Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST Name change 82-6193942 Doing business as X Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final return/ 318-251-5806 500 E REYNOLDS DRIVE City or town, state or province, country, and ZIP or foreign postal code 9,043,488. G Gross receipts \$ ated Amended RUSTON, LA 71270 H(a) Is this a group return X Applica-F Name and address of principal officer ARGENT TRUST COMPANY Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? 327 I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Corporation X Trust Association Other > Year of formation: 2017 M State of legal domicile: LA K Form of organization: Part I | Summary 1 Briefly describe the organization's mission or most significant activities. THE TRUST WILL SUPPORT STUDENTS Activities & Governance AND ALUMNI OF THE UNIVERSITY OF GUADALAJARA FOUNDATION IN THE UNITED 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990 Tours 31EVED 0. **Prior Year Current Year** APR 0 2 2018 8,889,311. Contributions and grants (Part VIII, line 1h) Revenue 0. 9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4 and 7d) Program service revenue (Part VIII, line 2g) 131,061. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 60 1. 0. 9,020,372. Total revenue - add lines 8 through 11 (must equal Rart AHI, column (A), line 12) Assets or American Expenses Grants and similar amounts paid (Part IX, column (A), lines 1-3) 607,500. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) <u>41,639.</u> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 649,139. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 8,371,233. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 8,371,233. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign ARGENT TRUST COMPANY, TRUSTEE Here Type or print name and title Date PTIN Ottobacques Fighaulan Qan Print/Type preparer's name DOROTHY MORGAN 03/10/18 self-employed P00751533 Paid DOROTHY MORGAN 72-1396621 Firm's name CARR, RIGGS & INGRAM, LLC Firm's EIN Preparer Firm's address ▶ 1000 EAST PRESTON AVENUE SUITE 200 Use Only Phone no. (318)222-2222

SHREVEPORT, LA 71105

May the IRS discuss this return with the preparer shown above? (see instructions)

PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X_ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18

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complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X Schedule L. Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36_ Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note, All Form 990 filers are required to complete Schedule O

917) PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST Statements Regarding Other IRS Filings and Tax Compliance

a Enter the number reported in Box 3 of Form 1996. Enter -0-if not applicable b Enter the number of Forms W20 included in line 1a. Enter -0-if not applicable c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Se Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, tell of the calendar year ending with or within the year covered by this return 3 Note, it the sum of lines 1a, and 2 as greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrealed business gross income of 31 LiO out more during the valendar year, did the organization line of the year? If No., 1 bill not 30, provide an explanation in Note that authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 May be more the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 May 1 may		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-20 included in line 1a. Enter 0-if not applicable Did the organization comply with backloy withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees exported on Form W-3, Transmitted of Wage and Tax Statements, filed for the calendar year ording with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b Ich the organization have unrelated business gross income of \$1,000 or more during the year? 3c Ich the organization have unrelated business gross income of \$1,000 or more during the year? 3d Ich will be calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; pervised employment to other financial accountry or a financial account in a foreign country (such as a bank account; securities account or other financial accountry or the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account or other financial accountry or the securities and the securities and the securities are securities as the securities and financial Accounts (FBAR). 3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Did any tixeable party nority the organization that twas or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line \$a or \$b, did the organization file Form 8888 17 5d Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 5d Did the organization shell in the year or the second party of the party of the second party of the s						Yes	No
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Note: If the sum of lines 1s and 2s a greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If Yes,** has it filed a Form 990-T for this year? If "No,** to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sorting and accounts) of the financial account)? b if "Yes,** enter the name of the foreign country: ► See instructions for filing requirements for FinCBH Form 114, Report of Foreign Bank and Financial accounts (FBAR). See where the name of the foreign country: ► See instructions for filing requirements for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in Yes,** to line 5 a or 5 b, did the organization file for material and the foreign and the file foreign Bank and Financial Accounts (FBAR). See in Yes,** to line 5 a or 5 b, did the organization his file or generation on the foreign 8886-17 See in Yes,** to line 5 a or 5 b, did the organization notion that this are required to the foreign 8886-17 See in Yes,** to line 5 a or 5 b, did the organization notion or file value of the goods or services provided to the payor? The provided of the organization organization organization for the value of the goods or services prov		filed for the calendar year ending with or within the year covered by this return	2a_	0			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders N/A 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount or reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		· · · · · · · · · · · · · · · · · · ·		1?	7e		x
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	<u>D</u>	in res, has it med a rount report these payments in two, provide an explanation in Scheduli	- U			990 (20171

