

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

Form **990-PF**

► Do not enter social security numbers on this form as it may be made public.

2017

inter	IIAI Neve	Mule Service ► Go to www.irs.gov/Form990PF to				on. Open	to Public Inspection			
		ndar year 2017 or tax year beginning	, 2017,	, and e	ending A Employe	r identification number	, 20			
		ndation				47-0943697	•			
Nu	mber an	d street (or P O. box number if mail is not delivered to street address)	Room/s	suite	B Telephon	e number (see instruct	ions)			
113	0 Spru	ce Street				718-789-1522	}			
City	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exemption application is pending, check here ▶					
Loc	khart,	TX 78644				_				
G	Check	call that apply: Initial return Initial return Initial return	charity	D 1. Foreign	n organizations, check	here ▶ 🗌				
		☐ Final return ☐ Amended i		2. Foreign	n organizations meeting					
		☐ Address change ☐ Name char	nge		check	here and attach compi	ıtation · ▶ 🗌			
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate foundation	all		foundation status was 07(b)(1)(A), check here				
	Section	on 4947(a)(1) nonexempt charitable trust Other tax	cable private founda	ation	55041511.0	or (b)(1)¢ ¢, orlook here				
ı	Fair m	narket value of all assets at J Accounting method	: 🗹 Cash 🗌 Ac	crual		ndation is in a 60-mont				
		f year (from Part II, col. (c),		<u> </u>	under se	ction 507(b)(1)(B), chec	khere . , ▶ 🗌			
		5) ► \$ 25141 (Part I, column (d) must be	on cash basis.)				,			
P	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per books		Investment come	(c) Adjusted net income	(d) Disbursements for charitable purposes			
		the amounts in column (a) (see instructions).)	DOOKS				(cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	20900							
	2	Check ► ☐ if the foundation is not required to attach Sch. B								
	3	interest on savings and temporary cash investments	0		0	· · · · · · · · · · · · · · · · · · ·				
	4	Dividends and interest from securities	0		0					
•	5a	Gross rents	0		0					
	b	Net rental income or (loss)	٥							
ĭe	6a	Net gain or (loss) from sale of assets not on line 10	0							
Æ	b	Gross sales price for all assets on line 6a			0					
Revenue	7 8	Capital gain net income (from Part IV, line 2)			U					
_	9	Net short-term capital gain				0				
	10a	Gross sales less returns and allowances								
	b	Less: Cost of goods sold								
	C	Gross profit or (loss) (attach schedule)	0			0				
	11	Other income (attach schedule)	0	,	0	ō				
	12	Total. Add lines 1 through 11	20900		0	0				
S	13	Compensation of officers, directors, trustees, etc.	0							
Se	14	Other employee salaries and wages	0							
Expenses	15	Pension plans, employee benefits								
X	16a	Legal fees (attach schedule)	0		-					
0	b	Accounting fees (attach schedule)	0	·						
¥į	C 47	Other professional fees (attach schedule)	, 1 2003 0			<u> </u>				
Operating and Administrativ	17 18	Taxes (attach schedule) (see instructions)		-						
<u>iž</u>	19	Depreciation (attach schedule) and depletion	, , 0							
투	20	Occupancy	0							
¥	21	Travel, conferences, and meetings	0							
hu	22	Printing and publications	0							
g	23	Other expenses (attach schedule)	5							
Ë	24	Total operating and administrative expenses.								
era		Add lines 13 through 23	5				0			
ď	25	Contributions, gifts, grants paid	12500				12500			
_	26	Total expenses and disbursements. Add lines 24 and 25	12505				12500			
	27	Subtract line 26 from line 12:								
	a	Excess of revenue over expenses and disbursements	8395							
	b	Net investment income (if negative, enter -0-) .			0					
		Adjusted net income (if negative, enter -0-)				^				

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2017)

