

Form **990-PF**



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

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OMB No 1545-0052

| Deno | Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information. | | | | | | | | |
|--------------------------------------|--|--|---------------------|--|--|----------------------------------|--|--|--|
| | | to fit the Treasury → Go to www.irs.gov/Form990PF for instructions and the latest information. Index year 2017 or tax year beginning , and ending | | | | | | | |
| | , | or tax year beginning | 14 F1 14 | TA Foreign de algunda a company | | | | | |
| Nar | me of foundation | | A Employer Identifi | A Employer identification number | | | | | |
| ĸ | ozmeteku | Family Fou | 47-2082 | 155 | | | | | |
| | | oox number if mail is not d | | | Room/sui | | | | |
| | 949 Maple | | | , | 350 | 214-462 | | | |
| | | ovince, country, and Z | IP or foreign o | ostal code | 330 | | ion is pending check here | | |
| | allas, TX | | ogp | 00.00 | | a iii dadiiipiidii appiida | | | |
| | Check all that apply: | Initial retur | rn | Initial return of a fo | rmer public charity | D 1. Foreign organi: | zations, check here | | |
| | | Fınal returi | n | Amended return | | | | | |
| _ | | Address cl | | Name change | | check here and at | tach computation | | |
| H C | Check type of organiz | | | empt private foundation | <i>(</i>)\ | ψ E If private foundati | on status was terminated | | |
| <u> </u> | |) nonexempt charitabl | | Other taxable private founda | | under section 507 | 7(b)(1)(A), check here | | |
|) | | assets at end of year | | | X Accrual | | s in a 60-month termination | | |
| • | rom Part II, col. (c), I | ne 16) | (Part Lealur | ther (specify) nn (d) must be on cash basis | | under section 507 | 7(b)(1)(B), check here | | |
| | | evenue and Expenses | | | | | t (d) Disbursements | | |
| [] | (The total of ame | ounts in columns (b), (c), as all the amounts in column (| nd (d) may not | (a) Revenue and expenses per books | (b) Net investment income | t (c) Adjusted ne income | for charitable purposes (cash basis only) | | |
| _ | , – – – – – – – – – – – – – – – – – – – | gifts, grants, etc., rece | | 10,882,242. | · | N/A | (cash basis dilly) | | |
| | 1 | of the foundation is not required | | 10/002/2120 | | | | | |
| <u> </u> | | s and temporary | to attach och b | 5,692. | 5,69 | 2. | Statement 2 | | |
| 2013 | 1 | interest from securitie | s | 969,996. | 884,64 | | Statement 3 | | |
| | 5a Gross rents | | | | | | 1 | | |
| ာ | b Net rental income | or (loss) | | | | | | | |
| Z 。 | 6a Net gain or (loss) | from sale of assets not on | | 3,555,830. | | | Statement-1- | | |
| JAN | b Gross sales price assets on line 6a | for all 34,296 | 5,574. | | | | kECEIVED | | |
| ě Š | 7 Capital gain net i | ncome (from Part IV, line 2 |) | | 4,228,81 | | ي | | |
| 品" | 8 Net short-term capital gain | | | | | 12(| } - NUV 1 37 /U10 - }` ; | | |
| Z | 9 Income modifi | | | | · | | | | |
| 3 | 10a and allowances | | | | | | | | |
| SCANNED JAN Revenue | D Less Cost of goo | | | | | <u>-</u> | QGDEN, UT | | |
| Ø | | (1055) | | 2,714,913. | <111,89 | | Statement 4 | | |
| | 11 Other income 12 Total. Add line | es 1 through 11 | | 18,128,673. | 5,007,25 | | Scacement 4 | | |
| _ | | officers directors, trustee | ne etc | 0. | | 0.1 | 0. | | |
| | | e salaries and wages | 15, 615 | 185,224. | | 0. | 185,224. | | |
| | 15 Pension plans | J | | 53,781. | 13,61 | * * | 40,167. | | |
| ses | 16a Logal food | | | | | | | | |
| ens | b Accounting fee | es St | tmt 5 | 2,288. | 2,28 | 8. | 0. | | |
| Ä | c Other professi | onal fees St | tmt 6 | 114,342. | 103,58 | 5. | 10,757. | | |
| <u>ĕ</u> . | 17 Interest | | | | | | | | |
| trat | 18 Taxes | | | | _ | | | | |
| DIS | 19 Depreciation a | nd depletion | | 1,584. | 1,58 | 4. | i | | |
| 臣 | 20 Occupancy | | | 2,247. | | 6. | 2,241. | | |
| Ă | 21 Travel, confere | nces, and meetings | | 3,244. | 22 | 3. | 3,021. | | |
| ä | 22 Printing and p | | | 05 244 | | | | | |
| E G | 23 Other expense | | tmt 7 | 25,314. | 47 | 3. | 24,841. | | |
| Operating and Administrative Expensi | 24 Iotal operatin | g and administrative | | 300 004 | 101 77 | | 266 254 | | |
| å | expenses. Ad | d lines 13 through 23 | | 388,024. 3,163,110. | 121,77 | 3. | 266,251. | | |
| | 25 Contributions, | gifts, grants paid | | 3,103,110. | <u> </u> | | 3,056,841. | | |
| | Add lines 24 a | s and disbursements | • | 3,551,134. | 121,77 | , 3 | 3,323,092. | | |
| _ | 27 Subtract line 2 | | | 3,331,134. | 141,77 | J | 3,343,094. | | |
| | 1 | e over expenses and disb | ursamente | 14,577,539. | | | | | |
| | 1 | o over expenses and disc of negative, er | | | 4,885,47 | 78. | | | |
| | | NCOME (if negative, enter | | | <u>, </u> | N/A | | | |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