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			_	
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	if there are material differences in voting rights among members of the governing body, or if the governing		7		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		İ		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	· · · · · · · · · · · · · · · · · · ·	1	Ì	
_	officer, director, trustee, or key employee?	p marany canon	2		х
_	Did the organization delegate control over management duties customarily performed by or under the	o direct supervision	-	-	
3	of officers, directors, or trustees, or key employees to a management company or other person?	e direct supervision		1	X
	Did the organization make any significant changes to its governing documents since the prior Form s	200 was filed?	3	 	X
4			_4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	56127	_5	<u> </u>	X
6	Did the organization have members or stockholders?		6	 	_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7a	 	_X_
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or			
	persons other than the governing body?		7b_	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the following:			
а	The governing body?		_8a	X	
b	Each committee with authority to act on behalf of the governing body?		_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched at the	1	•	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ci	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	,	10b	,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a	Х	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	,	Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		,	-	
·	in Schedule O how this was done	00, 0000/100	12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?				$\frac{x}{x}$
15	Did the process for determining compensation of the following persons include a review and approve	al hy independent	14		<u>~</u>
10		•			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official				v
a			15a		<u>X</u>
b	Other officers or key employees of the organization		<u>15</u> b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a		ment with a			
_	taxable entity during the year?		16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation	·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Section 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website X Upon request Other (explain	ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records. >			
	THE ORGANIZATION - 318-251-5806				
	500 E REYNOLDS DRIVE, RUSTON, LA 71270				
70000	44.00.47		Eorm	990	20171

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average		not c	Posi heck i	more	than -		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	S pe d	Key employee	Highest compensated 1/2 of employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ELLEN R EADE	1.00	, ,							•	•
REPRESENTATIVE OF ESTATE	1.00	Х	-		-			0.	0.	0.
(2) ITZCOATL TONATIUH BRAVO PADILLA REPRESENTATIVE OF UNIVERISTY	1.00	x						0.	0.	0.
(3) ANGEL IGOR LOZADO RIVERA MELO	1.00									
REPRESENTATIVE OF FOUNDATION		X						0.	0.	0.
(4) ARGENT TRUST COMPANY	2.00	١,	x					2F F01	0	0
TRUSTEE			^		_	-	\vdash	35,501.	0.	0.
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Par	t VII Section A. Officer	s, Directors, Tru	stees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensate	d Employe	es (continued)				
	(A) Name and title		(B) Average hours per week (list any	(do box offic	not c	Posi heck i ss per id a di	C) ition more rson i	than	one h an	Repo compe	D) Intable Insation Insation	(E) Reportable compensatio from related organization		an	(F) stimate nount other pensa	of
			hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organ	ization 99-MISC)	(W-2/1099-MIS	,	fr org and	om the anizat d relat	e tion ted
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1b	Sub-total		_l	١	<u> </u>	ļ	<u> </u>	<u> </u>	>	3	5,501.		0.			0.
	Total from continuation Total (add lines 1b and		/II, Section A						>	3	0. 5,501.		0.			0.
2	Total number of individual compensation from the compensation from		not limited to th	nose	list	ed a	bov	e) w	ho re	eceived mo	re than \$100	0,000 of reportab	le			0
															Yes	No
3	Did the organization list a line 1a? If "Yes," comple	te Schedule J for	such individual	1										3		х
4	For any individual listed and related organization											the organization		4		x
5	Did any person listed on rendered to the organiza	line 1a receive oi	accrue compe	nsa	tion	from	any	y un				dual for services		5		х
Sec	ction B. Independent Cor	ntractors				_										
1	Complete this table for y the organization Report												npens	ation 1	rom	
		(A) lame and busines			ON						(B) scription of		C)) ompe	C) nsatio	n
				11	<u> </u>											
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	 											·		•		
		· · · · · · · · · · · · · · · · · · ·														
																
