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

<u>In</u>		Revenue Service	► Go to www.irs	gov/Form990PF for inst	ructions and the latest infor	mation.	Open to Public Inspection
F	ог са	lendar year 201	9 or tax year beginning		, 2019, and ending		, 20
N	ame o	f foundation				A Employer ide	ntification number
	VIZ	JENT FOUNDA	TION, INC			22-2710	552
N	ımber	and street (or P O	box number if mail is not delivered	to street address)	Room/suite	B Telephone no	ımber (see instructions)
	290	EAST JOHN	CARPENTER FWY.			(972)	830-0000
Cı	ty or t	own, state or provinc	ce, country, and ZIP or foreign pos	tal code			
						C if exemption ap	
	IRV	ING, TX 750	62-2710			pending, check	nere
G	Che	ck all that apply:	: Initial return	Initial return	of a former public charity	D 1 Farana araa	nizations, check here •
			Final return	Amended re	turn		anizations meeting the
			Address change	Name chang	ie .	85% test, ch	eck here and attach
H	Che	ck type of organ	nization: X Section 501	<u>-</u>		computation	
ï		•	nonexempt chantable trust	· —	rivate foundation		ation status was terminated
<u>,</u>				ounting method: C		i	07(b)(1)(A), check here
•				Other (specify)	asii [-] Acciuai		on is in a 60-month termination
		► \$	00 000	, column (d), must be on c	ach basis \	- under section 5	07(b)(1)(B), check here . 🕨
		_	. [(, 2)	, '	asii basis)		(d) Disbursements
L	art		evenue and Expenses (The s in columns (b), (c), and (d)	(a) Nevenue and	(b) Net investment	(c) Adjusted net	for charitable
_		may not necess	arily equal the amounts in	expenses per books	income	income	purposes (cash basis only)
_		column (a) (see		117,184.	me Sula that a leave on min	1 3 m f	(cash basis only)
	1	,	ants, etc., received (attach schedule) .	117,104.		a state of the same of the	1 7 7 7
	2	check att	ach Sch B	THE STATE OF THE PARTY OF THE P	CHA COMPANIAN BE 1 44	mantality mass to	A TO THE
	3	J	and temporary cash investments.	1,441.			
	4	Dividends and in	terest from securities	1,441.			
	5a	Gross rents		(1991 No. o May the one of a			
	b	Net rental income o	r (loss)	112.0 At 1 Date due of 1	OF DOCE OF BUILDING		
ne	6a b	Net gain or (loss) fr Gross sales price for	rom sale of assets not on line 10				
Revenue	"	assets on line 6a		·	RECEIVEL	<u>) </u>	10° 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
è	7	Capital gain net i	ncome (from Part IV, line 2) .			<u> v </u>	
Œ	8	Net short-term ca	apital gain		151 NOV 17 2020	191	
	9	Income modificat	nons	-	ISI NUV I - COCK	33	
	iva	Gross sales less retu and allowances			W	,, , ,, _{,, ,, ,} ,	CL 4 a ca 4 a leas a
	ь	Less Cost of goods	sold .		OGDEN, U		2.3 4 4500 at 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	С	Gross profit or (lo	oss) (attach schedule)				
	11	Other income (at	tach schedule)	<u></u>			
_	12	Total. Add lines 1	l through 11				
	13	Compensation of of	fficers, directors, trustees, etc	0.			
es			salanes and wages	21,998.			21,9
Š	15	Pension plans, ei	mployee benefits	2,575.			2,5
ğ	16a		n schedule)				
ŵ	ь		(attach schedule)				
<u>≤</u>	c		al fees (attach schedule)				
at	17						
ī	18		redule) (see instructions)[1].	1,779.			1,7
Ξ.	19	,	ach schedule) and depletion.			_	
투	20	,		377.			3
₹	21		es, and meetings				
5	22		lications				
Operating and Administrative Expens	23	• •	attach schedule) ATCH .2.	46.			
Ē	23						· · · · · · · · · · · · · · · · · · ·
ī	24		and administrative expenses.	26,775.			26,7
þ			ough 23	120 015			1 23,7
O		_	fts, grants paid	165 700			26,7
_	26		sbursements. Add lines 24 and 25	103,790.			20,7
	27	Subtract line 26 f		40 1.00			
			over expenses and disbursements	-47,165.	1 + 7 4 54	* 4 -4/ ₋₅ xv	32 ct capped the court
	Ь	Net investment i	ncome (if negative, enter -0-)		0.		
	_	Adjusted net inco	ome (if negative, enter -0-)				