,		Attached schedules and amounts in the description column	Beginning of year	End o	
. Pa	rt II			(c) Feir Market Value	
	1	Cash-non-interest-bearing	16746	25141	25141
	2	Savings and temporary cash investments	0	Ò	
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts	0	0	
	4	Ptedges receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	
	5	Grants receivable	0	0	,
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	
	7	Other notes and loans receivable (attach schedule) ▶			
_		Less: allowance for doubtful accounts ▶	0	0	
Assets	8	Inventories for sale or use	0	0	
38	9	Prepaid expenses and deferred charges	0	0	
₹	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	
	ь	Investments—corporate stock (attach schedule)	0	0	
	C	Investments—corporate bonds (attach schedule)	0	0	
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶	0	0	
	12	Investments mortgage loans	0	0	
i	13	Investments—other (attach schedule)	U	Ü	
	14	Land, buildings, and equipment: basis ▶	0	0	
	4	Less: accumulated depreciation (attach schedule)	0	0	
	15 16	Other assets (describe >) Total assets (to be completed by all filers—see the		<u>_</u>	,
	10	instructions. Also, see page 1, item i)	16746	25141	25141
	17	Accounts payable and accrued expenses	10740	0	27[4]
		Grants payable	10000	10000	
8	18 19	Deferred revenue	1000	10000	
Labilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
졅	21	Mortgages and other notes payable (attach schedule)	0	0	
∃	22		0	<u>0</u>	
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	10000	10000	
—	_د	Foundations that follow SFAS 117, check here > 🔀	10000	10000	
93		and complete lines 24 through 26, and lines 30 and 31.			
5	24	Unrestricted	6746	15141	
믈	25	Temporarily restricted	Ö	0	
8	26	Permanently restricted	0	0	
Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □			
		and complete lines 27 through 31.			
ò	27	Capital stock, trust principal, or current funds			
뚌	28	Pald-in or capital surplus, or land, bldg., and equipment fund		- - 	
8	29	Retained earnings, accumulated income, endowment, or other funds			
₹	30	Total net assets or fund balances (see instructions)	6746	15141	
Net Assets	31	Total liabilities and net assets/fund balances (see			
		instructions)	16746	25141	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colu			· -
		of-year figure reported on prior year's return)		· · · · <u>1</u>	6746
_		r amount from Part I, line 27a		2	8395
3		or increases not included in line 2 (itemize) ▶	************************	3	0
4		lines 1, 2, and 3		4	15141
5 A	Deci	reases not included in line 2 (itemize) Inet assets or fund balances at end of year (line 4 minus line 5)—		5	0
	· · · · · ·	The cooces of Turks beliances at and of year (line 4 minus line 5)—	rent II, column (b), ili	ne 30 6	15141

Part	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P—Purchase D—Donation							(d) Date sold (mo., day, yr)
<u>1a</u>								
b								
C								
<u>d</u>	······································							
е		(2 Decreeding allowed	-	(a) Oaat aa	-Abarbaria		(h) O-1	0
	(e) Gross sales price	(f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))				
a b								
C								
d								
е							· · ·	
	Complete only for assets show	ving gain in column (h) and owned	by the	foundation	on 12/31/69.		(I) Gains (Col	. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col. (i) (j), if any		col. (k), but no	t less than -0-) or rom col. (h))
а								
b								
С								
d								
9			-1			1		
2	Capital gain net income or			enter in Pai r -0- in Par		2		(
3		or (loss) as defined in sections						
	- · · · · · ·	, line 8, column (c). See instru		• •	, enter -u- in }			,
Part		er Section 4940(e) for Redu			- · · · /	3		(
Vas ti		ection 4942 tax on the distributualify under section 4940(e). Do				oase p	period?	☐ Yes 🗹 No
1	Enter the appropriate amou	unt in each column for each yea	ar; see	the instru	ctions before ma	aking	any entries.	
Cala	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	3	Net value of	(c) noncharitable-use as	ssets		(d) ribution ratio livided by col. (c))
	2016		0			8807	(55 (5)	0
	2015		N/A		-	N/A		N/A
	2014		N/A			N/A		N/A
	2013		N/A			N/A		N/A
	2012		N/A	<u> </u>	·- <u>-</u> -	N/A		N/A
2	Total of line 1, column (d)						2	(
3		or the 5-year base period-div			line 2 by 5.0. or	bv	-	
		undation has been in existence				\cdot	3	(
4	Enter the net value of nonc	haritable-use assets for 2017 fr	rom Pa	art X, line !	5		4	8354
5 Multiply line 4 by line 3						5	(
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)) .			.	6	
7	Add lines 5 and 6						7	
8	Enter qualifying distribution	ns from Part XII, line 4					8	12500
	If line 8 is equal to or great Part VI instructions.	er than line 7, check the box in	Part	VI, line 1b	, and complete t	hat p	art using a 1	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	uctio	ns)			
1a							
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0				
_	here All other developed and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		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-)		0	+			
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0		0				
6	Credits/Payments:						
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a						
b	Exempt foreign organizations—tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) . 6c						
_d	Backup withholding erroneously withheld						
7	Total credits and payments. Add lines 6a through 6d		0				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	-			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpald > 10 Enter the amount of line 10 to be: Credited to 2018 estimated tax > Refunded > 11		0	 			
	VII-A Statements Regarding Activities			ļ			
1a			Yes	No			
	participate or intervene in any political campaign?	1a	103	7			
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	l'a	 	Ť			
_	instructions for the definition	16		"			
	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.						
С							
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers. ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		~			
	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						
4.		3	 	V			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~			
b 5	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	├─-	V			
3	If "Yes," attach the statement required by General Instruction T.	3					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
Ū	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	1	Ĭ			
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	1	 			
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.		·				
	TEXAS						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1				
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"						
	complete Part XIV	9		"			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<u> </u>				
	names and addresses	10	_				