2	Total number of indeper \$100,000 of compensat			not 1	lımıt	ed to		ose I	stec	d above) wh	o received r	nore than	_			
	ψ100,000 or compensat	on nom the orga	zanon					<u> </u>						Form	990 (2017)

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
		Gijosi, ii edileggi e di	<u></u>	si noto to uny m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a				· · · · · · · · · · · · · · · · · · ·	012 014
in in	b		1b					
Ω, Ĕ	C	-	1c					
# Z	d		1d					
S, G	e							
Sign	f	All other contributions, gifts, gran	. —	-	-			
ig et	•	similar amounts not included abo		889,311.				
혈히	a	Noncash contributions included in lines		003,311.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f	, ia-ii	•	8,889,311.			
				Business Code				
8	2 a							
ه څ	b							
Program Service Revenue	С							
ev ev	đ	·						
P. P.	е							
₫	f	All other program service reve	enue					
	я	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		•	121,075.			121,075.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	33,102.					
	b	Less: cost or other basis						
		and sales expenses	23,116.					
	С	Gain or (loss)	9,986.					
	d	Net gain or (loss)		>	9,986.			9,986.
ē	8 a	Gross income from fundraisin	g events (not					
2		including \$	of					
ě		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	а			ĺ		
¥	b	Less. direct expenses	b					
٠	С	Net income or (loss) from fund	draising events	<u> </u>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b			:		
	С	Net income or (loss) from sale	s of inventory	<u> </u>				
[Miscellaneous Revenu	ie	Business Code				
	11 a							
	b							
	С		<u> </u>					
	d	All other revenue	·					
	е	Total. Add lines 11a-11d		•				
\Box	12	Total revenue. See instructions.	·	<u> </u>	9,020,372.	0.	0.	131,061.
73200	9 11-28	3-17						Form 990 (2017)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon-			(0)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	607,500.	607,500.		. <u> </u>
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			}	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	· · · - · · · · · · · · · · · · · · · ·		 -	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			j	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	25 501	15 551	15 550	
а	Management	35,501.	17,751.	17,750.	
b	Legal	0.350			
C	Accounting	2,350.		2,350.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			· · · - · · · · · · · · · · · · · · · ·	
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion				
13	Office expenses			-	
14	Information technology				
15	Royalties				
16	Occupancy Travel		· · · · · · · · · · · · · · · · · · ·		
17					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	2,275.	1,138.	1,137.	
19 20	Interest	4,213,	1,1300	1,10/0	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
-4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN TAX WITHHOLDING	1,513.		1,513.	
a b		1,313.			
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	649,139.	626,389.	22,750.	0.
<u>25</u> 26	Joint costs Complete this line only if the organization	<u> </u>	020,000.		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			1	
					5 000 (0047)

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	61,474.
	2	Savings and temporary cash investments		2	1,318,462.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, direc	tors,		
		trustees, key employees, and highest compensated employees. Co	omplete		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as de	fined under		· · · · · · · · · · · · · · · · · · ·
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributing		
		employers and sponsoring organizations of section 501(c)(9) volunt	tary		
इ		employees' beneficiary organizations (see instr). Complete Part II of	f Sch L	6	
Assets	7	Notes and loans receivable, net	-	7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	6,991,297.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	8,371,233.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule	D	21	
S	22	Loans and other payables to current and former officers, directors,	trustees,		
Liabilities		key employees, highest compensated employees, and disqualified	persons		
ap		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related th	urd		
		parties, and other liabilities not included on lines 17-24). Complete I	Part X of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here	and		
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
T.		Organizations that do not follow SFAS 117 (ASC 958), check he	re ►LX		
Ď		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	<u> </u>
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
let	32	Retained earnings, endowment, accumulated income, or other fund	-	32	8,371,233.
~	33	Total net assets or fund balances	0.	33	8,371,233.
	34	Total liabilities and net assets/fund balances	0.	34	<u>8,371,233.</u>

