

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation****or Section 4947(a)(1) Trust Treated as Private Foundation**

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

**2017****Open to Public  
Inspection****For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017**

<p>Name of foundation HACKETT FAMILY FOUNDATION</p> <p>Number and street (or P O box number if mail is not delivered to street address) 600 TRAVIS STREET NO 5900</p> <p>City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77002</p> <p><b>G</b> Check all that apply      <input type="checkbox"/> Initial return      <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Final return      <input type="checkbox"/> Amended return  <input checked="" type="checkbox"/> Address change      <input type="checkbox"/> Name change</p> <p><b>H</b> Check type of organization      <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation  <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust      <input type="checkbox"/> Other taxable private foundation</p> <p><b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 1,034,966</p>		<p><b>A</b> Employer identification number 76-0522431</p> <p><b>B</b> Telephone number (see instructions) (713) 250-4250</p> <p><b>C</b> If exemption application is pending, check here ► <input type="checkbox"/></p> <p><b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/>  2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p><b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p><b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>			
		<p><b>J</b> Accounting method      <input checked="" type="checkbox"/> Cash      <input type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>			
<p><b>Part I</b> <b>Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</p>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	1,549,194			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	80	80		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	1,549,274	80	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	4,000	0	0	4,000
	b Accounting fees (attach schedule)	4,160	4,160	0	0
	c Other professional fees (attach schedule)	25,000	0	0	25,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	19,482	0	0	19,482
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,088	2,988	0	0
	<b>24 Total operating and administrative expenses.</b>	56,730	7,148	0	48,482
25 Contributions, gifts, grants paid	466,629			466,629	
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	523,359	7,148	0	515,111	
27 Subtract line 26 from line 12	1,025,915				
a <b>Excess of revenue over expenses and disbursements</b>		0			
b <b>Net investment income</b> (if negative, enter -0-)					
c <b>Adjusted net income</b> (if negative, enter -0-)			0		

	<b>Part II Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash—non-interest-bearing		6,581	1,032,596	1,032,596
	2 Savings and temporary cash investments				
	3 Accounts receivable ►				
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges		2,370	2,370	2,370
	10a Investments—U S and state government obligations (attach schedule)				
	b Investments—corporate stock (attach schedule)				
	c Investments—corporate bonds (attach schedule)				
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)				
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	15 Other assets (describe ► _____)				
	16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)		8,951	1,034,966	1,034,966
	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe ► _____)		0	0	0
	23 <b>Total liabilities</b> (add lines 17 through 22)		0	0	0
	<b>Foundations that follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	<b>Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>				
	27 Capital stock, trust principal, or current funds		0	0	0
	28 Paid-in or capital surplus, or land, bldg , and equipment fund		0	0	0
	29 Retained earnings, accumulated income, endowment, or other funds		8,951	1,034,966	1,034,966
	30 <b>Total net assets or fund balances</b> (see instructions)		8,951	1,034,966	1,034,966
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions)		8,951	1,034,966	1,034,966

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	8,951
2	Enter amount from Part I, line 27a	2	1,025,915
3	Other increases not included in line 2 (itemize) ►	3	100
4	Add lines 1, 2, and 3	4	1,034,966
5	Decreases not included in line 2 (itemize) ►	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,034,966

**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.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) 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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	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) (see instructions) If (loss), enter -0- in Part I, line 8			3		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

 Yes  No**1 Enter the appropriate amount in each column for each year, see instructions before making any entries**

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	144,743	48,268	2 998736
2015	408,803	473,712	0 862978
2014	2,062,229	528,169	3 904487
2013	0	63,560	0 000000
2012	2,404,839	324,273	7 416094
<b>2 Total of line 1, column (d)</b>			<b>2</b> 15 182295
<b>3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years</b>			<b>3</b> 3 036459
<b>4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5</b>			<b>4</b> 100,930
<b>5 Multiply line 4 by line 3</b>			<b>5</b> 306,470
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>			<b>6</b> 0
<b>7 Add lines 5 and 6</b>			<b>7</b> 306,470
<b>8 Enter qualifying distributions from Part XIII, line 4</b>			<b>8</b> 515,111

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	0		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0		
3	Add lines 1 and 2.	3	0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0		
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-	5	0		
6	Credits/Payments				
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	2,370		
b	Exempt foreign organizations—tax withheld at source	6b			
c	Tax paid with application for extension of time to file (Form 8868)	6c			
d	Backup withholding erroneously withheld	6d	0		
7	Total credits and payments Add lines 6a through 6d.	7	2,370		
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0		
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9			
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	2,370		
11	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> ►	2,370	<b>Refunded</b> ►	11	0