Page 2

Ρ	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End o	of year
			amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
П	11	Cash - non-interest-bean		130,312.	89,8	72.	89,872
			cash investments				
		Accounts receivable				* * ·	7 4 A
		-	btful accounts ▶				
1		Pledges receivable		12. 新山村 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	to my grane, with was	Sep 1 4	
1		Less allowance for dou	htful accounts	ATTION OF THE PARTY OF THE PART	The second secon	- Williams	。 デザンショウ あま ・ 4200で A Much 10 Much 1
l							
l	-		officers, directors, trustees, and other				
1			tach schedule) (see instructions)				
l		, , ,	receivable (attach schedule)	First Was daily a see 1 . Tel.	1 "家部是在公司	.,, · · · · ·	a Bridge Record Rel
1			btful accounts	Eliteration of the subsequents of a framework of the set	كالرباء سودجينا والمراجية والمراجعة والمراجعة والمراجعة	west These	W. Plan to Barthelia ali mandri Prafia 1 — de la "andre de de la mandria
,							
į			se		<u>_</u>		
2000			leferred charges	<u> </u>			
1			te government obligations (attach schedule).				
l		•	e stock (attach schedule)				
		Investments - corporate Investments - land, buildings	e bonds (attach schedule)s.				1
ĺ		and equipment basis Less accumulated deprecia		······			
		(attach schedule)					
i			loans				
l		Investments - other (atta Land, buildings, and	ach schedule)	Mar Sar F. Fr. Fr. Fr. 1987			Company of the backs the company of
		equipment basis	<u> </u>	True and the state of the same	كانفا ليستنين الكالم واستنست الكافات	أسسطاعك	BTIN THE BUILDING WAS TO SHEET AND THE STATE OF THE STATE OF
Į		Less accumulated deprecia (attach schedule)	ation				
1	15	Other assets (describe	>)				
I			completed by all filers - see the				
1		instructions Also, see p	age 1, item I)				
l	17	Accounts payable and a	accrued expenses	12,853.	6,8	73.	ł
1	18	Grants payable					
1	19	Deferred revenue					1
	20	Loans from officers, directo	ors, trustees, and other disqualified persons				1
	21	Mortgages and other no	otes payable (attach schedule)				Ī
i			e►ATCH 3)		12,7	05.	}
		•					1
	23	Total liabilities (add line	es 17 through 22)	12,853.	19,5	78.]
,			w FASB ASC 958, check here				
3		and complete lines 24,					
200		•	or restrictions	117,458.	70,2	93.	
3			estrictions				1
- 1			ollow FASB ASC 958, check here		,		i
		and complete lines 26 thr					
-	26	•	cipal, or current funds				
,	26 27	•	r land, bldg , and equipment fund				
;	28	• • •	ulated income, endowment, or other funds				<u> </u>
:		• .		117,458.	70,2	9.3	
			d balances (see instructions)	12.,130.	, , , ,	٠,٠	1
:			•	130,311.	89,8	71	
ļ			nggo in Not Appets or Fund Pals		05,0	,	1
•	art III		nges in Net Assets or Fund Bala	-	must sares with		
•			palances at beginning of year - Part		- 1		117 150
		-	ed on prior year's return)			1_	117,458
			, line 27a		Г	2	-4/,165
						3	70,293
						4	70,293
		reases not included in			<u> </u>	5	70.000
6	Tota	I net assets or fund b	palances at end of year (line 4 minus	s line 5) - Part II, column (b), line 29	6	70,293

, ago o

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and de	scribe the kind(s) of property sold (for earliek warehouse, or common stock, 200	•	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1 a	· · · · · · · · · · · · · · · · · · ·					
<u>b</u>						
<u>c</u>	 		<u> </u>			
<u>d</u>						
<u>e</u>			1 423 0 - 4 4 1	 	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
<u>a</u>				1		
<u> </u>					· · · · · · · · · · · · · · · · · · ·	
<u>c</u>						
<u>d</u>						
<u>е</u>	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69			
	Complete only for assets s		1		Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>						
<u>b</u>						
<u> </u>						
<u>d</u>	<u> </u>					
<u>e</u>		e If a	ain, also enter in Part I, line 7	l i I		
2	Capital gain net income	or (net capital loss)	oss), enter -0- ın Part I, line 7	2		
3		pain or (loss) as defined in sections				
	•	Part I, line 8, column (c) See ins				
_				3		
Par		 	duced Tax on Net Investment In e section 4940(a) tax on net investi			
Was			outable amount of any year in the b Do not complete this part	ase perio	d?	Yes X No
1		mount in each column for each ye	ar; see the instructions before maki	ng any er	ntries	
Cale	(a) Base period years Indar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
	2018	26,429.	268,853.			0.098303
	2017	1,985,848.	417,296.			4.758847
	2016	534,208.	646,765.			0.825969
	2015	51,154.	765,232.		 .	0.066848
	2014	37,492.	702,517.			0.053368
2	Total of line 1, column ((d)		2		5.803335
3		o for the 5-year base period - divid			· · · · · · · · · · · · · · · · · · ·	
	•	foundation has been in existence		3		1.160667
4	Enter the net value of n	oncharitable-use assets for 2019 f	from Part X, line 5	4		129,511.
5	Multiply line 4 by line 3.			5		150,319.
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)		6	···	
7	Add lines 5 and 6			7		150,319.
8		tions from Part XII, line 4		8 that part	using a 1% ta	26,775. c rate. See the
	Part VI instructions			• • •	J	