Form	· 990 (2017)	PYRRHA	GLADYS	GRODMAN	EDUCATIONA	L TRUST	82-61	93942	Pag	ge 12
		liation of Net As	sets							
	Check if So	chedule O contains a i	response or no	ote to any line in	this Part XI	•				
										
1	Total revenue (mu	ust equal Part VIII, col	lumn (A), line 1	12)			1	9,02		
2		must equal Part IX, co				•	2			<u> 39.</u>
3	•	penses Subtract line:					3	8,37	1,2	33.
4	Net assets or fun	nd balances at beginni	ing of year (mi	ust equal Part X,	line 33, column (A))		4		_	0.
5		ains (losses) on invest					5			
6	-	s and use of facilities					6			
7	Investment exper	nses					7			
8	Prior period adjus	stments					8			
9	•	n net assets or fund ba	alances (expla	in in Schedule O)		9			0.
10		nd balances at end of				, line 33,				
	column (B))			_			10	8,37	1,2	33.
Pa	rt XII Financia	al Statements an	d Reportin	g	······································					
	Check if So	chedule O contains a	response or n	ote to any line in	this Part XII					
									Yes	No
1		nod used to prepare th				Other	· · · · · · · · · · · · · · · · · · ·			
		on changed its method					le O.			
2a	Were the organiz	zation's financial state	ments compile	ed or reviewed b	y an independent acc	countant?		2a		X
	If "Yes," check a	box below to indicate	e whether the	financial stateme	ents for the year were	compiled or reviews	ed on a			İ
	separate basis, c	consolidated basis, or	both.							l
	Separate b	pasis Consc	olidated basis	Both	consolidated and sep	arate basis				İ
b	Were the organiz	zation's financial state	ments audited	d by an independ	dent accountant?			2b		X
	If "Yes," check a	a box below to indicate	e whether the	financial stateme	ents for the year were	audited on a separa	ate basis,			
	consolidated bas	sis, or both:								İ
	Separate b	pasis Consc	olidated basis	Both 6	consolidated and sep	arate basis				
С	If "Yes" to line 2a	a or 2b, does the orga	anızatıon have	a committee tha	t assumes responsib	ility for oversight of t	the audit,			
	review, or compi	ilation of its financial s	tatements and	d selection of an	independent account	tant?		2c		<u></u>
		on changed either its o					hedule O.			İ
За	As a result of a fe	ederal award, was the	organization	required to unde	rgo an audit or audits	as set forth in the S	Single Audit			İ
	Act and OMB Cir		· •					3a		X
b	If "Yes," did the	organization undergo	the required a	udit or audits? If	f the organization did	not undergo the rec	juired audit			
		n why in Schedule O a						3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury nternal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization **Employer identification number** PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Jype I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (ii) EIN (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) THE UNIVERSITY OF GUADALAJARA FOUNDAT80-0159475 X 607,500.

607,500.

Schedule A (Form 990 or 990-EZ) 2017 PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 /(c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked			organization failed	I to qualify under I	Part II. If the organiz	zation fails to
Sac	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II)	· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(4) 2016	(e) 2017	/D Total
	Gifts, grants, contributions, and membership fees received (Do not	(a) 2013	(b) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
	include any "unusual grants.")					,,,,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,		
3	Gross receipts from activities that				1		
	are not an unrelated trade or bus- iness under section 513				g de de		
4	Tax revenues levied for the organ-	····			/		
	ization's benefit and either paid to				J. J. C.		
	or expended on its behalf			,			
5	The value of services or facilities		-	1			
	furnished by a governmental unit to			<i>/*</i>			
	the organization without charge			gg ^d .			
6	Total. Add lines 1 through 5			1			
7 a	Amounts included on lines 1, 2, and			1			
	3 received from disqualified persons			Y			
b	Amounts included on lines 2 and 3 received		1				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		7				
8	Public support. (Subtract line 7c from line 6.)		1				
	tion B. Total Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	/ (b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	<u> </u>					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	<i>j</i> , <i>j</i> ,					
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	J ^d					
c	Add lines 10a and 10b	/	İ				
	Net income from unrelated business activities not included in line 10b./ whether or not the business is / regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the			-			▶ □
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						▶□
	23 10-06-17					edule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

			nizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
			110
	1	х	
	_ 2		<u>x</u>
	3a		X
	3b	_	
	3c		
			v
	4a		<u>X</u>
	4b		
	_4c		
	5a		<u>X</u> _
	5b		
	5c		
			37
	6		<u>X</u>
	7		<u>X</u>
	8		X
	9a		X
	Oh		y
	9b	_	<u>X</u>
	_9c		<u>X</u>
	10a		<u>X</u>
	10b		
n 9	90 or 99	0-EZ)	2017

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Sche	rt IV Supporting Organizations (continued)	19394	.2 P	<u>age 5</u>
Га	rt IV Supporting Organizations (continued)			T
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	1	X
b	A family member of a person described in (a) above?	11b	† – –	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	†	X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	11	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1	L	<u> </u>
Sec	tion D. All Type III Supporting Organizations		1.,	г <u>.</u> .
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	x	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		^	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	x	l
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard.	3		x
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instruction	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			ĺ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ĺ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.			:
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			Ī
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				ı
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	لـــــا	

Schedule A (Form 990 or 990 EZ) 2017 PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 0. 9,986. Net short-term capital gain 1 0. 0. Recoveries of prior-year distributions 2 Other gross income (see instructions) 0. 3 4 Add lines 1 through 3 4 0. 9,986. Depreciation and depletion 5 Ο. 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 O Other expenses (see instructions) 0. 0. 7 0 9,986. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 0. a Average monthly value of securities 2,401,286. 1a 0. b Average monthly cash balances 3,124,470. 1b 0. c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 0 5,525,756. 1d e Discount claimed for blockage or other 0. factors (explain in detail in Part VI). 2 Acquisition indebtedness applicable to non-exempt-use assets 2 0 0. 0. 5,525,756. Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 0. 82,886. 4 5,442,870. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 0. 6 Multiply line 5 by 035 6 0. 190,500. Recoveries of prior-year distributions 0. 0. 7 8 Minimum Asset Amount (add line 7 to line 6) 8 0. 190,500. Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 0. 1 2 Enter 85% of line 1 2 0. Minimum asset amount for prior year (from Section B, line 8, Column A) 0. 3 4 Enter greater of line 2 or line 3 4 0. Income tax imposed in prior year 5 0. 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2017

0.

emergency temporary reduction (see instructions)

instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017 PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942 Page 7