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?			
	<i>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</i>			
c	Did the foundation file <b>Form 1120-POL</b> for this year?	1c		No
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			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►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? <i>If "No," attach explanation</i>	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

**Part VII-A Statements Regarding Activities (continued)**

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	No
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	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►JAMES T HACKETT	Telephone no ►(713) 250-4250	
Located at ►600 TRAVIS STREET SUITE 5900 HOUSTON TX			ZIP+4 ►77002
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		
		Yes No
1a	During the year did the foundation (either directly or indirectly)	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(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)?.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(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 termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	► <input type="checkbox"/>
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 <input type="checkbox"/> No
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 before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) ►	2b <input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).	3b <input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a <input type="checkbox"/> No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b <input type="checkbox"/> No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			7b

<b>Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors</b>				
<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, (e) other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
<b>Total number of other employees paid over \$50,000. . . . . ► 0</b>				
<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>				
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation		
NONE				
<b>Total number of others receiving over \$50,000 for professional services. . . . . ► 0</b>				
<b>Part IX-A Summary of Direct Charitable Activities</b>				
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc				Expenses
1				
2				
3				
4				
<b>Part IX-B Summary of Program-Related Investments (see instructions)</b>				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2				Amount
1 N/A				0
2				
All other program-related investments See instructions				
3				0
<b>Total. Add lines 1 through 3 . . . . . ►</b>				0

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see instructions )

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	0
b	Average of monthly cash balances. . . . .	1b	100,097
c	Fair market value of all other assets (see instructions). . . . .	1c	2,370
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	102,467
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	102,467
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	1,537
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	100,930
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	5,047

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** organizations check here ►  and do not complete this part )

1	Minimum investment return from Part X, line 6. . . . .	1	5,047
2a	Tax on investment income for 2017 from Part VI, line 5. . . . .	2a	
b	Income tax for 2017 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	5,047
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	5,047
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	5,047

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	515,111
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	515,111
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	515,111
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				5,047
2 Undistributed income, if any, as of the end of 2017			0	
a Enter amount for 2016 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012. . . . .	2,400,429			
b From 2013. . . . .				
c From 2014. . . . .	2,040,655			
d From 2015. . . . .	385,187			
e From 2016. . . . .	142,330			
f Total of lines 3a through e. . . . .	4,968,601			
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 515,111			0	
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2017 distributable amount. . . . .				5,047
e Remaining amount distributed out of corpus	510,064			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:	5,478,665			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	2,400,429			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a . . . . .	3,078,236			
10 Analysis of line 9				
a Excess from 2013. . . . .				
b Excess from 2014. . . . .	2,040,655			
c Excess from 2015. . . . .	385,187			
d Excess from 2016. . . . .	142,330			
e Excess from 2017. . . . .	510,064			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  
JAMES T HACKETT

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

## **Part XV    Supplementary Information (continued)**

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1 Program service revenue</b>					
a					
b					
c					
d					
e					
f					
<b>g Fees and contracts from government agencies</b>					
<b>2 Membership dues and assessments.</b>					
<b>3 Interest on savings and temporary cash investments</b>					
<b>4 Dividends and interest from securities.</b>					
<b>5 Net rental income or (loss) from real estate</b>					
a Debt-financed property.			14	80	
b Not debt-financed property.					
<b>6 Net rental income or (loss) from personal property</b>					
<b>7 Other investment income.</b>					
<b>8 Gain or (loss) from sales of assets other than inventory</b>					
<b>9 Net income or (loss) from special events</b>					
<b>10 Gross profit or (loss) from sales of inventory</b>					
<b>11 Other revenue a</b>					
b					
c					
d					
e					
<b>12 Subtotal Add columns (b), (d), and (e).</b>		0		80	0
<b>13 Total. Add line 12, columns (b), (d), and (e).</b>			13		80
(See worksheet in line 13 instructions to verify calculations.)					

