2949107603102 8 omb No 1545-0052 ation per made public.

Return of Private Foundation
or Section 4947(a)(1) Trust Tr eated as Private Foundation
Do not enter social security numb ers on this form as it may be made public.

Inten	Tal Revenue Service ► Go to www	irs.gov/Form990PF for inst	ructions and the latest info	rm ation.	Open to Public Inspection
For	calendar year 2017 or tax year beginning OC	T 18, 2017	, and ending	DEC 31, 2017	
Na	me of foundation			A Employer identification	number
_	ENTZ FAMILY FOUNDATION			82-3127967	
	mber and street (or PO box number if mail is not delivered to stree . 154 DAWN VIEW LANE NW	: address)	Room/suite	B Telephone number 404-831-17	58
	y or town, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	
	ATLANTA, GA 30327			<b>.</b>	
G	Check all that apply: X Initial return Final return	Initial return of a f	ormer public charity	D 1. Foreign organization	s, check here
	Address change	Name change	<u> </u>	Foreign organizations mi check here and attach co	peting the 85% test, proputation
H (	<del></del>	exempt private foundation	etion (	E If private foundation sta	
l Fa		Other taxable private foundating method: X Cash	Accrual	under section 507(b)(1 F If the foundation is in a	
(f	from Part II, col. (c), line 16)	Other (specify)	<u>.</u>	under section 507(b)(1	
	\$ 2,961,217. [(Part I, coloret   Analysis of Revenue and Expenses	<u> </u>		(a) Advicted ask	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
VÕ	1 Contributions, gifts, grants, etc., received	2,980,000.		N/A	
20	2 Check In the foundation is not required to attach Sch B Interest on savings and temporary	20.	20.		STATEMENT 2
Lip	3 cash investments 4 Dividends and interest from securities	23 100.	23,100.		STATEMENT 3
711	5a Gross rents	\			
	b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10	16,441.			STATEMENT 1
9		10/111			UTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT
Revenile			85,399.		
_	Net short-term capital gain     Income modifications				
<b>\( \)</b>	Gross sales less returns and allowances				
2017	b Less Cost of goods sold				
ଷ୍ଟ ଓ	c Gross profit or (loss)			<del> </del>	
	12 Total. Add lines 1 through 11	3,019,561.	108,519.		
APR -	13 Compensation of officers, directors, trustees, etc	0.	0.	<del> </del>	0.
$\Omega$	14 Other employee salaries and wages 15 Pension plans, employee benefits		<del> </del>	<del> </del>	<del> </del>
2		7,551.	0.		7,551.
SCANNE	b Accounting fees				<u> </u>
SC			RE	CEIVED	
Administrative	18 Taxes			2010	
nistr.	19 Depreciation and depletion		ISI WA	1 2 2010	
<u> </u>	20 Occupancy			EN 11ST	
and A	<b>4</b> - · · · · · · · · · · · · · · · · · ·		1 OG	DEN, UT	
ם פ	23 Other expenses				
perating	24 Total operating and administrative	7 551	0.		7 551
Ö	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	7,551.			7,551. 50,000.
	26 Total expenses and disbursements.				
_	Add lines 24 and 25	57,551.	0.		57,551.
	27 Subtract line 26 from line 12:	2,962,010.		ļ	
	a Excess of revenue over expenses and disbursements     b Net investment income (if negative, enter -0-)		108,519.		
	C Adjusted net income (if negative, enter -0-)			N/A	