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Ran	VIFA Statements Regarding Activities (continued)			I KI
	At any time during the year did the foundation directly by indirectly over a controlled ontity within the		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		,
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			.,
40	person had advisory privileges? If "Yes," attach statement. See instructions	12	_	~
13	Mahaita addraga Navyay Tr. M. foundation	13	L. -	L.,_
14		18 789	1522	
	Located at ► 118 East 60th St, New York, NY ZIP+4 ►	0022-6	643	
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		N.	NI=
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Part	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			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
h	termination of government service, if terminating within 90 days.)			
b	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		V
	Organizations relying on a current notice regarding disaster assistance, check here			-
C	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 2017?	1c		1
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 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
D	(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		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 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, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		V
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		~

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Par	t VII-B Statements Regarding Activities			4720	May Be F	lequir	ed (contil	nued)			
5a	During the year, did the foundation pay or incur	-								Yes	No
	(1) Carry on propaganda, or otherwise attempt(2) Influence the outcome of any specific publi						☐ Yes	☑ No			
	directly or indirectly, any voter registration di	nve?					Yes	√ No			
	(3) Provide a grant to an individual for travel, stu	ıdy, or d	other similar	purpos	es?		 ∏Yes	₩ No			
	(4) Provide a grant to an organization other tha	n a cha		organiz	ation desc	ribed ir	n ∏Yes	✓ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to	, charit	able, scientif	ic, litera	ary, or edu	cationa	.1	⊡ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the							_			
	Regulations section 53.4945 or in a current notice								5b		1
	Organizations relying on a current notice regard	ina disa	ster assistar	ce. che	ck here			▶□			
С	If the answer is "Yes" to question 5a(4), does	the four	ndation clain			the tax	(
	because it maintained expenditure responsibility		_				Tes	☐ No			
	If "Yes," attach the statement required by Regul										
6a	on a warrand handfid contractor										
_								_			
D	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 6b 6b 16 "Yes" to 6b, file Form 8870.										
70	At any time during the tax year, was the foundation	a narty i	to a probibite	d tay ch	alter tranca	stion?	☐ Yes	₽ No			
b		s or hav	ve anv net in	come a	tributable	to the t			7b	_	
	VIII Information About Officers, Direct									ees.	<u> </u>
	and Contractors	,				,				,	
1	List all officers, directors, trustees, and found	lation r	nanagers ar	nd their	compens	ation.	See instru	ections	3.		
	(a) Name and address	hou	e, and average rs per week ed to position	i (If n	mpensation ot paid, ter -0-)	emple	Contributions oyee benefit ferred compe	plans	(e) Expe		
Zachar	y Christman										
c/o Trı	-M Foundation, 1130 Spruce St, Lockhart TX	Presider	nt 5		0			0			0
Matthe	w Collins	Secretar	•		0			0			0
c/o Tri-	-M Foundation, 1130 Spruce St, Lockhart TX	Treasure	er 10								
Eric M					0	ļ		0			0
c/o Tn	-M Foundation, 1130 Spruce St, Lockhart TX	Director	r. 5				····				
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incli	uded on li	ne 1-	see instr	uction	s). If no	one,	enter
			(b) Title, and a	everage			(d) Contribu				
1	(a) Name and address of each employee paid more than \$50,00	00	hours per v devoted to p	veek Č	(c) Compe	nsation	employee plans and c compens	teferred	(e) Exper other a		
NONE			-								
	······································	-					 				