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

## Part XVII

## **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>

a Transfers from the reporting foundation to a noncharitable exempt organization of

**b Other transactions**

(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2018-05-10

\* \* \* \* \*

May the IRS discuss this  
return  
with the preparer shown  
below  
(see instr )?  Yes  No

**Signature of officer or trustee**

Date

✓ Title

**Sign  
Here**

**Paid  
Preparer  
Use Only**

(see instr?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>
	CATHY CHANCE			
	Firm's name ► RSM US LLP			Firm's EIN ► 42-0714325
	Firm's address ► 1330 POST OAK BLVD SUITE 2400 HOUSTON, TX 77056			Phone no (713) 625-3500

## Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JAMES T HACKETT  600 TRAVIS STREET SUITE 5900 HOUSTON, TX 77002	TRES /DIR 0 20	0	0	0
MAUREEN O'GARA HACKETT  600 TRAVIS STREET SUITE 5900 HOUSTON, TX 77002	PRES /SECR /DIR 39 00	0	0	0
NELLIE O'GARA  501 ANDREWS AVENUE DELRAY BEACH, FL 33483	DIRECTOR 0 20	0	0	0
KEVIN HICKEY  501 ANDREWS AVENUE DELRAY BEACH, FL 33483	DIRECTOR 0 20	0	0	0
KATHLEEN O'GARA HACKETT  2210 PELHAM DRIVE HOUSTON, TX 77019	V P 14 00	0	0	0

