2949133515419

_ 0	90-PF Return of Private	- Coundation		OMB No 1545-0052
Form 2	or Section 4947(a)(1) Trust Tre	ated as Private Foun		2017
Departme	nt of the Treasury Go to www.irs.gov/Form990PF for instructive Service	n this form as it may be m tions and the latest informat	nade public.	en to Public Inspection
		, and ending 12/31	, 2017	en, to 1 abile inspection
			Employer identification nu 81-4810317	mber
4508	AND HELEN RICHARDS FOUNDATION QUAIL HOLLOW CT	В	Telephone number (see ins	
FORT	WORTH, TX 76133		(817) 832-31	
	(V)		If exemption application is	s pending, check here
<b>G</b> Che	eck all that apply. X Initial return Initial return of a form	ner public charity D 1	Foreign organizations, che	ck here
II. Ch	Address change Name change	~ 1 I	Foreign organizations mee here and attach computati	eting the 85% test, check on
	Section 4947(a)(1) nonexempt charitable trust Other taxable	private foundation E	If private foundation statu under section 507(b)(1)(A	
	market value of all assets at end of year m Part II, column (c), line 16)  Accounting method: X C	asii Mccruai	If the foundation is in a 6	
<b>&gt;</b> \$	1,739,685. (Part I, column (d) must be of		under section 507(b)(1)(E	
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	(see instructions) 1 Contributions, gifts, grants, etc., received (attach schedule) 1,713,860.			
2019	2 Check I if the foundation is not required to attach Sch B			
No.	3 Interest on savings and temporary cash investments			
<b>(%)</b>	4 Dividends and interest from securities 28,053.	28,053.	28,053.	
00	b Net rental income or (loss).			
<b>83</b>	6 a Net gain or (loss) from sale of assets not on line 10			
SCHREE	B Gross sales price for all assets on line 6a 1,997,792.  7 Capital gain net income (from Part IV, line 2)	0.	r	
	8 Net short-term capital gain 9 Income modifications		8,620.	
3	10 a Gross sales less returns and		1	
<b>(1)</b>	allowances  b Less. Cost of goods sold		, , ,	
	C Gross profit or (loss) (attach schedule).			
	11 Other income (attach schedule)			
	12 Total. Add lines 1 through 11 1,726,166. 13 Compensation of officers, directors, trustees, etc. 12,000.	28,053.	36,673.	
	14 Other employee salaries and wages			0
_	15 Pension plans, employee benefits 16a Legal fees (attach schedule) SEE ST. 1 7, 467.			0
A D M	b Accounting fees (attach sch)			0
N O I	c Other professional fees (attach sch)			0
O I P S E T R R	18 Taxes (attach schedule)(see instrs)		<del></del>	0
R R A A T T	19 Depreciation (attach schedule) and depletion			
N V G E	20 Occupancy			0
_	21 Travel, conferences, and meetings			0
AND EXPENSES	23 Other expenses (attach schedule) SEE STATEMENT 2 9,984.	9,984.	9,984.	0
SE	24 Total operating and administrative expenses. Add lines 13 through 23 29, 451.			_
5	25 Contributions, grills, grants paid PART XV 88,000.	9,984.	9,984.	88,000.
	26 Total expenses and disbursements Add lines 24 and 25	9,984.	9,984.	88,000.
	27 Subtract line 26 from line 12 a Excess of revenue over expenses	·		
	and disbursoments 1,608,715.	10.050	<del></del>	
	D Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	18,069.	26,689.	
BAA F	or Paperwork Reduction Act Notice, see instructions.	TEEA0504L 08/25/17		Form <b>990-PF</b> (2017)

