| VVF-100-40-1-h-100pp-14-8-1 | | | | 3,00 |
| SHLEY COGPURN | | | GRANT | |
| | | | | 6,00 |
| HARDE GREEN | | | GRANT | |
| | | | | 3,000 |
| ENEE JORDAN | | | GRANT | |
| | | | | 4,600 |
| LNA BAUGH | | | GRANT | |
| min baudi | | # h | DAM'I | 6,000 |
| | | | | |
| OROTHY MCKINZIE | | | GRANT | 5,998 |
| | | | | |
| ANGELIA PERRYMAN | | | GRANT | 6,000 |
| | | | | |
| ENNIFER WOLFE | | | GRANT | 2 400 |
| | | and the decision of the decisi | | 2,100 |
| AMIE LASUZZO-COOK | | | GRANT | |
| Total from continuation sheets | | | | 2,160 |

TEXAS STAR OAKS FUND, INC.

74-6047454

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|--|-------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | CONTROLLION | |
| | | | | |
| DIEDRA WHITFIELD | | | GRANT | |
| | | | | 3,60 |
| | | | | |
| ETH KING | | | GRANT | 5,80 |
| | | | | |
| AND LENDAD | | | 772.N/M | |
| ENETTA CALLENDAR | | | GRANT | 4,35 |
| | | | | |
| BEAN MASHBUM | | | GRANT | |
| | | | | 6,00 |
| | | | | |
| TEPHANIE BLACKBURN | | | GRANT | 1,12 |
| | | | | |
| | | | | |
| IMBERLY HAYES | | | GRANT | 5,58 |
| | | | | |
| IANNAH BELL | | | GRANT | |
| | | | | 6,00 |
| | | | | |
| IMBERLY MCDONALD | | | GRANT | E 70 |
| | | | | 5,79 |
| | | | | |
| RYSTAL TURNER | | | GRANT | 3,06 |
| | | | | |
| CARMELL MCBRAYER | | | GRANT | |
| | | | | 50 |

74-6047454

| Recipient | If recipient is an individual | | 1 | • |
|-------------------------------------|--|----------------------|----------------------------------|-------------|
| Vame and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Varia dia addices (none es desires) | or substantial contributor | recipient | | |
| | | | | |
| EBORAH PACE | | | GRANT | 5,0 |
| | | | | |
| AMI BUSHNELL | | | BRANT | <i>c</i> a. |
| | antas Andri Hickoriis ilis eta estelli primitti ili 1800 (1800) (1800) (1800) (1800) (1800) (1800) (1800) (180 | | | 6,00 |
| UTH HUDDI.ESTON | | | GRANT | |
| | | <u> </u> | | 6,00 |
| | | | | |
| ANCYE JOLLY | | | GRANT | 3,3 |
| | | | | |
| | | | | |
| | | | | |
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| | <u> </u> | | | |
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| | | | | |
| Total from continuation sheets | | | | |

TEXAS STAR OAKS FUND, INC. 74-6047454 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient RACHEL LEIGH GRANT 5,394, MODENA DAILEY GRANT 5,000. ROY GUERRERO GRANT 6,000. LIMAIRY RODRIGUEZ GRANT 705. MAGDALENA RAMIREZ GRANT 1,210. TRACEE LASUZZO GRANT 1,463. DIANA ISRAEL GRANT 6,000. KATHY HAMILTON GRANT 6,000. MICHAEL JONES GRANT 6,000. AQUILLA HILL GRANT 3,319.

523631 04-01-16

Total from continuation sheets

| FORM 990-PF INTEREST ON SAV | INGS AND TEM | PORARY CASH | INVESTMENTS S | STATEMENT 1 |
|--|--------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| SOURCE | (A REVE PER B | NUE NET | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
| INTEREST INCOME | | 32. | 32. | 32. |
| TOTAL TO PART I, LINE 3 | | 32. | 32. | 32. |
| FORM 990-PF (| OTHER PROFES | SIONAL FEES | S | STATEMENT 2 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OTHER PROFESSIONAL FEES | 4,450. | 0 | . 0. | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 4,450. | 0 | . 0. | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | STATEMENT 3 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| COMPUTER EXPENSES INSURANCE MISCELLANEOUS EXCISE TAX | 1,423. 273. 2,428. 1. | 0 0 0 | . 0. | 0. |
| | | | | |

| FORM 990-PF | PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 4 TRUSTEES AND FOUNDATION MANAGERS | | | | |
|------------------------------|--|--------------------------|-------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| DEANA SANDERS AUSTIN, TX | | CHAIRMAN 4.00 | 0. | 0. | 0. |
| SANDY COLE EL PASO, TX | | VICE CHAIRMAN 1.00 | 0. | 0. | 0. |
| JEAN MAYHEW KINGWOOD, TX | | SECRETARY 2.00 | 0. | 0. | 0. |
| BRENDA PORTER CYPRESS, TX | | TREASURER 3.00 | 0. | 0. | 0. |
| BETTY THOMAS TOMBALL, TX | | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED O | N 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |