2939332804120 Exempt Organization Business Income Tax Return OMB No 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning , 2017, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number Check box if Check box if name changed and see instructions ) (Employees' trust, see instructions.) address changed AMON G. CARTER FOUNDATION B Exempt under section Print 75-6000331 X 501( C () Number, street, and room or suite no. If a P.O. box, see instructions OF E Unrelated business activity codes 408(e) 220(e) Type (See instructions ) 201 MAIN ST., SUITE 1945 530(a) 408A City or town, state or province, country, and ZIP or foreign postal code 529(a) FORT WORTH, TX 76102-3114 900099 531390 C Book value of all assets at end of year Group exemption number (See instructions ) 404,097,783. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity ▶ INVESTMENTS IN LIMITED PARTNERSHIPS During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . . . Yes X No If "Yes," enter the name and identifying number of the parent corporation Telephone number ▶ 817-332-2783 The books are in care of ▶ TAMARA DEAN Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance 1 c 2 Gross profit Subtract line 2 from line 1c . . . . . . . . . 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4 c 8,555,088. ATCH 8,555,088. Income (loss) from partnerships and S corporations (attach statement) 5 6 7 Unrelated debt-financed income (Schedule E) . . . . . . . Interest, annuities, royalties, and rents from controlled organizations (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) . . . . . . 10 Advertising income (Schedule J) . . . . . . . . . . . . . . . 11 Other income (See instructions, attach schedule) . . . . . 12 8,555,088. 8,555,088. Total. Combine lines 3 through 12, 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income 14 Compensation of officers, directors, and trustees (Schedule K), Salaries and wages . . . . . . . . . . . . 15 15 16 Repairs and maintenance 16 17 -17 18 Interest (attach schedule) . . . . . . . . . . . . 31,445. 19 820,539. Charitable contributions (See instructions for limitation rules) ATTACHMENT 20 Depreciation (attach Form 4562). . . . . . . . . . . . . . . . . . . 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 23 24 Contributions to deferred compensation plans 24 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 318,253. 28 28 1,170,237. 29 29 7,384,851. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 31 7,384,851. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32.

33

7,383,851. Form 990-T (2017)

33

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

1,000.

Page 2

| Par       | t III      | Tax Computation   |  |   |
|-----------|------------|---|--|---|
| 35        | Organi     | ations Taxable as Corporations. See instructions for tax computation Controlled group   | 4  |   |
|           | member     | s (sections 1561 and 1563) check here  See instructions and   |  |   |
| а         | Enter ye   | ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)   |  |   |
|           | (1) \$     | (2) \$ (3) \$   |  |   |
| b         | Enter or   | ganization's share of (1) Additional 5% tax (not more than \$11,750)  |  |   |
|           | (2) Addı   | ional 3% tax (not more than \$100,000)  |  |   |
| С         |            |   | 35c  | 2,510,509.                              |
| 36        | Trusts     | Taxable at Trust Rates. See instructions for tax computation income tax on  | 4  |   |
|           | the amo    | unt on line 34 from Tax rate schedule or Schedule D (Form 1041), ▶ _  | 36   |   |
| 37        | Proxy ta   | x. See instructions   | 37   |   |
| 38        | Alternat   | ve minimum tax  | 38   |   |
| 39        | Tax on     | Non-Compliant Facility Income. See instructions   | 39   |   |
| 40        | Total. A   | ld lines 37, 38 and 39 to line 35c or 36, whichever applies   | 40   | 2,510,509.                              |
| Par       | t IV       | Tax and Payments  |  |   |
| 41 a      | Foreign    | tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a   | - 4  |   |
| b         | Other c    | edits (see instructions)  |  |   |
| С         | General    | business credit Attach Form 3800 (see instructions)   |  |   |
| d         | Credit fo  | r prior year minimum tax (attach Form 8801 or 8827),  | ļ  |   |
|           |            |   | 41e  |   |
| 42        |            | line 41e from line 40   | 42   | 2,510,509.                              |
| 43        | Other tax  | es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .  | 43   |   |
| 44        | Total ta   | r. Add lines 42 and 43  | 44   | 2,510,509.                              |
| 45 a      | Paymen     | s A 2016 overpayment credited to 2017   |  |   |
| b         | 2017 es    | timated tax payments  |  |   |
| С         | Tax dep    | osited with Form 8868   | 1  |   |
| d         | Foreign    | organizations Tax paid or withheld at source (see instructions) 45d   |  |   |
| е         | Backup     | withholding (see instructions)  | 1  |   |
| f         | Credit for | r small employer health insurance premiums (Attach Form 8941)   |  |   |
| g         | Other c    | edits and payments Form 2439  |  |   |
|           | F          | orm 4136 Other Total ▶ 45g  |  | 0 015 000                               |
| 46        |            | yments. Add lines 45a through 45g   | 46   | 2,915,000.                              |
| 47        | Estimat    | ed tax penalty (see instructions) Check if Form 2220 is attached $\dots \dots \dots \dots $   | 47   | 64.                                     |
| 48        |            | If line 46 is less than the total of lines 44 and 47, enter amount owed   | 48   | 404 407                                 |
| 49        |            | ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid   | 49   | 404,427.                                |
| 50        |            | amount of line 49 you want Credited to 2018 estimated tax ▶ 404, 427. Refunded ▶  |  | ·-                                      |
| Par       | t V        | Statements Regarding Certain Activities and Other Information (see instructions   | <u>)                                    </u> |   |
| 51        | At any     | time during the 2017 calendar year, did the organization have an interest in or a signature or  | other a                                      | iuthority Yes No                        |
|           |            | financial account (bank, securities, or other) in a foreign country? If YES, the organization ma  |  |   |
|           |            | Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the   | toreign                                      |   |
|           | here 🕨     |   |  | X X                                     |
| 52        | During t   | ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig   | gn trust?                                    | • |
|           |            | ee instructions for other forms the organization may have to file   |  |   |
| <u>53</u> |            | e amount of tax-exempt interest received or accrued during the tax year ▶ \$  |  | handed and helpf it is                  |
| ٠.        | l to       | der penallies of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the be<br>e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | est or my                                    | knowledge and belief, it is             |
| Sig       |            |   |  | S discuss this return                   |
| Her       | ~          |   |  | reparer shown below                     |
|           | Si         |   | instruction                                  | S) <sup>2</sup>     Yes   X   No        |
| Paid      | ı          | Print/Type preparer's name  Preparer's signature  Check   |  |   |
|           | oarer      |   | nployed                                      | P00286352                               |
|           | Only       | Firm's name ► BKD, LLP / Firm's  Firm's address ► 3200 RIVERFRONT DRIVE, SUITE 200, FORT WORTH, TX 76107 Phone  | EIN P4                                       | 4-0160260<br>17.332.2301                |
| _         |            | Firm's address ▶ 3200 RIVERFRONT DRIVE, SUITE 200, FORT WORTH, TX 76107 Phone   | no Co.                                       |   |
|           |            |   |  | Form <b>990-T</b> (2017)                |

| _ |    |   |      |
|---|----|---|------|
| P | 20 | ρ | - 34 |

| Form 990-1 (2017)   |                      |                |                               |   |  |   |   | Pi       | age |
|---|----------------------|----------------|-------------------------------|---|--|---|---|----------|-----|
| Schedule A - Cost of G  |                      | nter metho     | d of invent                   |   |  |   | <u> </u>  |          |     |
| 1 Inventory at beginning of y   | ·                    |                |                               |   |  | ar  | 6   |          |     |
| 2 Purchases 2   |                      |                |                               |   | -  | ld. Subtract line   |   |          |     |
| 3 Cost of labor   |                      |                |                               |   |  | ter here and in   |   |          |     |
| 4a Additional section 263A co   |                      |                |                               |   | 2  |   | 7   | T., T    |     |
| (attach schedule)   |                      |                |                               |   |  | section 263A (w   | •   | Yes      | No  |
| <b>b</b> Other costs (attach schedu   |                      |                |                               |   |  | or acquired for   |   |          |     |
| 5 Total. Add lines 1 through Schedule C - Rent Income   | 4b ·   5             |                |                               | to the orga   | anization?                                       |   |   | <u> </u> | Х   |
| (see instructions)  | e (From Real I       | Property a     | na Perso                      | nai Property  | Leased V   | vith Real Proper  | -ty)<br>  |          |     |
| 1. Description of property  |                      |                |                               |   |  |   |   |          |     |
| (1)   |                      |                |                               |   |  |   |   |          |     |
| (2)   |                      |                |                               |   |  |   |   |          |     |
| (3)   |                      |                |                               |   |  |   |   |          |     |
| (4)   |                      |                |                               |   |  |   |   |          |     |
|   | 2. Rent rece         | erved or accru | ed                            |   |  |   |   |          |     |
| (a) From personal property (if the for personal property is more the more than 50%)   | an 10% but not       | percent        | age of rent fo                | personal property<br>or personal property<br>based on profit or | exceeds  |   | rectly connected wth<br>a) and 2(b) (attach sci |          | ne  |
| (1)   |                      |                |                               |   |  |   |   |          |     |
| (2)   |                      |                |                               |   |  |   |   |          |     |
| (3)   |                      |                |                               |   |  | ·   |   |          | _   |
| (4)   |                      |                |                               |   |  |   | ···-  |          |     |
| Total   |                      | Total          | <del></del>                   | -   |  |   |   |          |     |
| (c) Total income. Add totals of c   |                      |                |                               |   |  | (b) Total deduction Enter here and on Part I, line 6, colun | page 1,   |          |     |
| Schedule E - Unrelated D  |                      |                | ee instructi                  | ions)   |  | 1 , ,   | .,  |          |     |
|   |                      | (-             | 2. Gross                      | income from or  | 3. [   | Deductions directly con<br>debt-finance                     |   | ble to   |     |
| 1 Description of del  | ot-linanceo property |                | allocable to debt-financed (a |   | (a) Straight line depreciation (attach schedule) |   | (b) Other deductions<br>(attach schedule)       |          |     |
| (1)   |                      |                |                               |   |  |   |   |          |     |
| (2)   | _                    |                |                               |   |  |   |   |          |     |
| (3)   |                      |                | <u></u>                       |   |  |   |   |          |     |
| (4)   |                      |                |                               |   |  |   |   |          |     |
| 4. Amount of average 5. Average adjusted basis acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) |                      |                | 4                             | 4 divided / Gross income reportable (column 6 x to              |  | 8. Allocable de<br>(column 6 x total<br>3(a) and 3          | of column                                       | 1\$      |     |
| (1)   |                      |                |                               | %   |  |   |   |          |     |
| (2)   |                      |                | <u> </u>                      | %   |  |   |   |          |     |
| (3)   |                      |                |                               | %   |  |   |   |          |     |
| (4)   |                      |                |                               | %   |  |   |   |          | _   |
|   |                      |                |                               |   |  | e and on page 1,<br>le 7, column (A)                        | Enter here and o<br>Part I, line 7, co          |          |     |
| Totals  |                      |                |                               |   |  | •   |   |          | _   |

Form **990-T** (2017)

Page 4

| Schedule F - Interest, Anni         | uities, Royalties   | , and Re   | nts Fro                   | m Control   | led Or                         | ganizati                 | ons (see  | instructio                    | ns)     |  |  |
|-------------------------------------|---|--|---------------------------|---|--------------------------------|--------------------------|---|-------------------------------|---------|--|--|
|                                     |   | Exe  | mpt Co                    | ntrolled Org  | ganizatio                      | ons                      |   |                               |         |  |  |
| Name of controlled organization     | 2. Employer identification numb                           | e  |                           | ated income<br>nstructions)   | 1                              | of specified<br>nts made | included in the controlling                       |                               | olling  | 6 Deductions directly connected with income in column 5                    |  |
| (1)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (2)                                 |   |  |                           |   |                                | •                        |   |                               |         |  |  |
| (3)                                 |   |  | -                         |   |                                |                          |   |                               |         |  |  |
| (4)                                 |   |  |                           |   |                                |                          |   | ·                             |         |  |  |
| Nonexempt Controlled Organi         | zations   | <del>-</del>                                       |                           |   | <u> </u>                       | •                        |   |                               | _       | · · · · · · · · · · · · · · · · · · ·                                      |  |
| 7. Taxable Income                   | 8. Net unrelated in<br>(loss) (see instruct               |  |                           | Total of specific<br>ayments made   |                                | ınclud                   | nt of column<br>ed in the co<br>ation's gross     | ntrolling                     |         | Deductions directly inected with income in column 10                       |  |
| (1)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (2)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (3)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (4)                                 |   |  |                           |   |                                |                          |   |                               |         | -  |  |
| Totals                              |   | tion 501   | <br>(c)(7),               | (9), or (17   | <b>▶</b><br>) Orga             | Enter i<br>Part I        | columns 5 a<br>here and on<br>, line 8, colui     | page 1,<br>mn (A)             | Ent     | dd columns 6 and 11<br>ler here and on page 1,<br>rt I, line 8, column (B) |  |
| 1. Description of income            | 2 Amount of   | ıncome   |                           | 3. Deduction of the different series of the different contracts and the different contracts are different contracts and different contracts are different contracts and different contracts are different contracts and different | nected                         |                          |   | t-asides<br>schedule)         |         | 5. Total deductions<br>and set-asides (col 3<br>plus col 4)                |  |
| (1)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (2)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (3)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (4)                                 |   |  |                           |   |                                |                          |   |                               |         | Enter here and on page 1,  |  |
| Totals                              | Part I, line 9, c   | come, Ot   | nses                      | an Advert   | ne (loss)                      | come (                   |   | ctions)                       |         | 7. Excess exempt expenses  |  |
| 1 Description of exploited activity | unrelated<br>business income<br>from trade or<br>business | direc<br>connecte<br>product<br>unrela<br>business | ed with<br>ion of<br>ated | or business<br>2 minus col<br>If a gain, c<br>cols 5 thro   | umn 3)<br>ompute               | from ac                  | s income<br>divity that<br>unrelated<br>is income | 6. Expe<br>attributa<br>colum | able to | (column 6 minus<br>column 5, but not<br>more than<br>column 4)             |  |
| (1)                                 |   |  |                           |   |                                |                          |   |                               |         |  |  |
| (2)                                 |   |  | <del></del>               |   | •                              |                          |   |                               |         |  |  |
| (3)                                 | · · · · · · · · · · · · · · · · · · ·                     |  |                           |   |                                |                          |   |                               |         |  |  |
| (4)                                 |   | -  |                           |   |                                |                          |   |                               |         |  |  |
| Totals                              | Enter here and on<br>page 1, Part I,<br>line 10, cot (A)  | Enter here<br>page 1,<br>line 10, c                | Part I.                   |   | ı (                            |                          | 1   | 1 , 1                         | 1       | Enter here and<br>on page 1,<br>Part II, line 26                           |  |
| Schedule J - Advertising In         | ncome (see instr  | uctions)   |                           | J   |                                |                          |   |                               |         | <del></del>  |  |
| Part I Income From Per              |   |  | Consol                    | idated Bas  | sis                            |                          |   |                               |         |  |  |
| 1. Name of periodical               | 2. Gross<br>advertising<br>income                         | 3 Dii<br>advertisin                                | ect                       | 4. Adver<br>gain or (los<br>2 minus ci<br>a gain, co  | tising<br>ss) (col<br>ol 3) If |                          | culation<br>come                                  | 6. Read                       | •       | 7. Excess readership costs (column 6 minus column 5, but not more than     |  |
|                                     |   |  |                           | cols 5 thre   | -                              |                          |   |                               |         | column 4)  |  |
| (1)                                 |   |  |                           | -   |                                |                          |   | -                             |         | -  |  |
| (2)                                 | -   |  |                           | 4   | ;                              |                          |   | <b> </b>                      |         | _  |  |
| (3)                                 | -   |  |                           | 4   | 1                              |                          |   | <del> </del>                  |         | _  |  |
| (4)                                 | <del> </del>  |  |                           | -   |                                | <del> </del>             |   | 1                             |         | <del> </del>   |  |
| Totals (carry to Part II, line (5)) |   |  |                           |   |                                |                          |   |                               |         |  |  |

Form **990-T** (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1. Name of periodical         | 2 Gross<br>advertising<br>income    | 3 Direct advertising costs          | 4. Advertising<br>gain or (loss) (col<br>2 minus col 3) If<br>a gain, compute<br>cols 5 through 7  | 5. Circulation income | 6 Readership costs | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4) |
|-------------------------------|-------------------------------------|-------------------------------------|--|-----------------------|--------------------|--|
| <u>(1)</u><br>(2)             |                                     |                                     |  |                       |                    |  |
| (3)<br>(4)                    |                                     |                                     |  |                       |                    |  |
| Totals from Part I            | Enter here and on                   | Enter here and on                   | and the second s |                       | , t                | Enter here and   |
| Totals, Part II (lines 1-5) ▶ | page 1, Part I,<br>line 11, col (A) | page 1, Part I,<br>line 11, col (8) | 5 8  |                       |                    | on page 1,<br>Part II, line 27   |

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

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

Form **990-T** (2017)

| Α | Τ' | ГΑ | CH | MEN | IT | 1 |
|---|----|----|----|-----|----|---|
|---|----|----|----|-----|----|---|

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME FROM PASS-THROUGH ENTITIES

8,555,088.

INCOME (LOSS) FROM PARTNERSHIPS

8,555,088.

| ATTACHMENT | 2 |
|------------|---|

## FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

| UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION | 8,555,088.        |
|---|-------------------|
| LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD                        | 349,698.          |
| CHARITABLE CONTRIBUTION LIMITATION (10%)  | * 10%<br>820,539. |
| CHARITABLE CONTRIBUTION   | 27,700,536.       |
| CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)                      | 820,539.          |

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

DEDUCTIONS FROM PASS-THROUGH ACTIVITIES

318,253.

PART II - LINE 28 - OTHER DEDUCTIONS

318,253.