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	NONE	PC	IN MEMORY OF LOU ESKEW	100
AMERICAN FILM INSTITUTE 2021 NORTH WESTERN AVENUE LOS ANGELES, CA 90027	NONE	PC	ANNUAL FUND	25,000
AMERICAN HEART ASSOCIATION 10060 BUFFALO SPEEDWAY HOUSTON, TX 77054	NONE	PC	CAROLINE'S JUMP ROPE FOR HEART EVENT	250
ANN RICHARDS SCHOOL 2206 PRATHER LANE AUSTIN, TX 78704	NONE	PC	IN HONOR OF LISA KENNEDY	5,000
ARCHDIOCESE OF GALVESTON-HOUSTON PO BOX 4681 HOUSTON, TX 77210	NONE	PC	DIOCESAN SERVICES FUND	500
<b>Total . . . . . ►</b>				466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
AUTISM SPEAKS 85 DEVONSHIRE ST 9TH FLOOR BOSTON, MA 02109	NONE	PC	GENERAL OPERATIONS	1,000
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	NONE	PC	ANNUAL FUND	7,500
BIG BROTHERS BIG SISTERS 500 DALLAS ST SUITE 2900 HOUSTON, TX 77002	NONE	PC	IN HONOR OF PIERCE BUSH	1,000
BIKE TO THE BEACH 1990 K ST NW 2ND FLOOR WASHINGTON, DC 20006	NONE	PC	GENERAL OPERATIONS	500
BREAST CANCER RESEARCH FOUNDATION 28 WEST 44TH ST SUITE 609 NEW YORK, NY 10036	NONE	PC	IN MEMORY OF DEBORAH CUMMINS	100
<b>Total . . . . .</b>			►	466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CAF AMERICA 225 REINEKERS LANE SUITE 375 ALEXANDRIA, VA 22314	NONE	PC	GENERAL OPERATIONS	1,000
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF GALVESTON-HOUSTON 2900 LOUISIANA ST HOUSTON, TX 77006	NONE	PC	A CARDINAL'S CHRISTMAS - IN HONOR OF DANIEL CARDINAL DINARDO	500
CATHOLIC EXTENSION 150 SOUTH WACKER DRIVE SUITE 2000 CHICAGO, IL 60606	NONE	PC	CATHOLIC EXTENSION SPIRIT OF FRANCIS AWARD	1,000
CONTEMPORARY ARTS MUSEUM HOUSTON 5216 MONTROSE BLVD HOUSTON, TX 77006	NONE	PC	IN HONOR OF TODD FISCUS AND CERON	25,000
CONVENTION OF STATES PROJECT ON ANEDOT 5850 SAN FELIPE SUITE 580A HOUSTON, TX 77057	NONE	PC	GENERAL OPERATIONS	250
<b>Total . . . . . ►</b>				466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CRISTO REY JESUIT 6700 MOUNT CARMEL ST HOUSTON, TX 77087	NONE	PC	GENERAL OPERATIONS	10,000
CROHN'S AND COLITIS FOUNDATION 5120 WOODWAY DR SUITE 8008 HOUSTON, TX 77056	NONE	PC	WOMEN OF DISTINCTION	1,500
DOMINICAN SISTERS OF HOUSTON 6501 ALMEDA HOUSTON, TX 77021	NONE	PC	ANNUAL FUND	2,500
EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM 2001 KIRBY DRIVE SUITE 902 HOUSTON, TX 77019	NONE	PC	ANNUAL FUND	1,700
FORGE FOR FAMILIES 3435 DIXIE DRIVE HOUSTON, TX 77021	NONE	PC	GENERAL OPERATIONS	1,000
<b>Total . . . . .</b>				466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N J5-200 SEATTLE, WA 98109	NONE	PC	GENERAL OPERATIONS	1,000
FREE ENTERPRISE INSTITUTE 9600 LONG POINT RD SUITE 300 HOUSTON, TX 77055	NONE	PC	GENERAL OPERATIONS	1,500
GEORGE BUSH PRESIDENTIAL LIBRARY PO BOX 14141 COLLEGE STATION, TX 77841	NONE	PC	IN HONOR OF RYAN LANCE	1,000
HOUSTON AREA URBAN LEAGUE 1301 TEXAS AVE HOUSTON, TX 77002	NONE	PC	49TH ANNUAL EQUAL OPPORTUNITY DAY GALA	2,500
HOUSTON HOSPICE 1905 HOLCOMBE BLVD HOUSTON, TX 77030	NONE	PC	IN MEMORY OF SUZANNE RODGERS NELMS	1,000
<b>Total . . . . .</b>			►	466,629
<b>3a</b>				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
HOUSTON ISD FOUNDATION 4400 WEST 18TH STREET HOUSTON, TX 77092	NONE	PC	STATE OF SCHOOLS EVENT	1,000
INDIANA UNIVERSITY - PURDUE UNIVERSITY INDIANAPOLIS 420 UNIVERSITY BLVD INDIANAPOLIS, IN 46202	NONE	PC	EUGENE R TEMPLE DEANSHIP ENDOWED GIFT	200,000
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	NONE	PC	ANNUAL FUND	1,000
MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	NONE	PC	ANNUAL FUND AND IN HONOR OF PATTI AND MIKE MORGAN	6,000
MEMORIAL DRIVE PRESBYTERIAN CHURCH 11612 MEMORIAL DR HOUSTON, TX 77024	NONE	PC	IN HONOR OF PETE DELONGCHAMPS FOR UGANDA 2017	100
<b>Total . . . . .</b>				466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
MENTAL HEALTH AMERICA OF GREATER HOUSTON 2211 NORFOLK SUITE 810 HOUSTON, TX 77098	NONE	PC	IN MEMORY OF SHANE RAFFLE, IN HONOR OF JOANNE KING HERRING, AND GENERAL OPERATIONS	2,700
NANTUCKET ATHENEUM PO BOX 808 NANTUCKET, MA 02554	NONE	PC	ANNUAL FUND	1,000
NANTUCKET BOYS & GIRLS CLUB PO BOX 269 NANTUCKET, MA 02554	NONE	PC	IN HONOR OF JOHN LOOSE AND PHYLLIS MCINERNY	5,500
NANTUCKET COTTAGE HOSPITAL 57 PROSPECT ST NANTUCKET, MA 02554	NONE	PC	GENERAL OPERATIONS	38,250
NANTUCKET HISTORIAL ASSOCIATION PO BOX 1016 NANTUCKET, MA 02554	NONE	PC	IN HONOR OF PHOEBE TUDOR	2,500
<b>Total . . . . .</b>			►	466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NANTUCKET ISLAND SAFE HARBOR FOR ANIMALS PO BOX 2844 NANTUCKET, MA 02584	NONE	PC	GENERAL OPERATIONS	500
ONE MIND INSTITUTEPO BOX 680 RUTHERFORD, CA 94573	NONE	PC	GENERAL OPERATIONS	75,629
PROJECT GRAD 3000 RICHMOND AVE SUITE 400 HOUSTON, TX 77098	NONE	PC	DREAM SCHOLARSHIP FUND	100
RICE UNIVERSITYPO BOX 1892 HOUSTON, TX 77251	NONE	PC	ANNUAL FUND	10,000
SAM HOUSTON AREA COUNCIL BOY SCOUTS OF AMERICA PO BOX 924528 HOUSTON, TX 77292	NONE	PC	GENERAL OPERATIONS	1,000
<b>Total . . . . .</b>				466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
SAVE OUR SOUND4 BARNSTABLE RD HYANNIS, MA 02601	NONE	PC	ANNUAL FUND AND GENERAL OPERATIONS	3,500
SOUTH MAIN BAPTIST CHURCH 4100 MAIN STREET HOUSTON, TX 77002	NONE	PC	GENERAL OPERATIONS	100
SPECIAL OLYMPICS 10777 NORTHWEST FREEWAY SUITE 110 HOUSTON, TX 77092	NONE	PC	GENERAL OPERATIONS	50
ST EMMAUS CATHOLIC PARISH 1718 LOHMAN'S CROSSING ROAD AUSTIN, TX 78734	NONE	PC	GENERAL OPERATIONS	100
ST ANNE CATHOLIC CHURCH 2140 WESTHEIMER RD HOUSTON, TX 77098	NONE	PC	GENERAL OPERATIONS	10,600
<b>Total . . . . .</b>			►	466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ST ELIZABETH ANN SETON CATHOLIC SCHOOL 6646 ADDICKS SATSUMA ROAD HOUSTON, TX 77084	NONE	PC	GENERAL OPERATIONS	500
ST MICHAEL'S CATHOLIC SCHOOL 1833 SAGE ROAD HOUSTON, TX 77056	NONE	PC	ANNUAL FUND	100
ST MICHAEL'S CHURCH 1801 SAGE ROAD HOUSTON, TX 77056	NONE	PC	GENERAL OPERATIONS	150
SWIM ACROSS AMERICA 11600 N COMMUNITY HOUSE RD SUITE 100 CHARLOTTE, NC 28277	NONE	PC	GENERAL OPERATIONS	250
TEACH FOR AMERICA 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	PC	IN HONOR OF LYDIA AND JAMES CHAO	1,000
<b>Total . . . . .</b>				466,629
<b>3a</b>				