3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	n
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None		
		•
otal	number of others receiving over \$50,000 for professional services	0
Par	IX-A Summary of Direct Charitable Activities	
	Cultimary of Direct Grantable Activities	
List	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	I/A	
2		
3		
	,	
4		
	IX-B Summary of Program-Related Investments (see instructions)	
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
	lone	747104111
•		
,		
2		
	her program-related Investments. See instructions.	
3	one	
٠,		

rart	see instructions.)	ign lourius	uions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	8481
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	8481
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	0
3	Subtract line 2 from line 1d	3	8481
4	Cash deemed held for charitable activities. Enter $11/2\%$ of line 3 (for greater amount, see		
	instructions)	4	127
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8354
6	Minimum Investment return. Enter 5% of line 5	6	418
Part	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	foundation	s
1	Minimum investment return from Part X, line 6	1	418
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	418
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	418
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	418
Part	XII 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	12500
a b	Program-related investments—total from Part IX-B	1b	12300
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
_	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	-	
_	Suitability test (prior IRS approval required)	3a	0
a	Cash distribution test (attach the required schedule)	3b	
b 4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	12500
4	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	-	12300
5	Enter 1% of Part I, line 27b. See instructions	_	0
_		5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		12500
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation
	Tanana and a salay and a salay and a salay a s	•••••	000 DE

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI, line 7	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2	Undistributed income, if any, as of the end of 2017:				418
a	Enter amount for 2016 only			440	•
b	Total for prior years: 20 ,20 ,20		0		
3	Excess distributions carryover, if any, to 2017:		_		
а	From 2012 0				
b	From 2013 0				
C	From 2014 0				
d	From 2015 0				
ө	From 2016 0				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2017 from Part XII,				
	line 4: ▶ \$ 12500				
a	Applied to 2016, but not more than line 2a.			440	
Þ	. + L b)				
_	(Election required—see instructions)		0		
С					
	required—see instructions)	0			
d	The state of the s	11642			418
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2017	11642			
	(If an amount appears in column (d), the same				0
	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	11642			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				
_	amount—see instructions		0		
е	Undistributed Income for 2016. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0	
f	Undistributed income for 2017. Subtract lines			0	
•	4d and 5 from line 1. This amount must be				
	distributed in 2018				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	. 0,			
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	11642			
10	Analysis of line 9:				
	Excess from 2013 0				
	Excess from 2014 0				
C	Excess from 2015 0				
d	Excess from 2016				
Ө	Excess from 2017				