	Non-Functionally Integrated 50			2 01333 12 Fage 7
Section D - Distribution				Current Year
	supported organizations to accomplish ex	empt purposes		607,500.
	perform activity that directly furthers exen			
organizations, in	excess of income from activity			
3 Administrative ex	penses paid to accomplish exempt purpo	ses of supported organization	s	18,889.
	acquire exempt-use assets			
5 Qualified set-asic	le amounts (prior IRS approval required)			
6 Other distribution	ns (describe in Part VI) See instructions.			
7 Total annual dis	tributions. Add lines 1 through 6			626,389.
8 Distributions to a	ttentive supported organizations to which	the organization is responsive)	
(provide details i	n Part VI). See instructions			626,389.
9 Distributable ame	ount for 2017 from Section C, line 6			
10 Line 8 amount di	vided by line 9 amount			100,00%
Section E - Distribution	on Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable am	ount for 2017 from Section C, line 6			
2 Underdistribution	ns, if any, for years prior to 2017 (reason-			
able cause requi	red- explain in Part VI). See instructions			
3 Excess distributi	ons carryover, if any, to 2017			
b From 2013				
<u>c</u> From 2014				
d From 2015				
e From 2016			 	
f Total of lines 3a	through e			
g Applied to under	distributions of prior years			
h Applied to 2017	distributable amount			
	012 not applied (see instructions)			
j Remainder Subt	ract lines 3g, 3h, and 3i from 3f.			
4 Distributions for	2017 from Section D,			
line 7	\$ 626,389	•	 	
a Applied to under	distributions of prior years			
b Applied to 2017	distributable amount			
	ract lines 4a and 4b from 4	626,389.		
•	rdistributions for years prior to 2017, if			
	es 3g and 4a from line 2 For result greater	·		
	n in Part VI. See instructions			
•	rdistributions for 2017 Subtract lines 3h			
and 4b from line	1. For result greater than zero, explain in			
Part VI See inst				
	tions carryover to 2018. Add lines 3 ₁	505 000		
and 4c		626,389.		
8 Breakdown of lin		 		
a Excess from 201		<u> </u>		
b Excess from 201		 		
c Excess from 201		 		
d Excess from 201				
e Excess from 201	7 626,389.		<u> </u>	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-E	Z) 2017 PYRRHA	<u> GLADYS</u>	GRODMAN	_EDUCATION	<u>IAL TRUST</u>	82-6193942 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Section D, lines 5,	Information. Prolines 1, 2, 3b, 3c, 4b	ovide the expla o, 4c, 5a, 6, 9a, Part IV. Sectio	nations required 9b, 9c, 11a, 11b on E. lines 1c, 2a,	by Part II, line 10; , and 11c, Part IV, 2b, 3a, and 3b, Pa	Part II, line 17a or Section B, lines 1 art V. line 1. Part V	17b; Part III, line 12, and 2, Part IV, Section C, /. Section B. line 1e: Part V.
	(See instructions)						
							
	 						
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

information	
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vame of the organization PYRRHA GL	PYRRHA GLADYS GRODMAN		EDUCATIONAL TRUST	E			Employer identification numbe 82–6193942
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	lon V
cineria used to award trie grants or assistance?	Istalice /	torse to some of server	· ·	Otatos.			J
1 🚡	Domestic Organia	zations and Domestic	c Governments. O	omplete if the orga	inization answered "\	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if additi	ional space is need	ed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF GUADALAJARA FOUNDATION IN THE USA, INC - P O SOX 4578 - DOWNEY CA 90241	80-0159475	501(C)3	607 500	0			EDUCATION SCHOLARSHIPS
							1

Schedule I (Form 990) (2017)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

N

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 26 (b) Number of recipients (a) Type of grant or assistance 732102 11-01-17

Page 2

82-6193942

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST

Schedule I (Form 990) (2017)

Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PYRRHA GLADYS GRODMAN EDUCATIONAL TRUST 82-6193942
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STATES OF AMERICA INC. BY PROVIDING NEED-BASED SCHOLARSHIPS TO STUDENTS
WHO ATTEND UDG; TO FUND SCHOLARSHIPS AND/OR PRIZES TO PROMINENT ARTISTS
FROM THE STATE OF JALISCO; AND TO FUND AND SUPPORT ARTISTIC AND/OR
CULTURAL PROGRAMS TO BENEFIT LATINO STUDENTS AND ALUMNI LIVING IN THE
UNITED STATES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
JALISCO; AND TO FUND AND SUPPORT ARTISTIC AND/OR CULTURAL PROGRAMS TO
BENEFIT LATINO STUDENTS AND ALUMNI LIVING IN THE UNITED STATES.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS AVAILABLE FOR THE BOARD MEMBERS TO REVIEW PRIOR
TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12:
THE BOARD REGULARLY MONITORS ALL BUSINESS TRANSACTIONS TO ENSURE THAT THERE
IS NO CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION DOES NOT HAVE ANY KEY EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)