| _ | | | | |
|------|--|-------------------|----------------|------------------------|
| m 90 | 90-PF(2017) Kozmetsky Family Foundat | ion | 47- | 2082155 Page 2 |
| | | Beginning of year | End o | |
| art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | (E) BOOK VAIAG | (b) Book value | (b) all ividinct value |
| • | Savings and temporary cash investments | | 6,803,742. | 6,803,742. |
| | Accounts receivable ► 3,131,635. | • | 0,003,742. | 0,003,742. |
| 3 | Less allowance for doubtful accounts | | 3,131,635. | 3,131,635. |
| A | Pledges receivable | | 3,131,033. | 3,131,633. |
| 4 | · · · · · · · · · · · · · · · · · · · | | | |
| | Less allowance for doubtful accounts Grants receivable | | | |
| - | | | | |
| D | Receivables due from officers, directors, trustees, and other | | | |
| _ | disqualified persons | | | |
| 7 | Other notes and loans receivable | | | |
| | Less allowance for doubtful accounts | | | ··· |
| | Inventories for sale or use | | | • |
| | Prepaid expenses and deferred charges | | 20,365. | 20,365. |
| 10a | Investments - U.S. and state government obligations | | | |
| b | Investments - corporate stock | | | |
| C | Investments - corporate bonds | | | |
| 11 | Investments - land buildings, and equipment basis | | | |
| | Less accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | |
| | Investments - other Stmt 9 | 59,220,050. | 63,349,468. | 63,349,468. |
| 14 | Land, buildings, and equipment basis ► 7,918. | | | |
| | Land, buildings, and equipment basis ► 7,918. Less accumulated depreciation | 6,200. | 6,334. | 6,334. |
| 15 | Other assets (describe > | | | |
| 16 | Total assets (to be completed by all filers - see the | | | |
| | instructions. Also, see page 1, item I) | 59,226,250. | 73,311,544. | 73,311,544. |
| 17 | Accounts payable and accrued expenses | 614,534. | 27,288. | 1 |
| | Grants payable 4 | | 106,269. | |
| | Deferred revenue | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |

614,534

58,611,716.

58,611,716

133,557.

73,177,987.

| _ | 131 Total Habilities and het assets/fund datances | 39,220,230. | /3,311,344. | |
|---|--|--------------|-------------|----------|
| | Part III Analysis of Changes in Net Assets or Fe | und Balances | | |
| 1 | Total net assets or fund balances at beginning of year - Part II, column | (a), line 30 | i I | |
| | (must agree with end-of-year figure reported on prior year's return) | | 11 | 58,611,7 |
| 2 | Enter amount from Part I, line 27a | | 2 | 14,577,5 |
| 3 | Other increases not included in line 2 (itemize) | | 3 | |

► X

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) See Statement 8 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

73,177,987. Form **990-PF** (2017)

189,255.

11,268.

Fund Balances

Net Assets or

Form 990-PF (2017) Part II Balance

24 Unrestricted

25 Temporarily restricted 26 Permanently restricted

21 Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31.

30 Total net assets or fund balances

27 Capital stock, trust principal, or current funds

Takal liah likian and makan ana kumak kumak a

Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

| Form 990-PF (2017) Kozi | metsky : | Family Fo | undati | on | | | | 4 | 7-208 | 2155 | Page 3 |
|--|---------------------|---|-----------------|---------------------------------------|--|-----------------------------|-------------------------|-----------------------|--|---------------------|----------------------|
| Part IV Capital Gains a | | | | | | | | | | | |
| (a) List and describe (2-story brick wa | | operty sold (for exa nmon stock, 200 sh | | te, | (6) F | łow ac - Purci - Dona | quired nase ition | (c) Date a (mo., d | | | te sold lay, yr.) |
| 1a | | | | | | | | | | | |
| b See Attached | Statem | ents | | | | | | | | | |
| c | | | | | | | | | | ļ | |
| _d | | | | | | | | | | | |
| е | | | , | | <u>L</u> ., | | | | | <u> </u> | |
| (e) Gross sales price | | lation allowed llowable) | | st or other basis expense of sale | | | | | ain or (loss s (f) minus | | |
| a | | | | | | | | | | | |
| <u>b</u> | | | | | | | | | | | |
| <u>c</u> | | | ļ <u> </u> | | _ | | | | | | |
| d 24 20C F74 | | | | 0 770 10 | - - | | | | | 1 220 | 010 |
| e 34,296,574. | a agin in golum | n (h) and award by | | 0,779,19 | ' ' | | | 10 (0 | -1 (1-) | | ,812. |
| Complete only for assets showin | | | | | \dashv | | | | ol. (h) gain not less tha | | |
| (i) FMV as of 12/31/69 | | usted basis 12/31/69 | | ccess of col. (i) col. (j), if any | | | | | (from col. | | |
| a | | | | | | | | | | | |
| <u>b</u> | | | | | | | | | | | |
| <u>c</u> | | | | | | | | | | | |
| _d | | | <u> </u> | | | • | | | - | 1 220 | ,812. |
| <u>e</u> | | | <u> </u> | | | | | | | 4,220 | ,012. |
| 2 Capital gain net income or (net ca | pital loss) | If gain, also enter of the lift (loss), enter of the lift (loss). | | | } | 2 | | | | 4,228 | ,812. |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, | | sections 1222(5) ar | nd (6): | | اړ | | i | | | | |
| If (loss), enter -0- in Part I, line 8 | | | | | <u> </u> | 3 | | | N/A | | |
| Part V Qualification U | nder Secti | on 4940(e) for | Reduced | l Tax on Net | Inv | estn | nent Inc | ome | | | |
| (For optional use by domestic private | foundations su | bject to the section | 4940(a) tax on | net investment ir | ncome | 2.) | | | | · <u> </u> | |
| If section 4940(d)(2) applies, leave th | ue nart blank | | | | | | | | | | |
| ii section 4340(u)(z) applies, leave ti | iis part blank. | | | | | | | | | | _ |
| Was the foundation liable for the sect | | | | • | rıod? | | | | | Yes | X No |
| If "Yes," the foundation doesn't qualif | | | | | | | | | | | |
| 1 Enter the appropriate amount in 6 | each column for | | nstructions be | fore making any e | ntries | | | | | 7.3 | |
| (a) Base period years | | (b) | tributions | Matualus of ma | (c) | | | | Distri | (d) bution ratio | |
| Calendar year (or tax year beginning | ng in) Au | justed qualifying dis | | Net value of no | | | | | (col. (b) dr | vided by co | |
| 2016 | | <u></u> | 6,806. | | 3 | | 0,566 | | | | 05334 |
| 2015 | | ···· | 4,573. | | | 4 | 9,409 | | | | 92554 |
| 2014 2013 | | _ . | <u> </u> | | | | | ┿— | | | 00000 |
| 2012 | | | | | | | | | | | |
| 2012 | | | | | _ | | | +- | | | |
| 2 Total of line 1, column (d) | | | | | | | | 2 | ļ | ſ | 97888 |
| 3 Average distribution ratio for the | 5-voar hase nori | od - divide the total | on line 2 hy 5 | 0 or by the numb | ar of | vaare | | - | | | 77000 |
| the foundation has been in exister | | | on line 2 by 5. | o, or by the numb | ָיוט וסי | ycars | | 3 | | . 0 | 32629 |
| the foundation has been in existen | noc n 1033 than t | o years | | | | | | ا ا | - | | 32023 |
| 4 Enter the net value of noncharitab | le-use assets fo | or 2017 from Part X, | line 5 | | | | | 4_ | 6 | 7,008 | ,995. |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | _ | 2,186 | ,436. |
| 6 Enter 1% of net investment incom | ne (1% of Part I | . (ine 27b) | | | | | | 6 | | 4.8 | 8,855. |
| | _ (- 10 0, 1 art 1 | , 4: 4/ | | | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | | ,291. |
| 8 Enter qualifying distributions from | • | na hay in Dart VII. I | a the and acces | aloto that north- | 30 5 4º | 0/ +a | rata | 8 | <u> </u> | 3,323 | ,092. |
| If line 8 is equal to or greater than See the Part VI instructions. | i iiiie 7, check tr | | io, and comp | piete tilat part usif | ig a 1 | % tax i | ale. | | | | |