	0-FF (2011)	49		- · · ·		Page 10
Part					?)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo				!	
b	Check box to indicate whether the four		_		ection 1 4942(i)	(3) or /4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year)	Prior 3 years	301.01 10 12()/	1 //
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for	(4) 2017	(b) 2016	(6) 2015	(u) 2014	<u>/</u>
	each year listed	}				
	85% of line 2a				//	ļ
С	Qualifying distributions from Part XII,			1		ľ
	line 4 for each year listed					ļ
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly			/		
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:				{	
а	"Assets" alternative test enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under			/		
	· · · - · · · · · · · · · · · · · · · ·		/			
h	section 4942(j)(3)(B)(i)					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	/				
	an exempt organization	(
	(4) Gross investment income					
Part		n (Complete th	ie nart only if th	a foundation h	ad \$5 000 or m	oro in opposto ot
rait	any time during the year-			ie iouildation n	au \$5,000 or in	ore iii assets at
			15.J			
1_	Information Regarding Foundation					h 4h
a	List any managers of the foundation v					by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more th	an \$5,000). (See s	ection 507(a)(2).)	
NONE						
þ	List any managers of the foundation					rge portion of the
	ownership of a partnership or other er	itity) of which the	roundation has a 1	10% or greater into	erest.	
NONE						
2	Information Regarding Contribution	ı, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ if the foundation		•		-	•
	unsolicited requests for funds. If the fo		gifts, grants, etc., '	to individuals or o	rganizations under	r other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	mber or email add	fress of the persor	n to whom applica	tions should be ac	ddressed:
NA .						
b	The form in which applications should	be submitted and	information and	materials they sho	uld include:	
	,,			•		
NA						
	Any submission deadlines:					
NA	. a.y cammination, administra					
d	Any restrictions or limitations on aw	vards, such as by	geographical ar	eas, charitable fi	elds, kinds of ins	titutions. or other
-	factors:	,	, gg-ap-noan an	-, -,	,	
NA						
. 14.1				·	··········	Form 990-PF (2017)
						1 (2011)

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 Recipient Foundation Purpose of grant or contribution status of recipient **Amount** Name and address (home or business) a Paid dunng the year Texas State University PC In support of mission critical 10000 University Drive, San Marcos, TX 78666 projects in the Honors College Franklın Stage Company PC Underwriting of "Magdalen" 2500 25 Institute St, Franklin, NY 13775 performances as part of summer theatre season 3a 12500 Approved for future payment Texas State University PC 10000 In support of mission critical University Drive, San Marcos, TX 78666 projects in the Honors College Total . 10000 3b

⊨nte	r gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	-{ (e)
	Des		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	a a	gram service revenue:	<u> </u>		 		
	Ъ.						
	c ·				 		
	ď				·		
	е .						
	f						
	g	Fees and contracts from government agencies					
2		mbership dues and assessments			 		-
3		rest on savings and temporary cash investments					
4		dends and interest from securities					<u> </u>
5		rental income or (loss) from real estate:		**-			
_		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property			<u> </u>		<u> </u>
7		er investment income			 		1
8		or (loss) from sales of assets other than inventory					1
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
	b		· · · · · · · · · · · · · · · · · · ·				
	c						
	ď						
	е						
12	Sub	total. Add columns (b), (d), and (e)					
						40	0
	lota	ai. Add iirie 12, coluiniis (b), (d), and (e)				13	U
		sheet in line 13 instructions to verify calculation	ıs.)			13	
See	work		ıs.)				
See Par Line	work	Asheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
See Par Line	work t XV e No.	Asheet in line 13 instructions to verify calculation 71-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		
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See Par Lin	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm	ent of Exemp	t Purposes		
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Form 996	D-RF (2	017)										Page 13
Part	XVII	Information Organization	n Regarding Trans ons									
1	In s	he organization of ection 501(c) (o nizations?	directly or indirectly eather than section	ngage 501(c)(3	n any of the folions organizations	owing with any or in section	other organ n 527, rel	izatio ating	n des to p	cribed olitical		s No
a	Tren	sfers from the rep	porting foundation to	a nonc	haritable exemp	t organization (of:					4
	(1) C	Cash				:		•			1a(1)	-
		Other assets .						•		• •	1a(2)	'
b		r transactions:									1b(1)	V
			a noncharitable exer ets from a noncharita				• • •	•		• •	1b(2)	+-
			, equipment, or other					•		• •	1b(3)	1
			rangements								1b(4)	1
	• •	oans or loan gua	_								1b(5)	~
			ervices or membersh	p or fur	draising solicite	itions					1b(6)	1
C	Shar	ing of facilities, e	quipment, mailing lis	ts, othe	r assets, or paid	l employees .					1c	10
đ	If the	answer to any	of the above is "Yes	" comp	olete the followi	ng schedule. C	column (b) s	should	alwa	ays sho	w the fair	market
	value	of the goods, o	ther assets, or service on or sharing arrange	es give	n by the report	ng toundation. (d) the value of	it the goods	atton other	PECEL	VOCILOS to Are	ervices nea S UNBU 1811	r market ceived
(a) Line		(b) Amount involved	(c) Name of nonch				otion of transfe					
(a) Line	no.	(b) ATIOUR ENGRACE	(c) region or riores.		anipi organization	(4,000.		.,	-			
	_	······································										,
					· · · · · · · · · · · · · · · · · · ·							
												