JSA 9E1430 1 000 TT9003 C099

	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			- 1
	Oate of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here ▶ and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2			0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0.
6	Credits/Payments			1
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
ь	Exempt foreign organizations - tax withheld at source 6b			1
c	Tax paid with application for extension of time to file (Form 8868) 6c			- {
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•		
	Enter the amount of line 10 to be Credited to 2020 estimated tax			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	participate or intervene in any political campaign?	1a	1	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1	
	instructions for the definition	1 _b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		 	
		'	1	1 1
_	published or distributed by the foundation in connection with the activities.	1c		X
	Did the foundation file Form 1120-POL for this year?		+	1
	(1) On the foundation \$\infty\$ \\ \bigs	ŀ		[
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	
е				
_	on foundation managers \$	2		X
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	+	
	If "Yes," attach a detailed description of the activities	l		
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article		~	X
	of incorporation, or 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?	4b	+	X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	+	 ^ -
	If "Yes," attach the statement required by General Instruction T.	1	-	(
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			!
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1	- x	
	conflict with the state law remain in the governing instrument?	6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	+^-	
	Enter the states to which the foundation reports or with which it is registered. See instructions.		1	
	DE,TX,	_ [1	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	- ; ;	
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	1	X	₩.
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) o	·	-	
	4942(J)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,		1	
		۱ ۵	1	X
	complete Part XIV	9		
	complete Part XIV			x

Form	990-FF (2019) VIZIENT FOUNDATION, INC 22-2710	7552		aye o
Pa	rt VII-A Statements Regarding Activities (continued)		Voc	No
		<u> </u>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	11		х
40	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			- 11
12	person had advisory privileges? If "Yes," attach statement. See instructions,	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	Website address ► N/A		·	
14	The books are in care of ▶ HELEN MIHAS, VIZIENT INC Telephone no ▶ 972-830-	-000)	
• •	Located at ▶290 EAST JOHN CARPENTER FWY. IRVING, TX ZIP+4 ▶ 75062-2	710		
15			▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			ļ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disdualined person			
	(3) Further goods, services, or recinities to (or accept them norm) a disquarried personn.			
	(4) Fully compensation to, or pay or remodeled the expanses or, a disquestion for the limit of t			
	(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)?			
		}		
	(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	1	'	
	termination of government service, if terminating within 90 days)			
	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		ŀ	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			!
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			İ
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	l		,
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b	ļ	Х
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1	ľ	
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
t	of "Yes," did it have excess business holdings in 2019 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	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	3b		X
4	foundation had excess business holdings in 2019)	4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	74		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
			0-PF	