| Forn | | -2082 | | | age 4 |
|------|---|-------------|---------------|---------------|----------------|
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 | - see ir | nstruc | ction | s) |
| 1a | a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | |
| , | . Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | _ | | | |
| b | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1% | | 48 | 3,85 | 55. |
| | of Part I, line 27b | | | | 1 |
| C | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | <u>_</u> | | |
| 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 | | 4 8 | 3,85 | 55. |
| 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- | | 4.8 | 3,85 | <u> 55.</u> |
| | | 1 | | | |
| | a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 13,732. | | | | |
| | b Exempt foreign organizations - tax withheld at source 6b 0. | | | | |
| | c Tax paid with application for extension of time to file (Form 8868) 6c 200,000. | | | | |
| | d Backup withholding erroneously withheld 6d 0. | _ | | | الدي |
| 7 | Total credits and payments. Add lines 6a through 6d | | 213 | 3,73 | |
| 8 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | 0. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | _ |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | 1,87 | |
| | Enter the amount of line 10 to be. Credited to 2018 estimated tax > 50,000 . Refunded > 1 | <u> </u> | 114 | 1,87 | '7. |
| | art VII-A Statements Regarding Activities | | | | |
| 12 | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | $\overline{}$ | Yes | |
| , | any political campaign? | | 1a | ; | X |
| D | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition | | 1b | \rightarrow | <u>X ·</u> |
| | 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. | | | - | j X |
| | to Did the foundation file Form 1120-POL for this year? | | 1c | \dashv | |
| u | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 • | | | | |
| | | | | | İ |
| - | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0 • | 1 | | | 4 |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | - | X |
| _ | If "Yes," attach a detailed description of the activities. | | | \rightarrow | <u>^</u> |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | İ | | | |
| • | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | ľ | 3 | | X |
| 4a | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | \dashv | X |
| | · · · · · · · · · · · · · · · · · · · | N/A | 4b | \dashv | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | , | 5 | \dashv | X |
| | If "Yes," attach the statement required by General Instruction T | | | \dashv | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | - 1 |
| | By language in the governing instrument, or | | . [| | ļ |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | . [| | |
| | remain in the governing instrument? | | 6 | _x_ | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | Х | |
| | | | \neg | | <u>-</u> |
| 8a | a Enter the states to which the foundation reports or with which it is registered. See instructions. | | | | į |
| | TX | | . [| | |
| 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 | X | |
| 9 | g - in the production of the called and the control of the called and the called | | | | 1 |
| | year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses Stm | t 10 | 10 | X | |
| | • | For | m 990 | -PF (2 | 2017) |

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| Part VII-A Statements Regarding Activities (continued) | | | |
|--|----------------|--|-------------------------|
| | | 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_ | | X_ |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| If "Yes," attach statement. See instructions | 12 | | _X_ |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| Website address ► N/A | | | |
| 14 The books are in care of ▶ Chris Miller Telephone no. ▶ 214- | | | |
| Located at ► 3949 Maple Ave, Suite 350, Dallas, TX ZIP+4 ► | <u> 75219</u> | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | , , , | · [] |
| and enter the amount of tax-exempt interest received or accrued during the year | <u>N</u> | /A | |
| At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| securities, or other financial account in a foreign country? | 16_ | <u> </u> | <u> </u> |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| foreign country | | | <u>_</u> |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | Yes | Na |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 165 | 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? Yes X No | | | |
| (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? | j | | 1 |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1 | | |
| (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)? | İ | |] } |
| (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 | ŀ | | |
| termination of government service, if terminating within 90 days.) | - 1 | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | į |
| section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | $\overline{\mathbf{x}}$ |
| 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 | | X |
| 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)) | - (| | |
| a 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 | | | l i |
| before 2017? Yes X No | | | { |
| If "Yes," list the years \blacktriangleright ,,,, | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | - 1 | | |
| 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.) N/A | 2b_ | ļ | ļ |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | i | | 1 |
| On the foundation held many than 2007 direction advantages in the contraction of the cont |] | Ì |] } |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | |
| | | | |
| 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.) N/A | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 1 70 | | -, |
| had not been removed from jeopardy before the first day of the tax year beginning in 2017? | 4b | | $\frac{1}{x}$ |
| | Form 99 | 0-PF | |

| Fall VII-B Statements Regarding Activities for which r | Torm 4/20 May be F | required (continu | Tea) | Yes | S No | |
|---|------------------------------------|-------------------|--|----------------|-------------------------------|--|
| 5a During the year, did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4045/a)\2 | □ v _e | s X No | - 100 | 140 | |
| (2) Influence the outcome of any specific public election (see section 4955), o | , ,, | | 5 AL 140 | | | |
| ' any voter registration drive? | i to carry on, uncour or mune | | s X No | | 1 1 | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section | | | | | | |
| 4945(d)(4)(A)? See instructions Yes X No | | | | | | |
| | | | | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No | | | | | | |
| the prevention of cruelty to children or animals? | for the avecations described i | | S LAL NO | | 1 1 | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | | n Regulations | N/A | | - | |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | | | | -30 | +; | |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | | 1 (| |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | | | . — " 1 | Ì | 1 1 | |
| expenditure responsibility for the grant? | 14 | ·/A L Ye | s L No | | 1 1 | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | - | | 1 1 | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | ₩. | | | |
| a personal benefit contract? | | Ye | s X No | | - | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | - | 6b | X. | |
| If "Yes" to 6b, file Form 8870. | | <u> </u> | [1] | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y6 | s X No | | ' | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | | |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highly | <i>)</i> | | | |
| List all officers, directors, trustees, and foundation managers and t | heir compensation | | | | | |
| | (b) Title and average | (c) Compensation | (d) Contributions to | (e) E | xpense | |
| (a) Name and address | hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred compensation | accou | xpense nt, other | |
| | to position | `enter'-0-) | compensation | alluv | ances | |
| | | | | | | |
| See Statement 11 | | ٥. | 0. | | 0. | |
| bee beatement ii | | | | - | | |
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| | | | | | | |
| | | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1\ If none | enter "NONE " | _ | | | |
| 2 Compensation of the ingrees paid employees former than those me | (b) Title, and average | T IVOINE. | (d) Contributions to | (e) E | xpense | |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | accou | xpense nt, other vances | |
| Jami Hampton - 1301 W. 25th, Suite | Senior Progra | m Officer | compensation | allov | valices | |
| 300, Austin, TX 78705 | 40.00 | | | | Λ | |
| | | 117,520. | 38,183 | <u>'</u> | 0. | |
| | Program Offic | | 24 252 | ì | 0 | |
| Suite 300, Austin, TX 78705 | 40.00_ | 67,704. | 24,352 | • | 0. | |
| | | | | | | |
| | . <u> </u> | | ļ | <u> </u> | | |
| | 1 | Ļ | l | 1 | | |
| | ļ | | L | | | |
| | | | | | | |
| | | <u> </u> | L | | | |
| Total number of other employees paid over \$50,000 | | | | | 0 | |
| | | | Forr | n 990-P | F (2017) | |

| Form 990-PF (2017) Kozmetsky Family Foundation | 47-208 | 2155 Page 7 |
|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | tion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| Tiedemann Wealth Management - 101 California | Investment Advisory | |
| Street, Suite 1200, San Francisco, CA 94111 | Services | 100,000. |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod | ical information such as the uced, etc. | Expenses |
| 1 N/A | | |
| | | 0. |
| 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 $1\mathrm{N/A}$ | lines 1 and 2. | Amount |
| IN/A | | |
| 2 | | 0. |
| | | |
| All other program-related investments. See instructions. 3 N/A | | |
| 0 147 15 | | |
| | | |
| | | 0. |
| Total. Add lines 1 through 3 | > | 0. |

| - | MOSON (2517) ROZMECSKY FAMILY FOUNDACION | 4/-20 | 704133 | Page 8 |
|----|---|--|-------------------|-------------|
| F | Part X · 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 | 31 -584 | 617. |
| b | Average of monthly cash balances | 16 | 31;584, 5,058, | 662. |
| c | Fair market value of all other assets | 10 | 31,386 | 158. |
| d | | 1d | 68,029 | 437 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | 00,025 | , 13, 1 |
| | 1c (attach detailed explanation) . | | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 68,029 | |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,020, | |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 67,008 | 995. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 3,350, | 450. |
| F | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar | nd certain | | |
| | foreign organizations, check here and do not complete this part.) | | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 3,350, | 450. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | | |
| b | | | | ' |
| C | Add lines 2a and 2b | 2c | 48, | 855. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 3,301, | 595. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | | 0. |
| 5 | Add lines 3 and 4 | 5 | 3,301, | 595. |
| 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 | 3,301, | 595. |
| TP | art XII Qualifying Distributions (see instructions) | | | |
| = | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | [| | |
| ٠ | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 3,323, | ngo |
| | Program-related investments - total from Part IX-B | 1b | 3,323, | 0 9 2 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: | - | | |
| | Suitability test (prior IRS approval required) | 3a | | |
| | Cash distribution test (attach the required schedule) | 3b | | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 3,323, | 092. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | 3,323 | |
| - | income. Enter 1% of Part I, line 27b | 5 | 48 | 855. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 3,274 | 237 |
| - | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | | | |
| | 4940(e) reduction of tax in those years. | 7-400 101 1110 | | |

| Form 990-PF (2017) Kozmetsky Fa | amily Foundat | ion | 47-2 | 082155 Page 9 |
|--|---------------|---------------------|----------|--|
| Part XIII Undistributed Income (see | instructions) | | | |
| | (a) | (b) | (c) | (d) |
| | Corpus | Years prior to 2016 | 2016 | 2017 |
| 1 Distributable amount for 2017 from Part XI, line 7 | | - | | 3,301,595. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | | | 127,297. | |
| b Total for prior years | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017. | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from | | | | |
| Part XII, line 4 \triangleright \$ 3,323,092. | | | | |
| a Applied to 2016, but not more than line 2a | | | 127,297. | |
| b Applied to undistributed income of prior | İ | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | 2 40 5 505 |
| d Applied to 2017 distributable amount | | | | 3,195,795. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | |
| 6 Enter the net total of each column as indicated below | į | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | o. | | | |
| 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 | | ļ | | |
| deficiency has been issued, or on which the section 4942(a) tax has been previously | | | | |
| assessed | ì | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line | | | _ | <u> </u> |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2018 | | | | 105,800. |
| 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 | _ | | Ì | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2018 | _ | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | ······································ |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 b Excess from 2014 | | | | |
| C Excess from 2015 | | | | |

723581 01-03-18

d Excess from 2016 e Excess from 2017

723601 01-03-18

| b Approved for future payment See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 106,2 | Part XV Supplementary Information | (continued) | | | |
|--|--|---|-------------|----------------------------------|------------|
| See Attached Statement (2017 Grants None Farious See Attached Statement Approved) 3969 Naple Ave., Suite 350 Dallas, TX 75219 Total b. Approved for future payment See Attached Statement (2017 Grants Approved) See Attached Statement (2017 Grants Approved) See Attached Statement (2017 Grants Approved) See Attached Statement (2017 Grants Approved) 106, 2 | | ear or Approved for Future | Payment | | |
| See Attached Statement (2017 Grants None Various See Attached Statement Approved) 3369 Maple Ave., Suite 350 Total b Approved for Nuture payment See Attached Statement (2017 Grants None Approved) See Attached Statement (2017 Grants None Approved) See Attached Statement (2017 Grants None Approved) See Attached Statement (2017 Grants None Approved) 106,2 | | If recipient is an individual, show any relationship to | | Purpose of grant or contribution | Amount |
| See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 Total b Approved for future payment See Attached Statement (2017 Grants Approved) Approved for future payment See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 Total Various See Attached Statement (2017 Grants Approved) 106, 2 | Name and address (home or business) | or substantial contributor | | | |
| Total | a Paid during the year | | | | |
| Total Total Approved for future payment See Attached Statement (2017 Grants Approved) 3,056,8 Various See Attached Statement (2017 Grants Approved) 30,056,8 Various See Attached Statement (2017 Grants Approved) 30,056,8 106,8 | Approved) | None | Various | 1 | |
| Total Description Total Total Approved for future payment See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallae, TX 75219 106,2 | • | |] | } | 3 056 841. |
| b Approved for future payment See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 106,2 | | | · | | |
| b Approved for future payment See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 106,2 | | | | | |
| b Approved for future payment See Attached Statement (2017 Grants Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 106,2 | Total | | | → 3a | 3,056,841. |
| Approved) 3949 Maple Ave., Suite 350 Dallas, TX 75219 106,2 | | | | | |
| | Approved) | None | Various | 1 | |
| Tatal | Dallas, TX 75219 | | | | 106,269. |
| Total | | | | | |
| Total | —————————————————————————————————————— | | | | |
| Tatal | | | | | |
| 10(a) ► 3h I 106 2 | Total | | 1 | > 3b | 106,269. |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated bu | isiness income | | by section 512, 513, or 514 | (e) |
|---|------------------|-----------------|---------------|-----------------------------|-------------------|
| • | (a) | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue: | Business code | Amount | sion | Amount | function income |
| a | | | | | |
| b | | | | , | |
| c | | | | | |
| đ | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 5,692. | |
| 4 Dividends and interest from securities | | | 14 | 969,996. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | 525990 | <62,213. | ⊳ 01 | 2,777,126. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | 525990 | 11,663. | 18 | 3,544,167. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | ŢŢ | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| е | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | <50,550. | · | 7,296,981. | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 7,246,431. |
| (See worksheet in line 13 instructions to verify calculations | 5.) | | | | |
| Dort VV/ D Deletionship of Activitie | - 4- 4b- A | mliahusant of E | | D | <u> </u> |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No | the foundation's exempt purposes (other than by providing funds for such purposes). |
|---------|---|
| | N/A |
| | |
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| Part XVII | Information Re Exempt Organi | garding Transfers to a | and Transactions a | nd Relationsh | ips With Nonc | haritable | | |
|----------------------|-------------------------------------|--|---|--|----------------------------|------------------|--|--------|
| 1 > Did the ord | ` | ectly engage in any of the following | ng with any other organization | n described in section | on 501(c) | | Yes | No |
| | • | izations) or in section 527, relating | | in described in secur | JII 30 I(C) | | | |
| • | | ition to a noncharitable exempt or | | | | | | |
| (1) Cash | nom the reporting loanes | tion to a nononanable exempt of | gameation of | | | 1a(1) | | X |
| (2) Other | assets | | | | | 1a(2) | | X |
| b Other trans | | | | | | 1-1-7 | | |
| | of assets to a noncharital | ale exempt organization | | | | 16(1) | | Х |
| | | ncharitable exempt organization | | | | 1b(2) | | X |
| | l of facilities, equipment, of | , , | | | | 1b(3) | | X |
| | oursement arrangements | | | | | 1b(4) | | X |
| | s or loan guarantees | | | | | 1b(5) | | X |
| (6) Perfor | rmance of services or me | mbership or fundraising solicitation | ons | | | 1b(6) | | X |
| c Sharing of | f facilities, equipment, ma | iling lists, other assets, or paid em | nployees | | | 1c | | Х |
| d If the ansv | ver to any of the above is | "Yes," complete the following sche | edule. Column (b) should alv | ways show the fair m | arket value of the god | ods, other ass | ets, | |
| or services | s given by the reporting fo | oundation. If the foundation receiv | ed less than fair market valu | ie in any transaction | or sharing arrangem | ent, show in | | |
| column (d |) the value of the goods, | other assets, or services received. | · | _ | | | _ | |
| (a)Line no | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Description | of transfers, transactions | , and sharing ar | rangeme | nts |
| | | N/A | <u> </u> | | | | | |
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| 0. 1. 1. 1. 1. | | | | | | | | |
| | | tly affiliated with, or related to, one n 501(c)(3)) or in section 527? | e or more tax-exempt organi | zations described | | Yes | ₹ |] No |
| | emplete the following sch | , | | | | 162 | لـــــــــــــــــــــــــــــــــــــ | טאו ר |
| <u> </u> | (a) Name of org | | (b) Type of organization | | c) Description of rela | tionship | | |
| | N/A | | (c) type of digamentation | | -, | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | <u> </u> | |
| | | | † - | | | | | |
| | | that I have examined this return, including | | | | May the IRS | discussi | his |
| Sign L | elief, it is true, correct, and con | nplete Declaration of preparer to ther that | an taxpayer) is based on all inform | nation of which preparer | has any knowledge | return with the | e prepar | er |
| Here | _ U Buel | Kull | 11/14/19 | Presid | ent | X Yes | | No |
| Sign | ature of officer or trustee | | Date | Title | | <u> </u> | | |
| | Print/Type preparer's na | ime Preparer's s | signature | Date | | MIT | | |
| 5 · · · | | 444 | 11 | | self- employed | | | |
| Paid | Christophe | | Stan / | 11/13/2018 | | P01407 | | |
| Preparer | Firm's name ► RSM | US, LLP V | / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Firm's EIN ► 42 | -07143 | 25 | |
| Use Only | | | · <u>-</u> | | | | | |
| | | 30 Post Oak Blv | | 00 | | | | |
| | Но | <u>uston, TX 77056</u> | -3009 | | Phone no. 713 | <u>-625-3</u> | | |
| | | | | | | Form QQ | | (2017) |

| undation | |
|----------|--|

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold P - Purchase D - Donation 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a Boathouse Row 11/02/0904/01/17 D b DE Shaw D 10/31/1103/31/17 c Colchester Combined Global & Local Bond Fund 02/01/1706/30/17 P d Schwab - Brown Advisory D <u>11/04/1601/13/17</u> e Schwab - Doubline Total Return D 11/04/1601/13/17 01/13/1706/05/17 Schwab -Doubline Income Solutions P g Schwab -FMI Instl P 11/17/1601/31/17 Barclays BK PLC ETN n Schwab -P 03/11/1601/17/17 Schwab -Fundamental US Large P 11/04/1601/31/17 Schwab - Fundamental US Small P 11/04/1601/31/17 k Schwab - DGI P 02/02/1712/27/17 Silver Point Capital Offshore Fund, 12/31/0612/31/17 Ltd. Distribu D m Standard General Offshore Fund, Ltd. D 12/31/1412/31/17 n Whitebox Multi-Strategy Fund Distribution in Exce D 12/31/0707/01/17 0 MSREF III 06/04/9811/20/17 D (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 1,586,396 750,000. 836,396. 1,391,070. 391,070. b 1,000,000. 0. 788,453. 788,453. 5,040,906 5,220,396. d 179,490. е 5,065,000. 5,087,619 <22,619.> 323,914 300,160 23,754. 8,614,191. 8,418,029. 196,162. 128,303. 3,198,185 3,069,882. h 2,600,000. 2,666,596. <66,596.> 2,968,004. 2,944,725. 23,279. 90,392. 71,145. 19,247. k 7,971. Ī 7,971. 863,053. 641,682. 221,371. m 1,561,360. n 1,561,360. 18,189. 18,189. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (J) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any а 836,396. b 391,070. С 0. d 179,490. е <22,619.> 23,754. 196,162. g h 128,303. <66,596.> 23,279. 19,247. 7,971. 1 $2\overline{21,371}$. m n 1,561,360. 18,189. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Continua 47-2082155 Kozmetsky Family Foundation Page Part IV | Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. | | | | P - Purchase | (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|---|---------------|--|--|-------------------------------|
| 1a Capital Gains | | | | | 01/01/17 | |
| b | 110m 1abbenitougn | raremerbinipo | | | 01/01/1/ | 22, 32, 27 |
| c | | | | | | |
| d | | | | | | |
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| n | | | | | | |
| 0 | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | ł | (h (a) r |) Gain or (loss) ilus (f) minus (g) | |
| | (Of allowable) | plus expense of sale | | (6) [| | 711 /25 |
| <u>a</u> | | | | | | 711,435. |
| <u>b</u> | | | | | | |
| d c | | | | | - | |
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| n | | | | | | |
| 0 | | | | | | |
| Complete only for assets showing | ng gain in column (h) and owned by | | | (I) Los | ses (from col. (h)) | |
| (ı) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | , | Gains (excess of but n | of col. (h) gain over ot less than "-0-") | r col. (k), |
| a | | | | | | 711,435. |
| b | | | | | | |
| С | <u> </u> | | | | | |
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| e | | | | | | |
| f | | | | | | |
| <u>g</u> | | <u> </u> | | | | |
| <u>h</u> | | | | | | |
| <u> </u> | | | | | | |
| <u> </u> k | | | | | | |
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| m | | | | | | |
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| 0 | | | | _ | | |
| | | - | | | | |
| 2 Capital gain net income or (net ca | | r in Part I, line 7)-" in Part I, line 7 | \ <u> </u> | 2 | 4, | 228,812. |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8 | column (c). | nd (6): | } , | 3 | N/A | |
| | | | | | | |

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

OMB No 1545-0047

2017

Name of the organization

Kozmetsky Family Foundation

Employer identification number

47-2082155

| Organiz | ation type (check or | ne) | | | | |
|-----------|--|--|--|--|--|--|
| Filers of | : | Section: | | | | |
| Form 99 | 0 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | | 527 political organization | | | | |
| Form 99 | 0-PF | X 501(c)(3) exempt private foundation | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | | 501(c)(3) taxable private foundation | | | | |
| | | 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. See instructions | | | | |
| General | Rule | | | | | |
| X | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | |
| Special | Rules | | | | | |
| | sections 509(a)(1) any one contributo | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1 Complete Parts I and II | | | | |
| | year, total contribu | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty 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. | | | | | |
| | - | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

47-2082155

| Contributors (see instructions) Use duplicate copies of Part I if a | dditional space is needed | |
|---|--|---|
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| RGK Foundation 1301 W. 25th Street, Suite 300 Austin, TX 78507 | \$\$ 10,882,242. | Person X Payroll |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | \$ | Person Payroll Oncash (Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | Person Payroll Occash Complete Part II for noncash contributions) |
| (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| | (b) Name, address, and ZIP + 4 RGK Foundation 1301 W. 25th Street, Suite 300 Austin, TX 78507 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 | Name, address, and ZIP + 4 Total contributions |

Name of organization

Employer identification number

Kozmetsky Family Foundation

47-2082155

| rt II | Noncash Property (see instructions) Use duplicate copies of Part | II if additional space is needed | |
|------------------------------|--|---|----------------------|
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1 | Hedge Fund, Private Equity, and Partnership Investments | | |
| | | ssss | 01/01/17 |
| (a) No. rom | (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. rom | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. rom | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | | |

Employer identification number

| ozmet: | sky Family Foundation | | 47-2082155 | | | | |
|---------------------|---|---|--|--|--|--|--|
| art III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete (completing Part III, enter the total of exclusively religious) | columns (a) through (e) and the following s, charitable etc., contributions of \$1,000 or less | section 501(c)(7), (8), or (10) that total more than \$1,000 to g line entry. For organizations so for the year (Enter this info once) | | | | |
| No. rom art I | Use duplicate copies of Part III if addition (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| _ - | | | | | | | |
| - | | (e) Transfer of gift | | | | | |
| - - - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| - | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| No. | | | | | | | |
| om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| — : | | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | |
| | | | | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| • | (e) Transfer of gift | | | | | | |
| - | | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, a | | Relationship of transferor to transferee | | | | |

| Form 99 | O-PF (| Gain or (Loss) f | rom Sale | of | Assets | | Sta | tement 1 |
|---------|-----------------------------|---------------------------------|------------------------|----|--------------------|------------|------------|----------------|
| Descrip | (a) tion of Property | ¥ | | i | Manner Acquired | Da Acqu | te ired | Date Sold |
| Boathou | se Row | | | 1 | Donated | 11/0 | 2/09 | 04/01/17 |
| | (b) Gross Sales Price | (c) Value at Time of Acq. | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) or Loss |
| | 1,586,396. | 750,000. | | ٠0 | • | 0. | | 836,396. |
| Descrip | (a) tion of Property | Y | | ī | Manner Acquired | Da Acqu | te ired | Date Sold |
| DE Shaw | | _ | | | Donated | 10/3 | 1/11 | 03/31/17 |
| | (b) Gross Sales Price | (c) Value at Time of Acq. | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) or Loss |
| - | 1,391,070. | 1,000,000. | | 0 | • | 0. | | 391,070. |
| Descrip | (a) tion of Property | | - | ī | Manner Acquired | Da Acqu | te ired | Date Sold |
| Colches | ter Combined Glo | — obal & Local Bon | nd Fund | Pı | urchased | 02/0 | 1/17 | 06/30/17 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) or Loss |
| - | 788,453. | 750,000. | | 0 | • | 0. | | 38,453. |