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

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	TZ FAMILY FOUNDA					8:	<u>2-3127</u>	967	Page 3
Part IV Capital Gains a	and Losses for Tax on I	nvestment	Income	1			···		
	the kind(s) of property sold (for examehouse; or common stock, 200 sh		ite,	( <b>0</b> )   P D	How acquired - Purchase - Donation	(c) Date a (mo., da		(d) Dat (mo., d	te sold ay, yr.)
1a PUBLICLY TRADE					D				
b PUBLICLY TRADE					D				
c CAPITAL GAINS	DIVIDENDS								
<u>d</u>	· <del>-</del>			_					
<u>e</u>		<del></del>	<del></del>	<u> </u>		_	<u> </u>	-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Ga ((e) plus	ain or (loss) (f) minus (ç		
a 43,946.			40,44						<u>,501.</u>
b 404,762.			339,54	5.					,217.
c 16,681.								<u> 16</u>	<u>,681.</u>
d		ļ					-		
е		<u> </u>		_					
Complete only for assets showing	ng gain in column (h) and owned by	the foundation	on 12/31/69.			(I) Gains (C			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)		·	ol. (k), but r Losses	(from col. (h	))	<u> </u>
a			_						,501.
b									,217.
C						_		16	,681.
d							-		
<u>e</u>		<u> </u>							
2 Capital gain net income or (net ca	apital loss) { If gain, also enti-			}	2			85	,399.
3 Net short-term capital gain or (los									
If gain, also enter in Part I, line 8,		a (0).		JI					
If (loss), enter -0- in Part I, line 8				$\mathcal{L}$	3		N/A		
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net I	nve	stment Inc	come			
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment inc	come	.)			N/A	
If section 4940(d)/2) applies leave the	hie nart hlank								
If section 4940(d)(2) applies, leave the	iiis pait Dialik								
Was the foundation liable for the sec			•	od?		•••		Yes	∟ No
If "Yes," the foundation doesn't qualif									
	each column for each year; see the	instructions be	fore making any er	ntries.				/ 41	
(a) Base period years	Adjusted qualifying d	iotebutions	Not value of no	(c)	ritable-use asse	to	Distribi	( <b>d)</b> ution ratio	
Calendar year (or tax year beginni	ng in) Aujustea quantying a	151110111101115	Net value of no	пина	IIabie-use asse	13	(col. (b) divi	ded by col.	(C))
2016								<del></del>	
2015			<u>-</u>						
2014							<u> </u>		
2013		-				<del></del>			
2012									
O Tatal of line 1 column (d)						2			
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the</li></ul>	 E-year base period - duude the total	l on line 2 hy 5	O or by the number	or of s		.   -			
		i on line 2 by 5.	o, or by the number	51 01 3	y6a15	3			
the foundation has been in exister	nice ii iess uidii 5 yedis	•				-			
4 Enter the net value of noncharitat	ole-use assets for 2017 from Part X	, line 5				4			
5 Multiply line 4 by line 3						5			
	on (19/ of Dort I. line 27h)								
6 Enter 1% of net investment incom	ne ( 1% 01 mart I, IME 2/D)	•	•• ••			6			
7 Add lines 5 and 6						. 7			
8 Enter qualifying distributions from						8			
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI, lir	ne 1b, and com	plete that part usin	g a 1	% tax rate.				

Form **990-PF** (2017)

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Form	990-PF (2017) PENTZ FAMILY FOUNDATION	82-	-31279	67	Page 4		
	Excise Tax Based on Investment Income (Section 4940	(a), 49	940(b), 4940(e), or 49				
1a	Exempt operating foundations described in section 4940(d)(2), check here and element of the section 4940(d)(2), check here	nter "N/A	on line 1.				
	Date of ruling or determination letter: (attach copy of letter if nec		· ·				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		· · · · · · · · · · · · · · · · · · ·	1		2,1	70.
	of Part I, line 27b				ri.		
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Part	I. line 12. col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other			2			0.
	Add lines 1 and 2	,	,	3		2,1	70.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	hers, ent	ter -0-)	4	1		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		2,1	<del>70.</del>
6	Credits/Payments;		•		Y	أكثاث	
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.				
	Exempt foreign organizations - tax withheld at source	6b	0.	_			
	Tax paid with application for extension of time to file (Form 8868)	6c	0.	_			
	Backup withholding groneously withheld	6d	0.	-			
	Total credits and payments. Add lines 6a through 6d	<u> </u>		7			0.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is atta	chad	•	8	<del>                                     </del>		0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ciicu .		9	+	2,1	$\frac{0.0}{70.}$
	·			10	+		<del>/ • •</del>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		Refunded >	11	<del>                                     </del>		<del></del>
IP3	Enter the amount of line 10 to be Credited to 2018 estimated tax  Statements Regarding Activities			<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or	did it participate or intervene			Yes	No
18		וט ווטוואו	ulu it pa ticipate of littervene	5 111	1	1a	X
_	any political campaign?	202 600	the instructions for the defin	ution	-	1b	X
U				IIIIVII			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	n ally life	ateriais published of				
_	distributed by the foundation in connection with the activities.					10	X
	Did the foundation file Form 1120-PQL for this year?		•			1c	
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		0.				
	(1) On the foundation. > \$ 0. (2) On foundation managers			-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture tax i	imposed on foundation				
_	managers. ▶ \$0.						v
2	Has the foundation engaged in any activities that have not previously been reported to the IF	15?			-	2	X
_	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrumer	nt, articles of incorporation, o	or	<b>J</b>	يجاجه	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				·	3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?	•••	· ·	;,, }	4a	
	If "Yes," has it filed a tax return on Form 990-T for this year?			r	N∖₩	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•		<b>.</b>	5	X
	If "Yes," attach the statement required by General Instruction T.				T T		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en	mer:					
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory	directio	ons that conflict with the state	e law	<u> </u>		
	remain in the governing instrument?	. <del></del>				6 X	<del> </del>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Part	II, col. (c), and Part XV			7 X	
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. 🟲					
	GA						
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney G	General (or designate)			التباهد	
	of each state as required by General Instruction G? If "No," attach explanation					8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of se			endar		البياري	رر <b>الله</b>
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com	-	- ·		}	9	X V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	le listing th	heir names and addresses	STM		10 X	
					Form	990-PF	(2017)