·

Pai	rt VII-B Statements Regarding Activitie	es for which form	4/20 May be Red	uneu (continueu)			
5a	During the year, did the foundation pay or incur any a	mount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to in	fluence legislation (sectio	n 4945(e))?	. Yes X N	0		1
	(2) Influence the outcome of any specific public	election (see section 4	1955); or to carry or				
	directly or indirectly, any voter registration drive?			. Yes X N	0	!	
	(3) Provide a grant to an individual for travel, study, of	or other similar purposes?		. Yes X N	0		}
	(4) Provide a grant to an organization other than	a charitable, etc., org	anization described i	n			
	section 4945(d)(4)(A)? See instructions				о		
	(5) Provide for any purpose other than religious,	charitable, scientific, I	iterary, or educations	al			
	purposes, or for the prevention of cruelty to child				- 1		
b	If any answer is "Yes" to 5a(1)-(5), did any of t						
	Regulations section 53 4945 or in a current notice re	garding disaster assistan	ce? See instructions.		<u>5b</u>	1	X
	Organizations relying on a current notice regarding d	saster assistance, check	here		`		
C	If the answer is "Yes" to question 5a(4), does t		-	F1 F1	İ		
	because it maintained expenditure responsibility for t	ne grant?		. Yes X N	0		
	If "Yes," attach the statement required by Regulation						
6a	Did the foundation, during the year, receive any	=			_		
	on a personal benefit contract?			. — —		-	اســـا X
Ь	Did the foundation, during the year, pay premiums,	directly or indirectly, on a	personal benefit contra	ict /	. <u>6b</u>	 	
7-	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation	narty to a prohibited to	v shelter transaction?	Yes X N			
7a b	If "Yes," did the foundation receive any proceeds or		-	• — —	- I	-	- <u>-</u> -
8	Is the foundation subject to the section 4960 tax on	•			. 10		1
Ü	remuneration or excess parachute payment(s) during			. Yes N	io		
Pa	rt VIII Information About Officers, Direct				_		·
	and Contractors	lation managers and	their compensation	See instructions			
1	List all officers, directors, trustees, and found	(b) Title, and average	(c) Compensation	(d) Contributions to	T		unt
		(e) into, and arciago	(0) 00mpunaaaan		I (a) Evnen		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen other a	ise accoi Ilowance	es
	(a) Name and address	hours per week	(If not paid,	employee benefit plans	(e) Expen other a	llowance	es
ATC		hours per week	(If not paid,	employee benefit plans	(e) Expen other a	Ise accor	0.
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen	Ise accor	es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen other a	se accor	es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen	ise accor	es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen other a	ise accor	es
ATC		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expen	ise acco	es
	H 4	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowance	0.
ATC	H 4 Compensation of five highest-paid employe	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowance	0.
2	H 4 Compensation of five highest-paid employe "NONE."	hours per week devoted to position	(If not paid, enter -0-) 0.	employee benefit plans and deferred compensation 0 .	ions). If n	none,	0.
2	H 4 Compensation of five highest-paid employe	hours per week devoted to position	(If not paid, enter -0-)	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	H 4 Compensation of five highest-paid employe "NONE."	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position continuous per week devoted to position devoted to position continuous per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position continuous per week devoted to position devoted to position continuous per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	H 4 Compensation of five highest-paid employe "NONE."	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position continuous per week devoted to position devoted to position continuous per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position continuous per week devoted to position devoted to position continuous per week devoted to position	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those hours per week hours per week	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those hours per week hours per week	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those hours per week hours per week	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those hours per week hours per week	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those hours per week hours per week	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
2	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those hours per week hours per week	(If not paid, enter -0-) 0.	e 1 - see instruct (d) Contributions to employee benefit plans and deferred	ions). If n	none,	0.
(a)	Compensation of five highest-paid employe "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continues (other than those than those devoted to position) (b) Title, and average hours per week devoted to position	(If not paid, enter -0-) 0 . ie included on lin (c) Compensation	e 1 - see instruct (d) Contributions to employee benefit plans and deferred compensation	ions). If n	none,	enter unt,

Dane	•

3 Five highest-paid independent contractors for professional services. See instruction	ons. If none, enter "NON	."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		
otal number of others receiving over \$50,000 for professional services	<u></u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical informorganizations and other beneficianes served, conferences convened, research papers produced, etc.	ation such as the number of	Expenses
1 N/A		
		1
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 NONE		
	· · · <u>· · · · · · · · · · · · · · · · </u>	
2		
All other program-related investments See instructions		
3		ļ
NONE		

D~	٠.	۶

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign foundations,	
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	
b		1b	131,483.
C	Fair market value of all other assets (see instructions)	1c	
d		1d	131,483.
е	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	
	1c (attach detailed explanation)	.	
2	Acquisition indebtedness applicable to line 1 assets	2	101 100
3	Subtract line 2 from line 1d	3	131,483.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	1 . 1	1 070
	instructions)		1,972.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	129,511.
6	Minimum investment return. Enter 5% of line 5		6,476.
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	6,476.
2 а			<u> </u>
b		†	
c		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,476.
4	Recoveries of amounts treated as qualifying distributions	§ 1	
5	Add lines 3 and 4		6,476.
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,476.
Pai	rt XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		26 775
a			26,775.
b	 		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	I I	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
a		3a	
b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b	26 225
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	26,775.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		^
_	Enter 1% of Part I, line 27b. See instructions.		0. 26,775.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when can qualifies for the section 4940(e) reduction of tax in those years	acculating whether	r the roundation