| Descript | (a) tion of Property | | | | Manner Equired | Da Acqu | | Date Sold |
|--------------|-----------------------------|---------------------------------|------------------------|-----|-------------------|------------|------------|----------------|
| Schwab - | Brown Advisory | _ | | Do | nated | 11/0 | 4/16 | 01/13/17 |
| | (b) Gross Sales Price | (c) Value at Time of Acq. | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) · |
| _ | 5,220,396. | 5,040,906. | | 0. | | 0. | | 179,490. |
| Descript | (a) tion of Property | | | | Manner equired | Da Acqu | te ired | Date Sold |
| Schwab | - Doubline Total | - Return | • | Do | nated | 11/0 | 4/16 | 01/13/17 |
| | (b) Gross Sales Price | (c) Value at Time of Acq. | (d) Expense Sale | of | · (e) | c. | Gain | (f) or Loss |
| - | 5,065,000. | 5,087,619. | | 0. | | 0. | | <22,619.> |
| Descript | (a) tion of Property | _ | | | Manner Equired | Da Acqu | te ired | Date Sold |
| Schwab | - Doubline Incom | e Solutions | | Pur | chased | 01/1 | 3/17 | 06/05/17 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | | Gain | (f) or Loss |
| - | 323,914. | 300,160. | | 0. | | 0. | | 23,754. |
| Descrip | (a) tion of Property | | | _ | Manner equired | | te ired | Date Sold |
| Schwab | - FMI Instl | _ | | Pur | chased | 11/1 | 7/16 | 01/31/17 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | | Gair | (f) or Loss |
| - | 8,614,191. | 8,418,029. | | 0. | | 0. | | 196,162. |

| Descript | (a) ion of Property | | | | Manner cquired | Da Acqu | | Date Sold |
|----------|-----------------------------|-------------------------------|------------------------|----|-------------------|------------|------------|------------------|
| Schwab - | Barclays BK PLO | C ETN | | Pu | rchased | 03/1 | 1/16 | 01/17/17 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) or Loss |
| | 3,198,185. | 3,069,882. | | 0. | | 0. | | 128,303. |
| Descript | (a) ion of Property | | | | Manner cquired | Da Acqu | | Date Sold |
| Schwab - | Fundamental US | _ Large | | Pu | rchased | 11/0 | 4/16 | 01/31/17 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | c. | Gain | (f) or Loss |
| | 2,600,000. | 2,666,596. | | 0. | | 0. | | <66,596.> |
| Descript | (a). ion of Property | | | | Manner cquired | Da Acqu | te ired | Date Sold |
| Schwab - | Fundamental US | Small | | Pu | rchased | 11/0 | 4/16 | 01/31/17 |
| | (b) Gross | (c) Cost or | (d) Expense | of | (e) | | | (f) |
| | Sales Price | Other Basis | Sale | | Depre | c. | Gain | or Loss |
| | 2,968,004. | 2,944,725. | | 0. | | 0. | | 23,279. |
| Descript | (a) ion of Property | | | | Manner cquired | Da Acqu | te ired | Date Sold |
| Schwab - | DGI | _ | | Pu | rchased | 02/0 | 2/17 | 12/27/17 |
| | (b) Gross Sales Price | (c) Cost or Other Basis | (d) Expense Sale | of | (e) Depre | c. | Gair | (f) n or Loss |
| - | 90,392. | 71,145. | | 0. | | 0. | | 19,247. |

| Description | (a) on of Property | | | | anner quired | Da: Acqu | te ired | Date Sold |
|-------------|--|----------------------------------|------------------------|----|--------------------------|-------------|--------------------|----------------|
| | int Capital Officential Capital Officential Capital Officential Capital Officential Capital Officential Capital Officential Capital Officential Capital Officential Capital Officential Capital Officential Officential Capital Officentia | - fshore Fund, Lt of Basis | .d. | Do | nated | 12/3 | 1/06 | 12/31/17 |
| | (b) Gross | (c) Value at | (d) Expense | of | (e) | | | (f) |
| | Sales Price | Time of Acq. | Sale | | Depre | c. | Gair ——— | or Loss |
| | 7,971. | 0. | | 0. | | 0. | | 7,971. |
| Descriptio | (a) on of Property | | | | anner quired | Da Acqu | te ired | Date Sold |
| Standard (| General Offsho | re Fund, Ltd. | • | Do | nated | 12/3 | 1/14 | 12/31/17 |
| | (b) Gross | (c) Value at | (d) Expense | of | (e) | | | (f) |
| | Sales Price | Time of Acq. | Sale | | Depre | c. | Gair | or Loss |
| | 863,053. | 641,682. | | 0. | | 0. | | 221,371. |
| | | _ Fund Distribut | ion in | Ac | anner quired nated | | te ired 1/07 | |
| S | (b) Gross Sales Price | (c) Value at Time of Acq. | (d) Expense Sale | of | (e) Depre | | Gair | (f) or Loss |
| - | 1,561,360. | 0. | | 0. | | 0. | | 1,561,360. |
| Description | (a) on of Property | | | | anner quired | Da Acqu | | Date Solo |
| MSREF III | | _ | | Do | nated | 06/0 | 4/98 | 11/20/17 |
| | (b) Gross | (c) Value at | (d) Expense | of | (e) | | | (f) |
| S | Sales Price | Time of Acq. | Sale | | Depre | c. | Gair | or Loss |
| | 18,189. | 0. | | 0. | | 0. | | 18,189. |
| Capital Ga | ains Dividends | from Part IV | | | | | | 0. |
| _ | | | | | | | | |
| rotal to I | Form 990-PF, P | art I, line 6a | | | | | | 3,555,830. |