	990-PF (2017) PENTZ FAMILY FOUNDATION	<u>82-3127</u>	<u>967                                    </u>	Page 5
	বিখ্যানি Statements Regarding Activities (continued)			
	•		Yes	s No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?		
	If "Yes," attach statement. See instructions	- <del>-</del>	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13 X	
	Website address ► N/A			
14	The books are in care of WILLIAM C. LANKFORD, JR. Telephone no	. <b>▶</b> 404-25	6-1606	5
•	Located at ▶ 780 JOHNSON FERRY RD. NE STE. 325, ATLANTA, GA	ZIP+4 ▶30		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			ightharpoons
		► <u>  15  </u>	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,		Yes	s No
. •	securities, or other financial account in a foreign country?	_	16	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	•		
	foreign country			_]
Pe	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	s No
1a	During the year, did the foundation (either directly or indirectly):			- <u> </u>
		Yes X No		'
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
		Yes X No		1
	· · · · · · · · · · · · · · · · · · ·	Yes X No		
	(-) ( ( ( ( ( ( (	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 🗓 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		: .	
		Yes 🟋 No		
b	If any answer is "Yes" to 1a(1)-(6), did any 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	N/A	1b	
	Organizations relying on a current notice regarding disæster assistance, check here	ightharpoons		
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		L _ L	
	before the first day of the tax year beginning in 2017?		1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
	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) beginn	ing	1	
		Yes 🗓 No		
	If "Yes," list the years $\blacktriangleright$			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ect		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta	ch		
	statement - see instructions.)	N/A	2b	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
		Yes 🗓 No	10	
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			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that		
•	had not been removed from econardy before the first day of the tay year beginning in 2017?		4h	X

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Form 990-PF (2017) PENTZ FAMILY FOUNDATION	4		82-31279	67 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired <sub>(contin</sub>	ued)	
5a During the year, did the foundation pay or incur any amount to:				Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Yo	es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,		
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	🗀 Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1
4945(d)(4)(A)? See instructions		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for		
the prevention of cruelty to children or animals?		. 🗀 Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	Ŋ	I/A 🔲 Ye	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		L Y	es 🗶 No 📕	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	•	Ye	es 🗶 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mai	nagers, Highly		
1 List all officers, directors, trustees, and foundation managers and the		(c) Compensation	(d) Contributions to	(a) Evnança
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
VICTOR D. PENTZ	to position TRUSTEE	enter -0-)	compensation	allowances
1154 DAWN VIEW LANE NW	IKUSIEE			
ATLANTA, GA 30327	0.00	0.	0.	0.
	TRUSTEE	- 0.	0.	<u> </u>
1154 DAWN VIEW LANE NW	INOSIBB			
ATLANTA, GA 30327	0.00	0.	0.	0.
Albania, Ga 3032;	0.00	<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than hose inc	uded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
		L	Ll	
Total number of other employees paid over \$50,000				0 <b>990-PF</b> (2017)
			Form:	JJU-FF (201/)