Page 9

_	rt XIII Undistributed Income (see Instr	ructions)			Page 9
Га	The All Conditional Indiana Income (See 1130)	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7			·-····································	6,476.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only				
	Total for pnor years 20 17 ,20 16 ,20 15				· · · · · · · · · · · · · · · · · · ·
					1
а	From 2014	متهنة خاسه	a franchis men	19	* / 1 T/4 (F) APP (F)
	From 2015 13,192.				
С	From 2016 502,026.				}
d	From 2017 1,964,983.				
е	From 2018 12,986.				
f	Total of lines 3a through e	2,493,889.	CS - Calada P +	ا الله الله الله الله الله الله الله ال	,* 1
4	Qualifying distributions for 2019 from Part XII, line 4 > \$ 26,775.				
a	Applied to 2018, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required - see instructions)]
С	Treated as distributions out of corpus (Election required - see instructions)		Light lights, or you the stiff of the But	"就一样快。"""不大概。	CARLON S. T. CV
d	Applied to 2019 distributable amount				6,476.
	Remaining amount distributed out of corpus	20,299.	way Altha ark Althad	de to so a constant	FACE THE A BE A PER BOTH TO
	Excess distributions carryover applied to 2019 (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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,514,188.			
b	Prior years' undistributed income Subtract			1 1	
	line 4b from line 2b				
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				1
	amount - see instructions				
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus		intigory in the following of the second	a supremer has pro-	State to the state of the state of
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				}
	required - see instructions)				i
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	702.			1
9	Excess distributions carryover to 2020.				
-	Subtract lines 7 and 8 from line 6a	2,513,486.			
10	Analysis of line 9.	<u> </u>			
	Excess from 2015 13,192				
	Excess from 2016 502,026.				!
	Excess from 2017			1	1
	Excess from 2018 12,986.				
	Excess from 2019 20,299.				
	·			·	5 000 DE (0010)

Рa	rt XIV 、 Private Ope	erating Foundations	s (see instructions	and Part VII-A, que	stion 9)	NOT APPLICABLE
1 a	If the foundation has r	<u>-</u>			erating	
	foundation, and the ruling			-		
	Check box to indicate w		is a private operating		in section 4942	(j)(3) or 4942(f)(5)
2 a	Enter the lesser of the ad- justed net income from Part	Tax year	/b) 2048	Prior 3 years	(4) 2046	(e) Total
	for the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	+ /
	return from Part X for each					
	year listed					
	85% of line 2a			- -	 - /	<u></u>
C	Qualifying distributions from Part XII, line 4, for each year listed .					
d	Amounts included in line 2c not	-			 	
_	used directly for active conduct					
	Overline distributions made	-				
	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c			/		
	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	"Support" alternative test - enter	··········		† ·		
Ĭ	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)), or royalties)	4				
	(2) Support from general					,
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(III)			<u> </u>	· - ··	
	port from an exempt					
	organization					
Рa		tary Information (Complete this par	t only if the foun	dation had \$5,000	or more in assets at
	any time dւ	uring the year - see	instructions.)			
1	Information Regarding	•				
а	List any managers of t					
	before the close of any	tax year (but only if tr	iey nave contributed	more than \$5,000).	(See section 507(d)(2))
	N/A .	 				
b	List any managers of					ly large portion of the
	ownership of a partners	snip or other entity) of	which the foundation	n nas a 10% or great	ter interest.	
	/-					
	N/A Information Regarding	. Cautalbudian Cana	Ciff Lana Sabalana	his sta December		
2		-				
	Check here ► X if th	ne foundation only	makes contributions	to preselected ch	aritable organizations	and does not accept
	unsolicited requests fo complete items 2a, b, c			rants, etc., to individ	uals or organizations t	inder other conditions,
	The name, address, an			the nerson to whom a	andications should be ad	Ideanad
а	rne name, address, an	ia telephone number	or email address of	ine person to whom a	ipplications should be ad	aressea
h	The form in which appli	cations should be sul	omitted and informat	ion and materials the	ev should include:	
-	c iii miloir uppii	0.100.0 00 001			-, 552.3 11.0.030	
С	Any submission deadlin	nes		•		
						
d	Any restrictions or lir factors:	nitations on awards	, such as by geog	raphical areas, char	ritable fields, kinds of	institutions, or other