												····
												
	-+											
						<u></u>						
2a			ectly or indirectly aff 501(c) (other than se				e tax-exem	pt org	anıza		□ V aa	7 Na
h			e following schedule.	,uon 50	1(0)(0)) 01 11 000	donozii .	• • •	• •	• •	• • •	☐ Yes ⊡	Z) NO
	" "	(a) Name of organ			(b) Type of organiz	ation		(c) Des	cription	n of relati	onship	
					.,,,,			•••	<u> </u>	 		
		······································										
				0.01								480.
Clar		ier peneities of perjury, i ect, and complete. Deci	I declare that I have examine taration of preparer (other the	a this retur in taxosiye:	n, including accompa) is beased on all inform	nying schedules and netion of which prepa	statements, and arer has any kno	i to the i wiedge.	est of i			
Sign	A -	71			114 MAY 2018						IRS discuss to	
Here	·	frum of office or m	atee .		Date	Secretary / Trea	surer	·····			uctions.	
	Signature of glacter or trustee Print/Type preparer's name			Prepare	n's signature		Date	1	~	. 🗆	PTIN	
Paid					<u>-</u>		1			k 🔲 lif mpioyed		
Preparent		Firm's name				······································		Firm'e	EIN >			
	UIIIY	Firm's address ▶						Phone	no.			
											Form 99 0-	PF (2017)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Tri-M Foundation 47-0943697 Organization type (check 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 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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).

Name of organization	Employer identification number
Tri-M Foundation	47-0943697

Part I	Contributors (see instructions). Use duplicate co	ppies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	John Robert Hood Trust c/o 13000 Vista del Norte #1515 San Antonio, TX 78216	\$ 20000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
·		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number Tri-M Foundation 47-0943697 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

raitii	Horicasii Froperty (300 matractions). Ose auplicate of	opies of rait if it additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(none received in 2017)		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Ţ			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			· 7 · · · · · · · · · · · · · · · · · · ·
		\$	
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
\dashv			
		\$	
ľ			

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)

Name of or Tri-M Foun				Employer Identification number 47-0943697
Part III	Exclusively religious, charitable, (10) that total more than \$1,000 for the following line entry. For organiz contributions of \$1,000 or less for	or the year from any on ations completing Part II the year. (Enter this infon	e contributor. Complete I, enter the total of exclumation once. See instruc	in section 501(c)(7), (8), or e columns (a) through (e) and usively religious, charitable, etc.,
(a) No.	Use duplicate copies of Part III if ac	ditional space is needed	l	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift (d) D	escription of how gift is held
	Turnelin als name address	(e) Transfer	-	
	Transferee's name, address,	and ZIP + 4	neiationship of the	ransferor to transferee
(a) No. from Part i	(b) Purpose of gift	(c) Use of g	ift (d) D	escription of how gift is held
		(e) Transfer	d ailth	
	Transferee's name, address,			ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift (d) D	escription of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of tr	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift (d) D	escription of how gift is held
- -		(e) Transfer (of gift	
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

STATEMENTS, 2017 990-PF

990-PF, Part I, Line 23

Schedule of Other Expenses

	Payee/Description	Amount
1	State of Texas / Filing Fee	5
	Total	5

990-PF, Part VII-A, Line 10

Schedule of Substantial Contributors

The following were substantial contributors in 2017:

	Nemo, Addreso
1	John Robert Hood Trust
	c/o 13000 Vista del Norte #1515
	San Antonio, TX 78216