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

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(P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	243,985. 59,131.
b	Average of monthly cash balances	1b	59,131.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	303,116.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	303,116.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,547.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	298,569.
6	Minimum investment return, Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,067.
P	Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations a	nd certain	
	foreign organizations, check here   and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	3,067.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,170.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	897.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	897.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	897.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	57,551.
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:		<u> </u>
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	57,551.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	57,551.
_	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	·
	ACCOUNT of the top the country of th	7	

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

•	(a) Corpus	(b) Years prior to 2016	(¢) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				005
line 7				897.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.	;	
3 Excess distributions carryover, if any, to 2017:		· · ·		
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: > \$ 57,551.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		<u> </u>	<del>`</del>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		•	····	
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				897.
e Remaining amount distributed out of corpus	56,654.		·····	
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))				•
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	56,654.			
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	r	0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.		<del></del>	0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2018		<del></del>		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2012	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2018.	56 651			
Subtract lines 7 and 8 from line 6a	56,654.			
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 d Excess from 2016				
e Excess from 2017. 56,654.				

723581 01-03-18

Supplementary information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Name and address (home or business)	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
<del></del>	or substantial contributor	recipient		
a Paid during the year				
WOODCREST CHRISTIAN DAY SCHOOL	N/A	PC	FRANCES M. PENTZ FUND	
3612 ARLINGTON AVE.				
RIVERSIDE, CA 92506				50,000.
Total			<b>▶</b> 3a	50,000.
b Approved for future payment				
		}		
NONE				
<u> </u>				
Total	1	<u> </u>	<b>▶</b> 3b	0.

Part XXV -A	Δnal	veie of	Income.	Producing	Activities
	Milai	yələ Ul	medine.	·Frouucing	WCHAINE2

Enter gross amounts unless atherwas indicated	Unrelated L	ousiness income	Excluded t	by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					<u>.</u>
b					
c					
d					
e			<u> </u>		
f			L L		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	20.	
4 Dividends and interest from securities			14	23,100.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	]			ļ	
7 Other investment income					
8 Gain or (loss) from sales of assets other			<del>                                     </del>		
than inventory			18	16,441.	
	<del></del>		<del>                                     </del>	10,4410	
9 Net income or (loss) from special events			<del>                                     </del>		
10 Gross profit or (loss) from sales of inventory	<del>                                     </del>		1		
11 Other revenue:					
<u>a</u>			<del>}   -</del> -		
b	<del></del>		<del>   </del>		<del></del>
C			<del>  - -</del>		
				1	
d			<del>                                     </del>		<del></del>
e				20 561	
e		0.		39,561.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.		39,561.	0. 39,561.
e		0.			0. 39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			empt Pu	13	0. 39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to	o the Accom	plishment of Exc		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Relationship of Activities to	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		rposes	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities to  Line No. Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)    Part XVI-B   Relationship of Activities to Line No.   Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)    Part XVI-B   Relationship of Activities to Line No.   Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)    Part XVI-B   Relationship of Activities to Line No.   Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations.)    Part XVI-B   Relationship of Activities to Line No.   Explain below how each activity for which inco	o the Accom	plishment of Excolumn (e) of Part XVI-A		13	39,561.