Page 2

Par	Ē	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		end of	<del></del>
1 41		Dalance Sheets	(See instructions )	(a) Book Value	<b>(b)</b> Book Value	9	(c) Fair Market Value
	1	Cash - non-interest	-bearing		10,0	13.	10,013.
	2	Savings and tempor	ary cash investments				
	3	Accounts receivable	•	-			
		Less allowance for	doubtful accounts				
	4	Pledges receivable	<b></b>				]
		Less allowance for	doubtful accounts ▶				
	5	Grants receivable					
	6	Receivables due from offici disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)				
	7	Other notes and loans rec	eivable (attach sch)				
A	1	Less allowance for	doubtful accounts		<del> </del>		
S	8	Inventories for sale	 or use				
A S E T S	9	Prepaid expenses as	nd deferred charges				
Š	10:	a Investments – U S obligations (attach s	and state government chedule)				
	ı	b Investments — corporate		1			
	l,	c Investments — corporate	bonds (attach schedule)	-			
	l .	Investments – land, equipment basis					
		Less accumulated deprec (attach schedule)	iation – – – – – – – – – – – – – – – – – – –				
	12	Investments - morto	gage loans.		····		
	13	Investments - other	(attach schedule) STATEMENT 3		1,598,7	02.	1,729,672.
	14	Land, buildings, and					
		Less accumulated deprec (attach schedule)	nation				
		Other assets (descri	be be be completed by all filers —				
		see the instructions	Also, see page 1, item l).	0.	1,608,7	15.	1,739,685.
Ļ	17	Accounts payable ar	nd accrued expenses				i
À	18	Grants payable					1
В	19	Deferred revenue			<del></del>		1
Ĺ	20	·	tors, trustees, & other disqualified persons				
†	21		s payable (attach schedule)				
Ë	. 22		cribe SEE STATEMENT 4 )		•	81.	
<u> </u>	23	Total liabilities (add		0.	3	81.	
		Foundations that for and complete lines	llow SFAS 117, check here 24 through 26, and lines 30 and 31.		r		
NE	24	Unrestricted					į
Ë Ü T N	25	Temporarily restricted	ed				
D	26	Permanently restrict	ed				•
A B S A L T A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.				1
Ę L	27	Capital stock, trust p	orincipal, or current funds			ĺ	1
ŚÑ	28	Paid-in or capital surplus,	or land, bldg, and equipment fund				
C	29		ulated income, endowment, or other funds		1,608,3	34.	į
O E R S	30	- ·	und balances (see instructions)	0.	1,608,3		
	31	Total liabilities and (see instructions)	net assets/fund balances	0.	1,608,7		
Parl		Analysis of Chan	ges in Net Assets or Fund Balanc				<u></u> '
1	Tota	I net assets or fund ba	alances at beginning of year - Part II, colu		ree with	-	
			d on prior year's return)		}	1	1 609 715
		r amount from Part I,			}	2	1,608,715.
		increases not included in lii	ne z (nemize)			3	1 600 715
		lines 1, 2, and 3	itomizo) • CDD CMAMDAMANIM	г	}	4	1,608,715.
		ases not included in line 2 (	Itemize) <u>SEE STATEMENT</u> alances at end of year (line 4 minus line 5)		+	5	381.
6	iota	i net assets of fulld ba	siances at end of year (line 4 minus line 5)	– Fart II, column (b), II	HE 30	6	1,608,334.

BAA

(a) List and describe	the kind(s) of property sold (for example house, or common stock, 200 shares	e, real estate,	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo , day, yr )	(d) Date soid (mo , day, yr )
1a SEE STATEMENT 6					
b					
С					
d					
е				4) 0	4>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba		(h) Gain or ((e) plus (f) m	
<u>a</u>					
b					
<u>c</u>		<del></del>			
d					
e	<u> </u>		150	<del></del>	
	wing gain in column (h) and owned b			(I) Gains (Col gain minus col (k), b	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		nan -0-) or Losses (fi	
a				···	
b				· · · · · · · · · · · · · · · · · · ·	
<u> </u>					
d		<del></del>			
e	<u> </u>				
2 Capital gain net income or (n		enter in Part I, line 7 er -0- in Part I, line 7	_ 2		-15,700
3 Net short-term capital gain or	r (loss) as defined in sections 1222(5)	) and (6):			
If gain, also enter in Part I, III in Part I, line 8	ne 8, column (c) See instructions If	(loss), enter -0-	-   3		8,620
PartiV Qualification Unde	er Section 4940(e) for Reduce	d Tax on Net Investr	nent Income	)	
f section 4940(d)(2) applies, leave	foundations subject to the section 49400 this part blank	(a) tax on het investment in	come )	N/A	
Vas the foundation liable for the se	ection 4942 tax on the distributable a	mount of any year in the	base period?	Yes	∏No
f 'Yes,' the foundation doesn't qua	lify under section 4940(e) Do not coi	mplete this part			
1 Enter the appropriate amount in	n each column for each year, see the ins	structions before making an	y entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
2016				•	
2015					
2014					
2013				· <del></del>	
2012					
2 Total of line 1, column (d).			2		
Average distribution ratio for the number of years the foundation	e 5-year base period – divide the total o on has been in existence if less than	n line 2 by 5 0, or by the 5 years	3		
4 Enter the net value of noncha	aritable-use assets for 2017 from Part	t X, line 5	4		
5 Multiply line 4 by line 3			5		<del></del>
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		•
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greater the	an line 7, check the box in Part VI, line	1b, and complete that part	using a 1% tax	rate See the	