| Form 990-PF Interes | st on Saving | s and T | 'empora | ry Cash | In | vestments | St | tatement | 2 |
|---|-----------------|-----------------------|-------------------------------|---------|-------------------------|-----------------------------------|----------------------------|------------------------------|-----------|
| Source | | | (a) Revenue Per Books | | | (b) vestment come | (c) Adjuste Net Inco | | e |
| Schwab Brokerage - (Schwab DGI - 8285 Silver Point | | 3,74 1 1,93 | 4. | | 3,745. 14. 1,933. | | | | |
| Total to Part I, lin | | 5,69 | 5,692. | | | | | | |
| Form 990-PF | Dividends | and Int | erest | from Se | cur | ities | St | tatement | 3 |
| Source | Gross Amount | | Capital Gains Dividends | | ie ks | | | (c) Adjusto Net Inco | |
| Ordinary Dividends | 969,996. | | 0. | 969,9 | 96. | 884,64 | | | |
| To Part I, line 4 | 969,996. | | 0. | 969,9 | 96. | 884,64 | | | |
| Form 990-PF | | Other | Incom | ne | | | - S1 | tatement | 4 |
| Description | | | (a) Revenue Per Books | | | (b) Net Invest- ment Income | | (c) Adjusted Net Incom | |
| *See Following Attac | chment - Stm | nt 4a | 2, | 714,913 | 3. | <111,898 | 3.> | | |
| . Total to Form 990-P | ine 11 | 2,714,913. <111,898.> | | | | | | | |

^{*}Net of partnership expenses (17,093)

| Form 990-PF | Accounti | ng Fees | Statement | | | | | |
|--|---|-----------------------------------|-------------------------------|--|--|--|--|--|
| Description , | (a) Expenses Per _. Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | | | | |
| Accounting | 2,288. | 2,288. | , | 0. | | | | |
| To Form 990-PF, Pg 1, ln 16b | 2,288. | 2,288. 2,288. | | | | | | |
| Form 990-PF (| Other Profes | sional Fees | S | tatement 6 | | | | |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | | | | |
| Board Retreat Facilitator Information Technology Investment Management Fees | 3,705. 10,637. 100,000. | 926. 2,659. 100,000. | | 2,779. 7,978. .0. | | | | |
| To Form 990-PF, Pg 1, ln 16c | 114,342. | 114,342. 103,585. | | | | | | |
| Form 990-PF | Other E | xpenses | S | tatement 7 | | | | |
| Description | (a) Expenses Per Books | (b) Net Invest- ment Income | (c) Adjusted Net Income | (d) Charitable Purposes | | | | |
| Computer & Software Postage & Delivery Employee Training & Education Dues & Subscriptions Board Training & Education | 8,150. 23. 8,449. 6,843. 1,849. | 473. 0. 0. 0. 0. | | 12,754. 12. 6,337. 4,869. 869. | | | | |
| To Form 990-PF, Pg 1, ln 23 | 25,314. | 473. | | 24,841. | | | | |

| Form 990-PF Other Deci | reases in Ne | t Assets or | Fund Balances | Statement 8 |
|---|--------------------------|-------------------------------|----------------------------|----------------------|
| Description | | | | Amount |
| Prior Year Adjustment for | Excise Tax | Expense | | 11,268. |
| Total to Form 990-PF, Par | t III, line | 5 | | 11,268. |
| Form 990-PF | Other | Investment | s | Statement 9 |
| Description | | Valuation Method | ı . Book Value | Fair Market Value |
| Marketable Securities Partnership Investments | | FMV FMV | 30,135,778. 33,213,690. | |
| Total to Form 990-PF, Par | t II, line | 13 | 63,349,468 | 63,349,468. |
| Form 990-PF Lis | st of Substa Part VII | ntial Contr -A, Line 10 | | Statement 10 |
| Name of Contributor | | Address | | |
| RGK Foundation | | 1301 W. 25t Austin, TX | h Street, Suite 78705 | e 300 |

| Form 990-PF Part VIII - List Trustees and | | | Statement 11 | | | | |
|---|--------------------------|--------|-------------------|------------|---------------------------------|--------|----|
| Name and Address | Title a | | Compen- sation | | Employee Ben Plan Contrib | | |
| Gregory A. Kozmetsky 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Trustee, 2.00 | Vice | Chair | 0. | 0. | | 0. |
| Cynthia H. Kozmetsky 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Trustee, 2.00 | Secre | etary | 0. | 0. | | 0. |
| Sarah K. Miller 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Trustee, 10.00 | Presi | ident,Cha | irma 0. | 0. | | 0. |
| Christina C. Collier 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Trustee 2.00 | | | 0. | 0. | | 0. |
| Chris Miller 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Vice Pres | sident | t, Treasu | rer 0. | . 0. | | 0. |
| Tracey D. Kozmetsky 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Trustee 2.00 | | | 0. | 0. | | 0. |
| Aaron W. Kozmetsky 3949 Maple Ave. Suite 350 Dallas, TX 75219 | Trustee 2.00 | | | 0. | 0. | | 0. |
| Totals included on 990-PF, Page 6 | , Part VIII | Σ | = | 0. | 0. | | 0. |
| | XV - Line oundation N | | ers | | State | ement' | 12 |

Name of Manager

Gregory A. Kozmetsky Cynthia H. Kozmetsky

2017 DEPRECIATION AND AMORTIZATION REPORT

| | | | | | | | | | | | | | | | | | | | ı aı |
|--------------------|--|--------------------|--------------------------|---|----------|----------|---|--|---|---|----------|-----------|----------|----------|---|----------|---|----------|---|
| | Ending Accumulated Depreciation | 1,584. | 1,584. | | | | | | | | | | | | | | | | tion, GO Zone |
| | Current Year Deduction | 1,584. | 1,584. | | | | | | | | | | | | | | | | * ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone |
| | Current Sec 179 Expense | | | • | | , | | | | | | | | | | | | | nercial Revita |
| | Beginning Accumulated Depreciation | | 0. | | | | | | | | | | | | | | | | Bonus, Comn |
| | Basis For Depreciation | 7,918. | 7,918. | | | | | | | | | | | , | | | | | ITC, Salvage, |
| | Reduction In Basis | | | | | | | | | - | | | | | | | | | • |
| ~. | Section 179 Expense | | | | | | | | | | | | | | | | | | |
| 990-PF | Bus % Excl | | | | | | | | | | | | | | | | | | peso |
| | Unadjusted Cost Or Basis | 7,918. | 7,918. | | | | | | | | | | | | | | | | (D) - Asset disposed |
| | No c > | HY19B | | _ | | Ì | | <u> </u> | | 1 | | | | | | | <u> </u> | | = |
| | Lrfe | 5.00 | 1 | | ! | | ' | 1 | | | | | | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | |
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