Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No. 1545-0052 20 16 Open to Public Inspection

For	calend	lar year 2016 or tax year beginning , a	ind ending				
Nar	ne of fou	Indation			A Emplo	over identification number	
T	HE	ETHICIAN FOUNDATION			30-	-0736697	
		street (or P.O. box number if mail is not delivered to street address)	Ro	om/suite		none number (see instructions	3)
_1	401	- 19TH STREET			936	6-295-5767	·
1000		, state or province, country, and ZIP or foreign postal code			C If exer	nption application is pending,	check here
		SVILLE TX 77340				in the second seco	
GC	heck a	all that apply: 🔄 Initial return 🔄 Initial retur	n of a former public ch	narity	D 1. Fo	reign organizations, check he	re 🕨 🗌
		Final return Amended	return		2. Fo	reign organizations meeting th	ne
		Address change Name cha	nge		85	% test, check here and attach	computation
нс	heck t	type of organization: X Section 501(c)(3) exempt private	foundation			ate foundation status was term	
1	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation		sectio	n 507(b)(1)(A), check here	ト 🗆
		ket value of all assets at J Accounting method:	X Cash Acc	rual	F If the f	oundation is in a 60-month te	mination
er	nd of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 📋
		\$ 4,516,939 (Part I, column (d) must	be on cash basis.)				
Pa	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv	restment	(c) Adjusted net	 (d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	books	incor	me	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	1,185,487				(dddi'r bddio o'ny)
	2	Check ► □ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
ø	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
'nu	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	1 181,030				
Revenue	b	Gross sales price for all assets on line 6a 262, 500					
	7	Capital gain net income (from Part IV, line 2)			0		
_	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Stmt 2	19,919			19,919	
	12	Total. Add lines 1 through 11	1,386,436		0	19,919	
S	13	Compensation of officers, directors, trustees, etc.	0				
se	14	Other employee salaries and wages					
penses	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule) See Stmt 3	18,283				18,283
e	b	Accounting fees (attach schedule) Stmt 4	2,350		350		1,000
ttiv	c	Other professional fees (attach schedule)			6 6 4 6		
itra	17	Interest	6,840		6,840		470
nis	18	Taxes (attach schedule) (see instructions) Stmt 5	14,929		14,451	E2 407	478
Ē	19	Depreciation (attach schedule) and depletion Stmt 6	53,427			53,427	178,377
Ad	20	Occupancy	178,377				248
p	21	Travel, conferences, and meetings	248				311
al	22	Printing and publications Other expenses (att. sch.) Stmt 7	24,966				24,966
Operating and Administrative Ex	23 24	Other expenses (att. sch.) Stmt 7 Total operating and administrative expenses.	21,300				21,500
at	24		299,731	22	21,641	53,427	223,663
Del	25	Add lines 13 through 23 Contributions, gifts, grants paid	233,731			55/12/	225,005
0	25	Total expenses and disbursements. Add lines 24 and 25	299,731		21,641	53,427	223,663
-	20	Subtract line 26 from line 12:	2007101		,		
	a	Excess of revenue over expenses and disbursements	1,086,705				
	b	Net investment income (if negative, enter -0-)			0		
	202.2	Adjusted net income (if negative, enter -0-)				0	

For Paperwork Reduction Act Notice, see instructions.