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orm 990-PF (2017) JUBE AND HELEN RICHARDS FOUNDATION	81-4810317	
Part VI Excise Tax Based on Investment Income (Section 4940		ns)
	nd enter 'N/A' on line 1	
Date of ruling or determination letter (attach copy of letter if nece		2.01
b Domestic foundations that meet the section 4940(e) requirements in Part	V,	361
check here  and enter 1% of Part I, line 27b	of Part I lung 12 and (h)	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	# Part 1, IIII 12, cor (b)	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable	2	0
foundations only, others, enter -0-)	3	0 361
<ul> <li>Add lines 1 and 2</li> <li>Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for</li> </ul>		361
		361
	255, enter -0-	301
6 Credits/Payments a 2017 estimated tax pmts and 2016 overpayment credited to 2017	6a	
b Exempt foreign organizations — tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
	7	0
	Form 2220 is attached 8	
	SEE STATEMENT 7 > 9	361
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	► 10	
1 Enter the amount of line 10 to be Credited to 2018 estimated tax	Refunded ► 11	
art VII-A Statements Regarding Activities	, , , , , , , , , , , , , , , , , , ,	
	atata an lagat lagralation on diel it	Yes No
l a During the tax year, did the foundation attempt to influence any national, participate or intervene in any political campaign?	state, or local legislation or did it	1a X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for pol See the instructions for the definition	litical purposes?	1 b X
If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and or distributed by the foundation in connection with the activities	d copies of any materials published	
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) in (1) On the foundation	on managers	1 c X
·	s governing instrument, articles	
Has the foundation made any changes, not previously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a	conformed copy of the changes	3 X
f a Did the foundation have unrelated business gross income of \$1,000 or mo	ore during the year?	4a X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		4b N/A
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	i	5 X
If 'Yes,' attach the statement required by General Instruction T		
<ul> <li>Are the requirements of section 508(e) (relating to sections 4941 through</li> <li>By language in the governing instrument, or</li> </ul>	4945) satisfied either	
By state legislation that effectively amends the governing instrument so that r with the state law remain in the governing instrument?	no mandatory directions that conflict	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complet	e Part II, col (c), and Part XV	7 X
3a Enter the states to which the foundation reports or with which it is register TX	red See instructions	
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Atto (or designate) of each state as required by <i>General Instruction G</i> <sup>2</sup> If 'No,' attach explanation	orney General	8 b X
Is the foundation claiming status as a private operating foundation within for calendar year 2017 or the tax year beginning in 2017? See the instruction	the meaning of section 4942(j)(3) or 4942(j)(5) tions for Part XIV If 'Yes,' complete Part XIV	9 X
O Did any persons become substantial contributors during the tax year? If 'Yos,' a and addresses		10 X
<b>VA</b>	F	orm 990-PF (2017)