JSA 9E1490 1 000 TT9003 C099

Page **11**

Supplementary Information	(continued)		Letura Daves	
Grants and Contributions Paid Du Recipient Name and address (home or business)	If recipient is an individual,	Foundation	uture Payment	
Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
,				
TCH 5				
		1		
		1		
	^			
	:			
		1		
	<u> </u>	<u> </u>		
Total	<u> </u>		▶ 3a	139,0
Approved for future payment				
				•
`				
	1			

age	1	2

Unrelated business notions (b) (b) (c) (c) (c) (d) Amount Enthweat road (Be instructions) (Remarked or exempt) (Remarked or exe	Part XVI	-A Analysis of Income-Prod	ucing Act	ivities	1		_
a Be an account of the company cash mestinents and company cash mestinents an awings and company cash mestinents and because a season of the company cash mestinents and property and interest from securities and season and interest from securities a	Enter gross	amounts unless otherwise indicated	(a)	(b)	(c)	(d)	Related or exempt
b C d d e e e e e e e e e e e e e e e e e	1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
d d g fees and contracts from government agences 2 Membership dues and assessments	-				 		
d e g Fess and contracts from government agences 2 2 Membership dues and assessments		·	<u> </u>		-		
g Foss and contracts from government agences 2 Membership dues and assessments					-		
g Fees and contracts from government agencies 2 Membership dues and assessments							
g Fees and contracts from government agencies 2 Membership dues and assessments					 		, ··· ,
2 Membership dues and assessments		and contracts from government agencies					
3 Interest on savings and temporary cash investments	_	-					
4 Dividends and interest from securities		•	Ĺ				
a Debt-financed property		· · ·		1,441.	<u> </u>		
b Not debt-financed property	5 Net rent	al income or (loss) from real estate					
8 Net rental income or (loss) from personal property 7 Other investment income		-			_		
7 Other investment income		1					· · · · · · · · · · · · · · · · · · ·
8 Gam or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory . 11 Other revenue a OTHER INCOME b	6 Net renta	al income or (loss) from personal property					
9 Net income or (loss) from special events					-		
10 Gross profit or (loss) from sales of inventory. 11 Other revenue: a OTHER INCOME b c d e e							
11 Other revenue: a OTHER INCOME b c d e 12 Subtotal Add columns (b), (d), and (e)							
b c d d d d d d d d d d d d d d d d d d	10 Gross pi	NORTHER INCOME					
c d e 12 Subtotal Add columns (b), (d), and (e)					-		
d e							
Subtotal Add columns (b), (d), and (e)							
13 Total. Add line 12, columns (b), (d), and (e)							
13 Total. Add line 12, columns (b), (d), and (e)	12 Subtotal	Add columns (b), (d), and (e)		1,441.			
accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)	Part XVI-	B Relationship of Activitie	s to the A				uted importantly to the
	V						
		,					- L
						<u></u>	
					-		
•		· · · · · · · · · · · · · · · · · · ·		<u> </u>			 ,,

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

		Organizations									
		_		gage in any of the followi 01(c)(3) organizations) o		-			-	Yes	No
		ations?	than section of	or(c)(c) organizations, c	1 111 300110	11 027, 161	alling t	o political	1		١ '
	-		n foundation to a	noncharitable exempt orga	anization of				1		'
		·	-	· · · · · · · · · · · · · · · · · · ·					12/11	1	x '
-	•								1a(1)		X
•	•	ransactions.							1a(2)		
			naharitahla ayamr	t organization					44.44	-	· ˆx ~
•	•			ot organization					1b(1)		X
-				e exempt organization						i	$\frac{\hat{x}}{x}$
•	•			sets					1b(3)		^
•		_		• • • • • • • • • • • • • • • • • • • •					1b(4)		
											X
	•			or fundraising solicitations						├─	X
				other assets, or paid emplo						L	Х
				complete the following							
				s given by the reporting f							
v	alue II		r	ment, show in column (d)							
(a) Line	no	(b) Amount involved	(c) Name of non	charitable exempt organization		nption of transf	ers, transa	actions, and shar	ing arra	ıngeme	nts
		N/A			N/A						
		•									
								-			-
				· · · · · · · · · · · · · · · · · · ·				-			
	_				· · · · ·						
	-										
	+				+						
	-+										
					+						
			<u> </u>								
		-	-	ated with, or related to, o		•	-			_	_
				on 501(c)(3)) or in section	527?			. [Y	es 🔯	No
b If	"Yes,	" complete the follow	wing schedule.								
		(a) Name of organization	n e	(b) Type of organization		(c) Descri	otion of relations	hip		
				·							
					Ì			•			
				this return, including accompanying			the best	of my knowledg	e and t	elief, it	is true,
	correct	t, and complete Declaration of	preparer (other than taxpa	ayer) is based on all information of whic	h preparer has an	y knowledge		·			
Sign	Т	IM MOORE 2	· M	11/15/2020	ASSTS	T TREASU	3Y	May the IRS			
Here	-	ature of officer or trustee		Date	Title	1 11(1100)		with the pre			below?
	Joign	lature of officer or dissec-		Date	THIE			See mstructions	<u>, </u>		
	1	Dant/Type prepared	me	Preparer's signature		Data	-	1 1 -	PTIN		
Paid		Print/Type preparer's nai	ne	r reparer a signature		Date		16CK [] "	1114		
. L.a Prepa	rer			I	<u>.</u>	<u> </u>	Se	elf-employed			
-		Firm's name		 · · ···			Firm's El	N >			
Use C	Inly	Firm's address									
							Phone no				
								For	m 99 0)-PF	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No 1545-0047