2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶	For	m 990	-PF (2016) THE ETHICIAN FOUNDATION	30-07366	97	Page 2
Image: set of the state state of the state of the state of the state of the s			Delement Character Attached schedules and amounts in the description column	Beginning of year	End o	f year
2 Swings and temporary cash investments 3 Account receivable 4 Plodges receivable 5 Grants receivable 6 Grants receivable 7 Mounds of doubtiful accounts 8 Grants receivable 9 Repeakable due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other rotes and base receivable (see constants of a due government obligations (attach schedule) (see constant do ferred charges 9 Prepade constants and deferred charges 9 Investments - corporate stock (attach schedule) 11 Investments - corporate stock (attach schedule) 11 Investments - oroprate stock (attach schedule) 12 Investments - oroprate stock (attach schedule) 13 Investments - oroprate stock (attach schedule) 14 Investments - oroprate stock (attach schedule) 15 Total assets (to be completed by all fitter - see the instructions. Also, see age 1, liem 1) 16 Nor		rart I	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Savings and temporary cash investments 3 Account receivable 4 Pledges receivable 5 Grants receivable 6 Receivable due from officers, directors, trustees, and other disqualified persons (attach schedule) (ace instructions) 7 Other notes and bare receivable 9 Preparie dependencies of read officers directors, trustees, and other disqualified persons (attach schedule) (ace instructions) 7 Other notes and bare receivable (ace cash schedule) (ace instructions) 9 Preparie dependencies of read officers directors (stach schedule) (ace cash schedule) 11 Investmenta - corporate books (attach schedule) 11 Investmenta - other (attach schedule) 11 Investmenta - other (attach schedule) 12 Investmenta - other (attach schedule) 13 Investmenta - other (attach schedule) 14 text schedule 15 Total assets (to be completed by all filtera - ace the instructions. Also, see page 1, tem 10. 16 Crants payable and caccute dependence 11 Integramently restricted 12 Other stacts of the dobalances (are other, schedule) 14 Integramently restricted 17	Т	1	Cash – non-interest-bearing	-4,418	12,548	12,548
3 Accounts receivable ▶ 4 Plodges receivable ▶ 1 Less: allowance for doubtful accounts ▶ 6 Recoverbase due from offices, directors, trustees, and other disqualified persons (attach schedule) (see the disqualified persons		2	Savings and temporary cash investments			
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24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 7 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total labilities and net assets/fund balances (see instructions) 31 Total net assets of fund balances (see instructions) 32 Total net assets of fund balances (see instructions) 33 Total net assets of fund balances (see instructions) 33 Total net assets of fund balances (see instructions) 33 Total net assets of fund balances (see instructions) 34 Total net assets of fund balances (see instructions) 35 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 25 Enter amount from Part I, line 27a 36 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 5						
Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	es		and complete lines 24 through 26 and lines 30 and 31.			
Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	and		***************************************			
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Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	r Fur		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	s o	27				
Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	set	28				
Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	As	29			other water	
Instructions) 3,336,091 4,701,645 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	let			3,289,100	4,375,805	
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5 5	~	31		2 226 001	4 701 645	
1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with 1 3,289,100 2 Enter amount from Part I, line 27a 2 1,086,705 3 0ther increases not included in line 2 (itemize) ► 3 4 Add lines 1, 2, and 3 4 4,375,805 5 5				3,336,091	4,/01,045	
end-of-year figure reported on prior year's return)13,289,1002Enter amount from Part I, line 27a21,086,70530ther increases not included in line 2 (itemize) ▶34Add lines 1, 2, and 344,375,805555						
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 5	1		이 사람이 집에 잘 잘 걸었다. 것은 것을 못 하는 것을 수 있는 것을 하는 것을 하는 것을 하는 것을 것을 수 있는 것은 것을 가지 않는 것을 하는 것을 가지 않는 것을 하는 것을 가지 않는 것을 하는 것을 수 있다. 가지 않는 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있다. 가지 않는 것을 하는 것을 수 있는 것을 수 있다. 것은 것을 하는 것을 수 있는 것을 수 있다. 같은 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있는 것을 것을 수 있다. 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 것을 수 있다. 것을 것을 것을 것 같이 것을 것 같이 하는 것을 것 같이 같이 없다. 것을 것 같이 있는 것을 것 같이 않는 것을 것 같이 않다. 것을 것 같이 없다. 것을 것 같이 없다. 것을 것 같이 없다. 것을 것 같이 않는 것 같이 없다. 것 같이 없다. 것 같이 없다. 것 같이 있는 것 같이 없다. 것 같이 없다. 것 같이 않는 것 같이 없다. 것 같이 않다. 것 않다. 것 같이 않다. 않다. 않다. 것 않다. 것 않다. 것 같이 않다.	Standard Standard States and States and States and		3 289 100
3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 4,375,805 5 Decreases not included in line 2 (itemize) ▶ 5						
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 5					**************	1,000,703
5 Decreases not included in line 2 (itemize) > 5						4,375,805
						4,375,805