Par	t VII A.   Statements Regarding Activities (CONTINUOD)	···		
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	Yes	No 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	
1.4	Website address  N/A  The books are in care of NOBERT CHICOTSKY  Telephone no NOBERT (817)			<u> </u>
14	The books are in care of ► ROBERT CHICOTSKY Telephone no ► (817)  Located at ► 4508 QUAIL HOLLOW CT FORT WORTH TX  ZIP + 4 ► 76133	_832	-21/	<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here.	_N/A		
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			N/A
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country.			
Par	rt 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
1 a	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			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes X 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)?  Yes X 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 )  Yes  Yes			
k	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	1 b	N	/A
	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?	1 c	_	 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))	<u> </u>		
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?  Yes X No			
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 , 20			
t	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 all years listed, answer 'No' and attach statement — see instructions).	2 b	N	 /A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 , 20 , 20 , 20			
3 a	a 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	į		
t	o 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	1		
	determine if the foundation had excess business holdings in 2017)	3 b	N	/ <u>A</u>
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
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?	4 b		
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Form 990-PF (2017) JOBE AND HELEN RIC	CHARDS FOUNDATI	ON		310317	Pag	ge <b>6</b>
Part VII-B Statements Regarding Activit		1 4/20 May Be Req	uired (continued)	<del></del>	- Iv- T	<del></del>
5 a During the year, did the foundation pay or incur a (1), Carry on propaganda, or otherwise attemptions.	•	n (section 4945(e))2	∏ Yes ∑	₹ No	Yes N	No 1
			☐ res [/	7 140		l
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		— H	No No		
(3) Provide a grant to an individual for travel,		,	∐ Yes [∑	J 10		
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions	a charitable, etc , organi	zation described	Yes [	No		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific in of cruelty to children	e, literary, or or animals?	Yes [>	∑ No		
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a G See instructions	f the transactions fail to current notice regarding c	qualify under the excellisaster assistance?	ptions	_	5 b N/A	] A
Organizations relying on a current notice rega	irding disaster assistanc	ce, check here	▶ [	7		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No No		
If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5–5(d)				ŀ
6 a Did the foundation, during the year, receive at on a personal benefit contract?			∐Yes ∑	K No		
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?		6 Ы	<u>X</u> _
If 'Yes' to 6b, file Form 8870	dation a partir to a arch	ibited toy chalter trans-	action? Yes	No		
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any proceed					-	
Part VIII Information About Officers, D				11/ 11		
and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		g = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	,	,	
1 List all officers, directors, trustees, and found	dation managers and th	neir compensation. See	instructions.			_
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense accou er allowance	
ROBERT CHICOTSKY	CO-TRUSTEE	4,000.	0.			0.
4508 QUAIL HOLLOW	1.00	·		-		
FORT WORTH, TX 76133						
MARK CHICOTSKY	CO-TRUSTEE	4,000.	0.			0.
_4401 OVERTON TERRACE	1.00					
FORT WORTH, TX 76109						_
_DAVID_CHICOTSKY	CO-TRUSTEE	4,000.	0.			0.
2727 AZALEA AVE. #2319 FORT WORTH, TX 76109	1.00					
2 Compensation of five highest-paid employees (or	thay than those included	on line 1 — cae instructio	ns) If none enter 'NON			—
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred	<b>(e)</b> Exp	ense accou er allowance	int, es
NONE			compensation	<del></del>		—
NONE						
		<b>.</b>				
	,					
						_
				J	-	
Total number of other employees paid over \$50,000			-		000 PE (001)	_0
BAA	TEEA0306L 08	3/24/17		Form	<b>990-PF</b> (201)	/)

	310317 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
NONE	
	,
,	
,	
Total number of others receiving over \$50,000 for professional services	• 0
Part IX-A Summary of Direct Charitable Activities	
Julillary of Direct Gharitable Activities	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convoned, research papers produced, etc	
1 <u>N/A</u>	-
	-
2	
	_
	_
3	
	_
4	_
	_
Part IX-B   Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
M/M	-
	_
2	
All other program-related investments See instructions	
3	_
	_
Total. Add lines 1 through 3	<u> </u>
BAA	6. Form <b>990-PF</b> (2017)
wru v	(//

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T ai	see instructions.)	······	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes Average monthly fair market value of securities.	1 a	1,507,442.
	Average of monthly cash balances	1 b	16,222.
	Fair market value of all other assets (see instructions)	1 c	10,222.
	·	1 d	1,523,664.
	I Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and	"	1,323,004.
•	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,523,664.
3		<del>                                     </del>	1,525,004.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	22,855.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,500,809.
6	Minimum investment return. Enter 5% of line 5 SHORT YEAR MODIFIED PERCENTAGE 3.9041 %	6	58,593.
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations, check here ☐ and do not complete this part.)	ting fo	undations
1	Minimum investment return from Part X, line 6	1	58,593.
2 a	Tax on investment income for 2017 from Part VI, line 5		, , , , , , , , , , , , , , , , , , ,
ı	Income tax for 2017 (This does not include the tax from Part VI)	i l	
	Add lines 2a and 2b	2 c	361.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	58,232.
4	Recoveries of amounts treated as qualifying distributions.	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	58,232.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	58,232.
Pai	t XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	88,000.
ı	Program-related investments – total from Part IX-B	1 b	
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)	3 a	
	Cash distribution test (attach the required schedule)	3 b	
⊿ .	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	88,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	5	00,000.
6	Enter 1% of Part I, line 27b See instructions  Adjusted qualifying distributions. Subtract line 5 from line 4	6	88,000.
J			30,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou qualifies for the section 4940(e) reduction of tax in those years	ndation	
BAA			Form 990-PF (2017)