Form 990-PF (	2017) <b>PENTZ</b>	FAMILY FOUNDAT	ION		82-3127	967	Page 13
	Information Re Exempt Organ	egarding Transfers to a izations	nd Transactions an	nd Relationshi	ps With Noncharit		
1 Did the or	rganization directly or indi	rectly engage in any of the following	ng with any other organization	on described in section	on 501(c)	Y	es No
(other tha	n section 501(c)(3) organ	nizations) or in section 527, relating	g to political organizations?				
a Transfers	from the reporting found:	ation to a noncharitable exempt or	ganization ot			, ;	
(1) Cash						1a(1)	X
(2) Othe	•	·				1a(2)	X
b Other tran	=		••	• ••••	•		
	s of assets to a noncharital	ble exempt organization				1b(1)	Х
		ncharitable exempt organization	•		••	1b(2)	X
	al of facilities, equipment,	, -	•	••		1b(3)	X
• •	bursement arrangements	•	•			1b(4)	Х
	s or loan guarantees	•	••			1b(5)	X
		embership or fundraising solicitation	ins	•		1b(6)	X
		uling lists, other assets, or paid en			• • • • • • • • • • • • • • • • • • • •	1c	X
-		"Yes," complete the following sch			arket value of the goods of		
		oundation. If the foundation receiv					<b>'</b> >
		other assets, or services received.	en 1622 man ian market aan	ie ili aliy ualisaciioli	or snamy arrangement, so	OW III	
	(b) Amount involved	(c) Name of noncharitable	o avamnt armaization	(d) p			
(a) Line no	(b) Amount involved	<del></del>	e exempt organization	(u) Description	of transfers, transactions, and s	naring arrang	ements
		N/A	<del></del>	<del></del>		·· ·	
<del></del>		<del> </del>		_			
	<u> </u>	··		<del></del>			
				<del></del>			
				<del></del>			
							- ·
ın section		tly affiliated with, or related to, one n 501(c)(3)) or in section 527? edule	e or more fax-exempt organi	zations described		☐ Yes	X No
2 , 55, 0	(a) Name of org		(b) Type of organization		(c) Description of relationsh	1ID	
<del></del>	N/A	<u>, , , , , , , , , , , , , , , , , , , </u>	(-7, -7,	,	1.07		
<del></del>		<del></del>					
			<del>                                     </del>				
			<del></del>				
Under	penalties of perjury, I declare t	that I have examined this return, including	accompanying schedules and st	atements, and to the bes	st of my knowledge		
Here	elief, it is true correct, and correct and	polete Declaration of preparer (other than	taxpayer) is based on all information and the state of th	TRUSTE	retu sho	the IRS disc rn with the pown below? S	reparer
Jigi	Print/Type preparer's na			Date	Check   If PTIN		
	WILLIAM C.	- Troporcials			self- employed		
Paid	1	TD /Wx	my x	1/m/s		15770	90
Preparer	LANKFORD,		T PD T T C	1/ 7/18	Firm's EIN ► 58 – 06	5778	
Use Only	Firm's name MOO	RE STEPHENS TIL	LEAR LLO		FIRM'S EIN ► 58-U6	1334	±
OSE CITIS	Firmin eddeses b FO	O TOIDIGON BERRY	/	rmp 205	ļ <del>.</del>		
		0 JOHNSON FERRY	KD., NE, SU	ITE 325	/404	256	1
	A <u>T</u>	LANTA, GA 30342			Phone no. (404)		
					Fr	rm 441.	PF (2017)

## Schedule B (Form 990, 990-EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

PENTZ	<b>FAMILY</b>	FOUNDATION

Employer identification number

82-3127967

Organiz	zation type (check o	ne).
Filers o	f:	Section:
Form 99	90 or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charatable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	90-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt chantable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General	l Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively a, etc., contributions totaling \$5,000 or more during the year
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

	P.	ENTZ	FAMILY	FOUNDA?	rion
--	----	------	--------	---------	------

82-3127967

	THE TOOM DITTON		
টিলন ( )	Contributors (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	VICTOR D. PENTZ  1154 DAWN VIEW LANE NW  ATLANTA, GA 30327	\$2,980,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Onncash If or noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions )

Employer identification number

ENTZ	FAMILY FOUNDATION	82	3127967
af II	Noncash Property (see instructions). Use duplicate copies of Property	art 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
1	PUBLICLY TRADED SECURITIES		
		<u> </u>	12/04/17
(a)			
No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(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
		<b>\$</b>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<b>一</b>		<u> </u>	
453 11-01-			990, 990-EZ, or 990PF) (2

Employer identification number

FAMILY FOUNDATION		82-3127967
the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the follow , charitable, etc., contributions of \$1,000 or li	WING INC CHITY. For organizations
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	<u> </u>
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	<u> </u>
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	1
Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additions (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (c) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (c) Purpose of gift	Exclusively: religious, charitable, etc., contributions to organizations described the year from any one contributor. Complete columns (a) through (e) and the follor completing Part III, enter the bial of seclasively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed.  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (c) Use of gift  (d) Purpose of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift  (e) Transfer of gift

FORM 990-PF G	AIN OR (LOSS) I	FROM SALE	OF A	SSETS		STA	TEMEN	т 1
(A) DESCRIPTION OF PROPERTY	_			ANNER QUIRED	DA' ACQU	TE IRED	DATE	SOLD
PUBLICLY TRADED SECURIT	IES							
(B) GROSS	(C) VALUE AT	(D) EXPENSE	OF	(E)			(F)	
SALES PRICE	TIME OF ACQ.	SALE		DEPRE	c	GAIN	OR LO	oss ———
43,946.	43,917.		0.		0.			29.
(A) DESCRIPTION OF PROPERTY	<u>,                                     </u>			ANNER QUIRED	DA'	TE IRED	DATE	SOLD
PUBLICLY TRADED SECURIT	IES							
(B)	(C)	(D)		(E)			(F)	
GROSS SALES PRICE	VALUE AT TIME OF ACQ.	EXPENSE SALE	OF	DEPRE	c.	GAIN	OR LO	oss
404,762.	405,031.		0.		0.		···	269.
CAPITAL GAINS DIVIDENDS	FROM PART IV						16	,681.
TOTAL TO FORM 990-PF, F	ART I, LINE 6A				:	_	16	,441.
FORM 990-PF INTEREST C	N SAVINGS AND	remporary	CASH	INVEST	MENTS	STA	TEMEN	T 2
SOURCE		(A) EVENUE R BOOKS	NET	(B) INVEST INCOME			(C) DJUSTI T INCO	
CHARLES SCHWAB		20.			20.			
TOTAL TO PART I, LINE 3		20.			20.	<del></del>		
		<del></del>		····		=	<del></del>	=-

FORM 990-PF	DIVIDENDS	AND INTERE	ST FROM SECUR	ITIES ST	PATEMENT 3
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	39,781.	16,681	. 23,100.	23,100.	
TO PART I, LINE 4	39,781.	16,681	23,100.	23,100.	
FORM 990-PF		LEGAL	FEES	Si	TATEMENT 4
FORM 990-PF DESCRIPTION		(A) EXPENSES	FEES  (B)  NET INVEST-  MENT INCOME	(C) ADJUSTED NET INCOME	(D)
		(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
VANGUARD DIVIDEND APPRECIATION	ETF	188,863.	192,535.
VANGUARD S&P500 ETF		494,482.	502,109.
FIDELITY ADV LATIN AMERICA FUN	D	23,044.	
FPA CRESCENT FUND INST.		153,800.	151,914.
LONGLEAF PARTNERS SMALL CAP FU	ND	144,073.	143,525.
MATTHEWS ASIA SMALL CO.		66,086.	63,271.
MATTHEWS PACIFIC TIGER		82,813.	84,218.
MERGER FUND		75,443.	75,679.
OAKMARK INTL FUND		234,354.	
PIMCO ALL ASSET INST'L CL		153,147.	152,395.
T ROWE PRICE NEW ASIA FUND		66,703.	62,140.
VANGUARD DIVIDEND APPRECIATION	INDEX FUND	70,284.	71,232.
VANGUARD MARKET NEUTRAL INV.		75,791.	75,318.
VIRTUS VONTOBEL FOREIGN OPPTY	FUND	191,473.	193,685.
WESTWOOD INCOME OPPTY FUND		153,252.	152,850.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	2,173,608.	2,175,610.

FORM 990-PF CORPORATE BONDS	 <del></del>	STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
DOUBLELINE LOW DURATION FUND	60,248.	60,044.
FPA NEW INCOME FUND	60,407.	60,023.
LOOMIS SAYLES SENIOR FLOATING RATE FUND	45,234.	45,209.
PIMCO INCOME INST CL	45,207.	45,074.
TCW TOTAL RETURN BOND FUND	135,981.	135,146.
TEMPLETON GLOBAL BOND FUND	45,340.	44,264.
VANGUARD SHORT TERM INVESTMENT GRADE FUND	60,119.	59,981.
TOTAL TO FORM 990-PF, PART II, LINE 10C	452,536.	449,741.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 7
NAME OF CONTRIBUTOR	ADDRESS	
VICTOR D. PENTZ	1154 DAWN VIEW LANE NW	