2019

or 990-PF)

Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization
VIZIENT FOUNDATION, INC

Employer identification number

		22-2710552
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
[4947(a)(1) nonexempt charitable trust not treated as a private foun	dation
[527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
[4947(a)(1) nonexempt charitable trust treated as a private foundation	on
[501(c)(3) taxable private foundation	
Check if your organization is cover	red by the General Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8) instructions), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See
General Rule		
_	g Form 990, 990-EZ, or 990-PF that received, during the year, contribute operty) from any one contributor. Complete Parts I and II. See instruction butions	<u> </u>
Special Rules		
regulations under sectio 13, 16a, or 16b, and tha	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of treceived from any one contributor, during the year, total contributions a amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Co	r 990-EZ), Part II, line of the greater of (1)
contributor, during the y	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recear, total contributions of more than \$1,000 exclusively for religious, characteristics, or for the prevention of cruelty to children or animals. Complete	ritable, scientific,
contributor, during the ye contributions totaled mo during the year for an ex General Rule applies to	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recear, contributions exclusively for religious, charitable, etc., purposes, but re than \$1,000. If this box is checked, enter here the total contributions clusively religious, charitable, etc., purpose. Don't complete any of the paths organization because it received nonexclusively religious, charitable, during the year	no such that were received arts unless the etc., contributions
990-EZ, or 990-PF), but it must an	covered by the General Rule and/or the Special Rules doesn't file Sched swer "No" on Part IV, line 2, of its Form 990, or check the box on line H tify that it doesn't meet the filing requirements of Schedule B (Form 990,	of its Form 990-EZ or on its

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) (2019)

JSA

Employer identification number 22-2710552

<u> </u>			
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VIZIENT INC 290 E JOHN CARPENTER FREEWAY IRVING, TX 75062-2710	\$ 75,940.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CORPORATE CONTRIBUTORS < \$5000 VARIOUS VARIOUS, TX 99999	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	VIZIENT SOUTHERN STATES 900 CIRCLE 75 PARKWAY SE ATLANTA, GA 30339	\$\$	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 Noncash (Complete Part II for 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 Noncash (Complete Part II for noncash contributions)

Employer identification number 22-2710552

Part II	Noncash Property	(see instructions).	Use duplicate copies of I	Part II if additional space is needed.
---------	------------------	---------------------	---------------------------	--

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

Name of organization VIZIENT FOUNDATION, INC

Employer identification number

22-2710552

1	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the type duplicate copies of Part III if addition	ns completing Par year. (Enter this in	: III, enter the total formation once S	of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I				
				
		(e) Transf	er of aift	
	Transferee's name, address, and		-	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
-		(e) Transf	er of gift	<u> </u>
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	1
-	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	<u> </u>
	Transferee's name, address, and	ZIP + 4	Relatio	nship of transferor to transferee
				
i				

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

JSA

TAXES ı PART I FORM 990PF,

REVENUE AND EXPENSES PER BOOKS

1,779.

CHARITABLE PURPOSES

1,779.

TOTALS

PAYROLL TAXES EXCISE TAX

DESCRIPTION

TT9003 C099

V 19-7.5F

VHAHE

ATTACHMENT 1

ATTACHMENT

- OTHER EXPENSES PART I FORM 990PF,

DESCRIPTION OFFICE EXPENSE

REVENUE AND EXPENSES PER BOOKS

CHARITABLE PURPOSES

46.

46.

TOTALS

46.

TT9003 C099

V 19-7.5F

VHAHE

ATTACHMENT 2

2019 FORM 990-PF VIZIENT FOUNDATION, INC

22-2710552

ATTACHMENT 3

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

OTHER CURRENT LIABILITIES

12,705.

TOTALS

12,705.