Form **990-PF** (2017)

### Part XIII Undistributed Income (see instructions)

,	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2016	<b>(c)</b> 2016	<b>(d)</b> 2017
1 Distributable amount for 2017 from Part XI, line 7				58,232.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only		1	0.	
<b>b</b> Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012				
<b>b</b> From 2013				
<b>c</b> From 2014				
<b>d</b> From 2015				
<b>e</b> From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part				
XII, line 4 <sup>.</sup> ► \$ 88,000.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years				
(Election required — see instructions)		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required – see instructions)	0.			
<b>d</b> Applied to 2017 distributable amount				58,232.
e Remaining amount distributed out of corpus	29,768.		_	
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	_			
same amount must be shown in column (a) y				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	29,768.			
<b>b</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		į		
4d and 5 from line 1. This amount must be				_
distributed in 2018				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	29,768.			
10 Analysis of line 9				
a Excess from 2013				•
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
<b>e</b> Excess from 2017 29, 768.				

Form 990-PF (2017) JOBE AND HELEN R	ICHARDS FOUN	DATION		81-4810317	
RartiXIV Private Operating Foundate					N/A
1 a If the foundation has received a ruling or dete is effective for 2017, enter the date of the	ruling				1404267457
<b>b</b> Check box to indicate whether the foundar		rating foundation		4942(j)(3) or	4942(4)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	4 > 2015	Prior 3 years	(-D-2014	(e) Total
investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	
<b>b</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					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter					
(1) Value of all assets			<u> </u>		
(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	,				
→ Gross investment income					
Part XVI Supplementary Information assets at any time during the Information Regarding Foundation Managers of the foundation who have close of any tax year (but only if they have now).	ne year — see ingers: e contributed more the	structions.) nan 2% of the total of	contributions received	by the foundation befo	
NONE				)	
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a 1	stock of a corporation	on (or an equally large rest	e portion of the owner	ship of
2 Information Regarding Contribution, Grant, Check here	akes contributions to	preselected charitat			
a The name, address, and telephone number o	r email address of the	e person to whom a	pplications should be a	addressed	
<b>b</b> The form in which applications should be	submitted and infor	mation and materi	als they should inclu	de	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors
					000 PE (0017)
<b>RΔΔ</b>	TÉI	ΣΔΩ310I 09/14/17		j-,	orm <b>990-PF</b> (2017)

- -

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 8				
-				
				:
				:
			-	
Total			<b>▶</b> 3a	88,000
b Approved for future payment		1		88,000
				_
			<b>▶</b> 3h	
Total			<b>▶</b> 2 k	j.

	I-A   Analysis of Income-Producing			Fueluded by	nastran E12 E12 as E14	
	s amounts unless otherwise indicated	(a) Business	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Prog	ram service revenue:			code		
a						<del></del>
b			<del></del> -	-		· · · · · · · · · · · · · · · · · · ·
		-		<del>                                     </del>		
d		+			_ <del>-</del>	
e			<del></del>	+ - + -	···	
n Fees	and contracts from government agencies	<del> </del>	<del> </del>	+		
•	bership dues and assessments					
	st on savings and temporary cash investments			<del>                                     </del>		
	lends and interest from securities				· <del></del>	_28,053.
5 Net r	ental income or (loss) from real estate					
	-financed property					
<b>b</b> Not o	debt-financed property					
6 Net re	ntal income or (loss) from personal property					
7 Othe	r investment income					· · · · · · · · · · · · · · · · · · ·
	or (loss) from sales of assets other than inventory			14	29,563.	-45,310.
	ncome or (loss) from special events					
10 Gros	s profit or (loss) from sales of inventory					
11 Othe	r revenue					
a		ļl				
b						
		<del> </del>		<u> </u>		
d						
					ŀ	
e	otal Add columns (b) (d) and (e)			<del>                                     </del>	20 562	_17 257
e	otal Add columns (b), (d), and (e)				29,563.	-17,257.
e Subto	I. Add line 12, columns (b), (d), and (e)	rons )			29,5 <u>63</u> .	-17,257. 12,306.
e Subto 13 Tota (See works	<ol> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculate</li> </ol>		nment of Exem	pt Purpose	13	-17,257 12,306
12 Subtraction 13 Total (See works)  Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.     Relationship of Activities to the control of the columns in the columns.	e Accomplisi		·	13 es	12,306.
e Subto 13 Tota (See works	<ol> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculate</li> </ol>	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Total (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
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12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
12 Subtraction 13 Tota (See works) Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.
e 12 Subt 13 Tota (See work: Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculated.  I-B Relationship of Activities to the Explain below how each activity for which in the column is a second activity.	e Accomplisi	ed in column (e) of	Part XVI-A c	13 es	12,306.

	0-PF (2017) JOBE A					) alatia malair	81-48		Pa	ige 1
Part X	VII Information Re Exempt Organ	igarding i ra izations	ansiers to and	u iransactior	is and R	reiationsnip	S WITH MONCE	iaritable		
1 Did	the organization directl	v or indirectly	engage in any o	f the following w	uth any otl	ner organizatio	on		Yes	No
de:	scribed in section 501(c) ating to political organization	of the Code (	other than section	on 501(c)(3) orga	inizations)	or in section	527,			
	ansfers from the reportin		o a noncharitable	e exempt organi	zation of					
	Cash	ig roundation t	o a nononamao.	o onomproiganii				1 a (1)		Х
٠,	Other assets							1 a (2)	_	X
٠,	her transactions									
(1)	Sales of assets to a no	ncharitable ex	empt organization	on				1 b (1)		Х
<b>\-</b> /	Purchases of assets from			ganızatıon				1 b (2)		Х
(3)	Rental of facilities, equ	ipment, or oth	er assets					1 b (3)		Х
٠,	Reimbursement arrang							1 b (4)	<u> </u>	X
• •	Loans or loan guarante							1 b (5)		X
	Performance of service		•	-	v000			1 b (6)		X
C Sn	arıng of facılıtıes, equipr	nent, maining i	iists, other asset	s, or paid emplo	yees				L	
d If the	the answer to any of the goods, other assets, or so y transaction or sharing	above is 'Yes, ervices given by	,' complete the for y the reporting four show in column	ollowing schedulindation If the foundation of the following of the palue of the pal	e Column undation re the goods	( <b>b)</b> should alv ceived less that other assets.	vays show the fain In fair market value I or services recei	r market val in ved	ue of	
(a) Line i	<u> </u>		e of noncharitable exe				nsfers, transactions, a		ngemen	ts
N/A	, ,									
-										
		<u> </u>		<del> </del>						
						· ·				
					+					
		-								
						1 - 111-				
				_						
							- <del></del>			
					<del></del>			_		
de	the foundation directly or in scribed in section 501(c) Yes,' complete the follow	of the Code (						Yes	X	No
	(a) Name of organiza	tion	<b>(b)</b> Typ	e of organization	<u>n</u>	(0	) Description of r	elationship		
N/A	· · ·									
				-						
-				-						
	Under penalties of perjury, I decl							edge and belief,	it is true	<del>)</del> ,
Sign	correct, and complete Declaration	on of preparer (other	er than taxpayer) is ba	sed on all information	of which pre	parer has any knov	vledge	May the	DS disc	use
Here	1 /2 locat	-00,	intelle	11/10/	9	0 mbiiamaa		this retur	n with th	ne
	Signature of officer or trustee	. <u> </u>	mo - va	Date	Titl	O-TRUSTEE		See instr	uctions,	
	Print/Type preparer's n	ame	Prepaner's			Date /	Check	PTIN	Yes	No
Daid			1 1/2	ud PM	11/1	11 11 11	Checkif	P00171	187	
Propor			MORROW, P.		w U	<del>                                      </del>	Firm's EIN > 75-		110/	
Prepar Use Or	<u>-</u>	4455 CAMP		ITE 205			13-	<u> </u>		
Jac UI	-		H, TX 7610				Phone no 817	7-738-11	18	

BAA

Form **990-PF** (2017)