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
THE BIRTHDAY PARTY PROJECT 4950 KELLER SPRINGS SUITE 470 ADDISON, TX 75001	NONE	PC	IN HONOR OF TODD FISCUS	100
THE CENTER FOR HEARING AND SPEECH 3636 WEST DALLAS STREET HOUSTON, TX 77019	NONE	PC	IN HONOR OF PAM BRASSEUX	500
TIRR FOUNDATION 4605 POST OAK PLACE SUITE 222 HOUSTON, TX 77027	NONE	PC	IN HONOR OF CHRIS DOOLEY	1,000
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	NONE	PC	ANNUAL FUND	250
UNIVERSITY OF NOTRE DAME 400 MAIN BUILDING NOTRE DAME, IN 46556	NONE	PC	ALLIANCE FOR CATHOLIC EDUCATION	10,000
<b>Total . . . . . ►</b>				466,629
<b>3a</b>				

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
UNIVERSITY OF ST THOMAS 3800 MONTROSE BLVD HOUSTON, TX 77006	NONE	PC	ANNUAL FUND AND GENERAL OPERATIONS	750
<b>Total . . . . .</b>			►	466,629
<b>3a</b>				

## TY 2017 Accounting Fees Schedule

**Name:** HACKETT FAMILY FOUNDATION**EIN:** 76-0522431

## Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,160	4,160	0	0

# TY 2017 All Other Program Related Investments Schedule

**Name:** HACKETT FAMILY FOUNDATION

**EIN:** 76-0522431

Category	Amount
N/A	0

## TY 2017 Legal Fees Schedule

**Name:** HACKETT FAMILY FOUNDATION**EIN:** 76-0522431

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	4,000	0	0	4,000

## TY 2017 Other Expenses Schedule

**Name:** HACKETT FAMILY FOUNDATION  
**EIN:** 76-0522431

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SERVICE CHARGES	267	267	0	0
DUES AND SUBSCRIPTIONS	2,457	2,457	0	0
OFFICE EXPENSE	264	264	0	0
MISCELLANEOUS EXPENSE	1,100	0	0	0

## TY 2017 Other Increases Schedule

**Name:** HACKETT FAMILY FOUNDATION

**EIN:** 76-0522431

Description	Amount
PRIOR PERIOD ADJUSTMENT	100

## TY 2017 Other Professional Fees Schedule

**Name:** HACKETT FAMILY FOUNDATION**EIN:** 76-0522431

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING FEES	25,000	0	0	25,000

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

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

**2017****Name of the organization**  
HACKETT FAMILY FOUNDATION**Employer identification number**  
76-0522431**Organization type** (check one)**Filers of:****Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization  
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation  
 527 political organization

Form 990-PF

501(c)(3) exempt private foundation  
 4947(a)(1) nonexempt charitable trust treated as a private foundation  
 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> HACKETT FAMILY FOUNDATION		<b>Employer identification number</b> 76-0522431	
<b>Part I</b> <b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES T AND MAUREEN HACKETT 600 TRAVIS SUITE 5900  HOUSTON, TX 77002	\$ 1,549,194	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )

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**Part II** **Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively religious, charitable, etc., contributions of \$1,000 or less* for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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