Form 990-PF (2016) THE ETH	ICIAN FOUNDATION		30-0736697			Page 3
111111111111111111111111111111111111111	nd Losses for Tax on Investment Ir	ncome				
	ribe the kind(s) of property sold (e.g., real estate, arehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation		e acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A						
b						
c						
d						_
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	- 1753 (S.L.), (S.L.)	r other basis ense of sale			or (loss)) minus (g)
а						Q
b						
c						
d						
e						
Complete only for assets showin	g gain in column (h) and owned by the founda	tion on 12/31/	69	1	(I) Gains (Col.	(h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) l. (j), if any			less than -0-) or om col. (h))
a						
b						
c						
d						
e						
2 Capital gain net income or (net o	capital loss)	Standard and Standard Standards		2		
	ss) as defined in sections 1222(5) and (6): 8, column (c) (see instructions). If (loss), enter (-0- in 🔒				
Part I, line 8				3		
Part V Qualification U	nder Section 4940(e) for Reduced 1	Tax on Net	Investment Inco	ome		
	e foundations subject to the section 4940(a) ta					
If section 4940(d)(2) applies, leave t						
	ction 4942 tax on the distributable amount of a		base period?			Yes X No
f "Yes," the foundation does not qua	alify under section 4940(e). Do not complete th	is part.				
1 Enter the appropriate amount in	each column for each year; see the instruction	ns before mak	ing any entries.			
(a) Base period years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributions	Net valu	(c) le of noncharitable-use asse	ets		(d) tribution ratio divided by col. (c))
2015	175,37	6	37,	765		4.643877
2014						
2013						
2012						
2011						
2 Total of line 1, column (d)					2	4.643877
	5-year base period - divide the total on line 2	by 5, or by the	8			
number of years the foundation	has been in existence if less than 5 years			-	3	4.643877
4 Enter the net value of noncharita	able-use assets for 2016 from Part X, line 5 \ldots				4	C
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)				6	_
7 Add lines 5 and 6			********		7	0
	m Part XII, line 4				8	223,663

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

1	071	366	07
_	U / .	000	31

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********	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1.			
1200	Date 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			
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
•	Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
2	3			
3 4	Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0
6	Credits/Payments:			
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations – tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d 7			
8	Total credits and payments. Add lines 6a through 6d 7 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax Refunded 11			
Pa	rt VII-A Statements Regarding Activities	P		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	028		
	Instructions for the definition)?	<u>1b</u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			v
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
~	on foundation managers. ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2		-		
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1	X
10	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
Ŭ	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) TX			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation See Stmt 10	8b		X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9	X	-
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		x
	names and addresses	10		1

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Pa	art VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlle	d entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		X
12	Did the foundation make a distribution to a donor advised fund over which the found	ation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	n parte menter soore a upportant da parte regiona que concerte server a concerta da concerta da concerta da con Casa	12		x
13	Did the foundation comply with the public inspection requirements for its annual retu	Irns and exemption application?	13	X	
	Website address ETHICIANFOUNDATION.ORG				
14	The books are in care of SUE ANN DELK	T-1	295-	576	7
	1401-19TH STREET				
	Located at HUNTSVILLE	TX ZIP+4 ► 7734	0		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1				
	and enter the amount of tax-exempt interest received or accrued during the year				
16	At any time during calendar year 2016, did the foundation have an interest in or a si			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		x
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If	"Yes," enter the name of			
	the foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 472	20 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception	n applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person	n? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it fr	om) a			
	disqualified person?	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified pers	on? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified perso				
	(5) Transfer any income or assets to a disqualified person (or make any of either a				
	the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "N				
	foundation agreed to make a grant to or to employ the official for a period after				
	termination of government service, if terminating within 90 days)	Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the except	· · · · · · · · · · · · · · · · · · ·			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instru		1b		[
	Organizations relying on a current notice regarding disaster assistance check here	· · · · · · · · · · · · · · · · · · ·			
с	Did the foundation engage in a prior year in any of the acts described in 1a, other th				
	were not corrected before the first day of the tay year beginning in 20162	N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the fo				
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2016, did the foundation have any undistributed income (lines	6d and			
	Co. Doct VIII) for the control of the form and the	Yes X No			
	If "Yes," list the years > 20 , 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisio	ns of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If appl	ying section 4942(a)(2) to			
	all years listed answer "No" and attach statement - see instructions)	N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in				
	▶ 20 , 20 , 20 , 20	a -			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business en	nterprise			
	at any time during the year?				
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchas	a a a a a a a a a a a a a a a a a a a			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer	war swei ferene ferene weren weren werden			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or b				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to				
	foundation had avagas hubings haldings in 2016)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopar		4a		x
b	Did the foundation make any investment in a prior year (but after December 31, 196				
	charitable purpose that had not been removed from jeopardy before the first day of		4b		x