#### 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		Employer identification number
JOBE AND HELEN RICHARDS FOUND	ATION	81-4810317
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	•
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
		ate roundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>General</b>	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the General Rule and a S	pecial Rule See instructions
General Rule		
	, or 990-PF that received, during the year, contributions total	ding \$5.000 or more (in money or
property) from any one contributor Complete	te Parts I and II See instructions for determining a contribu	tor's total contributions
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp	ort test of the regulations
$\square$ under sections 509(a)(1) and 170(b)(1)(A)(vi) t	that checked Schedule A (Form 990 or 990-FZ). Part II. line 13. 1	I6a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form 990	e year, total contributions of the greater of (1) \$5,000 or (2) D-EZ, line 1 Complete Parts I and II	270 of the amount on (i)
For an organization described in section 501	l (c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li	rom any one contributor, terary, or educational
purposes, or for the prevention of cruelty to	children or animals Complete Parts I, II, and III	iorary, or oraconomic
	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	
	r religious, charitable, etc , purposes, but no such contribution	
	e total contributions that were received during the year for a y of the parts unless the <b>General Rule</b> applies to this organ	
	le, etc., contributions totaling \$5,000 or more during the year	
-		
Caution. An organization that isn't covered by the	he General Rule and/or the Special Rules doesn't file Schede 2, of its Form 990, or check the box on line H of its Form	ule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it doesn't meet the	e 2, of its Form 990, or check the box of line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 990	)-PF)

	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Part
Name of org	anization AND HELEN RICHARDS FOUNDATION	' '	r identification number 810317
	Contributors (see instructions) Use duplicate copies of Part I if additional space		010017
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	HELEN K. RICHARDS ESTATE  4508 QUAIL HOLLOW COURT  FORT WORTH , TX 76133	\$ <u>1,713,860.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 1			Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP.+4	(c) Total contributions	(d) Type of contribution
			Person Payroll

Noncash

(Complete Part II for noncash contributions)

1 to

1 of Part II

JOBE AND HELEN RICHARDS FOUNDATION

Employer identification number

81-4810317

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		]	
		1	
		\$ 	<b></b>
(a) No	(b)	(c)	(4)
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		4	
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		] s	
		<b>'</b>	<b></b>
(a) No. from	(b) Description of noncash property given	(c)	(d) Date received
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		†	
		].	
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
	<del></del>	- s	
		1'	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	] -	
RAA	Schi	edule B (Form 990, 990-F)	Z. or 990-PF) (2011
(a) No. from Part I		\$ (c) FMV (or estimate) (See instructions.)	(d) Date receive

chedule B (Form 990, 990-EZ, or 990-PF) (2017)	Påge	1 to	1	of Part
ame of organization JOBE AND HELEN RICHARDS FOUNDATION		Employer idei 81-4810	ntification )317	number
	المممالييم مماني		E01/-	V7V (0)

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., ► Ś contributions of \$1,000 or less for the year (Enter this information once See instructions) N/A

	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
	N/A		
		(e)	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
	<u></u>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	s, and ZIP + 4	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, addres	(e) Transfer of gift s, and ZIP + 4	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
	<b>T</b>	(e) Transfer of gift	Delakianakin of Annuadanan Annuadanan
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee

BAA

2017	7 FEDERAL STATEMENTS					
JOE	BE AND HELEN RICHARDS FOUNDATION	81-4810317				
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES	(A) (B) NET (C)	(D)				
LEGAL FEES	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES						
BANK CHARGES FROST BANK INVESTMENT FEES FROST BANK, INVESTMENT FEES, FROST BROK	9,954. 9,954. 9,954.					
STATEMENT 3 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER	VALUATION BOOK <u>METHOD</u> VALUE	FAIR MARKET VALUE				
OTHER PUBLICLY TRADED SECUR FROST BANK, TRUSTEE FROST BROKERAGE SERVICES	MKT VAL \$ 1,386,331. \$ MKT VAL 212,371.  TOTAL \$ 1,598,702. \$	227,590.				
STATEMENT 4 FORM 990-PF, PART II, LINE 22 OTHER LIABILITIES	. TOTAL \$\frac{3}{2}\$	381.				

2017

## FEDERAL STATEMENTS

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JOBE AND HELEN RICHARDS FOUNDATION

81-4810317

STATEMENT 5 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

FEDERAL INCOME TAX

TOTAL \$ 381.