TT9003 C099

V 19-7.5F VHAHF

ATTACHMENT

EXPENSE ACCT

CONTRIBUTIONS

TO EMPLOYEE

TITLE AND AVERAGE HOURS PER

FRANCO DOOLEY

BYRON JOBE

COLLEEN RISK

AND OTHER

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ALLOWANCES BENEFIT PLANS COMPENSATION VHAHE WEEK DEVOTED TO POSITION SECRETARY & DIRECTOR GRAND TOTALS V 19-7.5F TREASURER CHAIR 290 EAST JOHN CARPENTER FWY. 290 EAST JOHN CARPENTER FWY. 290 EAST JOHN CARPENTER FWY. IRVING, TX 75062-2710 IRVING, TX 75062-2710 IRVING, TX 75062-2710 NAME AND ADDRESS

22-2710552

ATTACHMENT 5

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
NEBRASKA MEDICINE	NC.	NEBRASKA FLOODING - MARCH 2019 DISASTER RELIEF	10,000
98/400 NEBRASKA MEDICAL CENTER OMAHA, NE 68198		FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS	
		IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S	
		DISASTER RELIEF POLICY.	
CHILDREN'S HOSPITAL & MEDICAL CENTER	NC	NEBRASKA FLOODING - MARCH 2019 DISASTER RELIEF	10,000.
8200 DODGE STREET		FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL	
OMAHA, NE 68114		EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS	
		IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S	
		DISASTER RELIEF POLICY	
OSMOND GENERAL HOSPITAL	NC	NEBRASKA FLOODING - MARCH 2019 DISASTER RELIEF	2,500
402 N MAPLE ST		FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL	
OSMOND, NE 68765		EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS	
		IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S	
		DISASTER RELIEF POLICY.	
NEBRASKA METHODIST HEALTH SYSTEM	NC	NEBRASKA FLOODING - MARCH 2019 DISASTER RELIEF	40,000
825 S 169TH ST		FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL	
OMAHA, NE 68118		EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS	
		IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S	
		DISASTER RELIEF POLICY.	
BAPTIST HEALTH SYSTEM	N.	OKLAHOMA SEVERE STORM - JUNE 2019 DISASTER RELIEF	10,000
9601 BAPTIST HEALTH DRIVE		FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL	
LITTLE ROCK, AR 72205		EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS	
		IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S	
		DISASTER RELIEF POLICY	

ATTACHMENT 5 (CONT'D)

VIZIENT FOUNDATION, INC

RECIPIENT NAME AND ADDRESS

STILLWATER MEDICAL CENTER

STILLWATER, OK 74074

1323 W. 6TH AVE

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION OKTAHOMA SEVEDE STADM - HINE 2019 DETIEF	AMOUNT
	OKLAHOMA SEVEKE STOKM - JUNE 2019 DISASTEK KELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF POLICY	oo oo
	OHIO SEVERE STORM - JUNE 2019 DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF POLICY	25,000.
	OKLAHOMA SEVERE STORM - JUNE 2019 DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF POLICY	1,000.
	OHIO SEVERE STORM - JUNE 2019 DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF POLICY	10,000
	HURRICANE IRMA - SEPTEMBER 2017 DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA DECLARED DISASTERS IN ACCORDANCE WITH THE VIZIENT FOUNDATION'S DISASTER RELIEF POLICY	15,515

NORTHEASTERN HEALTH SYSTEM

DAYTON, OH 45402

PREMIER HEALTH

1400 E DOWNING ST TAHLEQUAH, OK 74464 DAYTON CHILDREN'S HOSPITAL

ONE CHILDREN'S PLAZA

DAYTON, OH 45404

MARTIN HEALTH SYSTEM 200 SE HOSPITAL AVE

STUART, FL 34994

ATTACHMENT 5

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VIZIENT FOUNDATION, INC

22-2710552

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

10,000

AMOUNT

ATTACHMENT 5 (CONT'D)

LMH HEALTH

RECIPIENT NAME AND ADDRESS

325 MAINE STREET

LAWRENCE, KS 66044

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PURPOSE OF GRANT OR CONTRIBUTION

KANSAS TORNADOES AND FLOODING - MAY 2019 DISASTER RELIEF FINANCIAL ASSISTANCE IS PROVIDED TO

DECLARED DISASTERS IN ACCORDANCE WITH THE VIZIENT INDIVIDUAL EMPLOYEE WHO IS VICTIM OF FEMA

FOUNDATION'S DISASTER RELIEF POLICY

139,015

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 5

TT9003 C099

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