# STATEMENT 6 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		(B) HOW	(C) DATE	(D) DATE
ITEM	(A) DESCRIPTION	ACQUIRED	_ACOUIRED_	SOLD
1	FROST BROKERAGE SERVICES	PURCHASED	3/17/2017	12/20/2017
2	FROST BROKERAGE SERVICES	PURCHASED	3/17/2017	4/10/2017
3	FROST BANK TRUSTEE	PURCHASED	3/31/2017	12/27/2017
4	FROST BANK TRUSTEE	PURCHASED	9/21/2014	4/19/2017
5	FROST BANK TRUSTEE	PURCHASED	9/21/2014	3/31/2017
7	CAPITAL GAIN DIVIDENDS			
7	WASH SALE			

7 WASH SALE

<u>ITEM</u> . 1 2 3 4 5 7	(E) GROSS SALES 587,745. 14,233. 179,933. 1074196. 119,802.	(F) DEPREC. ALLOWED	(G) COST BASIS 580,103. 14,195. 178,993. 1105177. 135,071.	(H) GAIN (LOSS) 7,642. 38. 940. -30,981. -15,269.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I)-(J)	(L) GAIN (LOSS) \$ 7,642. 38. 940. -30,981. -15,269. 21,883.
7							TOTAL	47. \$ -15,700.

### STATEMENT 7 FORM 990-PF, PART VI, PENALTY AND INTEREST BALANCE DUE

TAX DUE LATE PAYMENT PENALTY LATE INTEREST

	\$ 361.
	11.
	 9.
TOTAL	\$ 381.

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# FEDERAL STATEMENTS

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JOBE AND HELEN RICHARDS FOUNDATION

81-4810317

STATEMENT 8
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

	DONEE	FOUND- ATION	. PURPOSE OF	
NAME AND ADDRESS	RELATIONSHIP	STATUS_	GRANT	 AMOUNT
BETH-EL CONGREGATION 4900 BRIARHAVEN RD FORT WORTH TX 76109	NONE	EOF	CHARITABLE	\$ 5,000.
BOTANICAL RESEARCH INSTITUTE OF TX INC. 1700 UNIVERSITY DR FORT WORTH TX 76107	NONE	PC	CHARITABLE	3,000.
CHABAD LUBAVITCH OF FW & TARRANT CTY INC 5659 WOODWAY DR FORT WORTH TX 76133	NONE	PC	CHARITABLE	3,000.
CONGREGATION AHAVATH SHOLOM 4050 S HULEN ST FORT WORTH TX 76109	NONE	EOF	CHARITABLE	5,000.
COOK CHILDRENS MEDICAL CENTER 801 7TH AVENUE FORT WORTH TX 76104	NONE	PC	CHARITABLE	5,000.
DAY RESOURCE CENTER FOR THE HOMELESS 1415 E LANCASTER AVE FORT WORTH TX 76102	NONE	PC	CHARITABLE	5,000.
TARRANT COUNTY HEBREW FREE LOAN ASSOC. 4049 KINGSRIDGE RD FORT WORTH TX 76109	NONE	PC	CHARITABLE	5,000.
INSIGHT PRISON PROJECT P. O. BOX 29 SAN QUENTIN CA 94964	NONE	PC	CHARITABLE	2,500.
JEWISH EDUCATION AGENCY 4050 S HULEN ST FORT WORTH TX 76109	NONE	PC	CHARITABLE	3,000.
JEWISH FEDERATION OF FT WORTH & TARRANT 4049 KINGSRIDGE RD FORT WORTH TX 76109	NONE	PC	CHARITABLE .	36,500.
THE JUNIOR LEAGUE OF FORT WORTH INC 3505 W LANCASTER FORT WORTH TX 76107	NONE	PC	CHARITABLE	5,000.

2017 .

# **FEDERAL STATEMENTS**

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**JOBE AND HELEN RICHARDS FOUNDATION** 

81-4810317

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE GRANT	OF	AM	OUNT
TARRANT AREA FOOD BANK 2525 CULLEN ST FORT WORTH TX 76107	NONE	PC	CHARITABLE	\$		5,000.
UNTHSC FOUNDATION 3500 CAMP BOWIE BLVD FORT WORTH TX 76107	NONE	PC	CHARITABLE			5,000.
				TOTAL \$		88,000.