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Pi	art VII-B Statements Regarding Activities for Which Form 4720 I	May Be Required (continued)	
5a	During the year did the foundation pay or incur any amount to:		
	 (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e)) (2) Influence the outcome of any specific public election (see section 4955); or to carry 		o
	directly or indirectly, any voter registration drive?		o
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	Yes X N	o 🛛
	(4) Provide a grant to an organization other than a charitable, etc., organization describ	bed in	
	section 4945(d)(4)(A)? (see instructions)	Yes X N	o
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or education	terreter terre	
	purposes, or for the prevention of cruelty to children or animals?		o
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the e	exceptions described in	
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see in	nstructions)? N/	A 5b
	Organizations relying on a current notice regarding disaster assistance check here	► I	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the t		
	because it maintained expenditure responsibility for the grant?	N/A Yes N	o
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).	_	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay prem	niums	
	on a personal benefit contract?	Yes X N	o
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal b	benefit contract?	6b X
	If "Yes" to 6b, file Form 8870.		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter tra	ansaction? Yes X N	o
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to	the transaction?	A 7b
P	art VIII Information About Officers, Directors, Trustees, Foundat	tion Managers, Highly Paid Emp	loyees,
	and Contractors		
1	List all officers, directors, trustees, foundation managers and their compensation (see instructions).	
		(d) Contribution	ne to

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 11				

Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE." 2

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			•	0
			F	orm 990-PF (2016)

Form 990-PF (2	2016) THE ETHICIAN FOUNDATION	30-0736697	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid E	mployees,
3 Five high	nest-paid independent contractors for professional services (see instruction	s). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		19	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		**	
Total number of	f others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year. Include relevant statistical information such as other beneficiaries served, conferences convened, research papers produced, etc.	the number of	Expenses
1 See	Statement 12		
2 See	Statement 13		210,264
			13,399
3 _.			
4			

Part IX-B	Summary of Dragram Balated Investments (ass instruction		
	Summary of Program-Related Investments (see instruction argest program-related investments made by the foundation during the tax year on lines 1 and 2.	5)	Amount
1 N/A			Autourt
2			

All other program	-related investments. See instructions.		
3			
5-7 1.1.1.5 1.1.1.5			
Total. Add line	s 1 through 3	•	

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Pa	t X Minimum Investment Return (All domestic foundation	ons must complete this p	oart. Foreign foundat	ions,
	see instructions.)		100000000d	
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	0
b	Average of monthly cash balances		1b	92,746
С	Fair market value of all other assets (see instructions)		<u>1c</u>	0
d	Total (add lines 1a, b, and c)		1d	92,746
е	Reduction claimed for blockage or other factors reported on lines 1a and	i e i		
	1c (attach detailed explanation)	1e	0	
2	Acquisition indebtedness applicable to line 1 assets		2	325,840
3	Subtract line 2 from line 1d		3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater a	amount, see		
	instructions)		4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter h	ere and on Part V, line 4	5	0
3	Minimum investment return. Enter 5% of line 5		6	0
Pa	rt XI Distributable Amount (see instructions) (Section 49-			ns
	and certain foreign organizations check here	d do not complete this p	art.)	
1	Minimum investment return from Part X, line 6			
2a	Tax on investment income for 2016 from Part VI, line 5	2a		
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b		
С	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4			
6	Deduction from distributable amount (see instructions)		6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here a	nd on Part XIII,		
	line 1			
Pa	rt XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable,	etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	223,663
b	Program-related investments – total from Part IX-B		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying ou	it charitable, etc.,		
	purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b			26	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part	V, line 8, and Part XIII, line 4	4	223,663
5	Foundations that qualify under section 4940(e) for the reduced rate of tax or			
			5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	223,663
	Note: The amount on line 6 will be used in Part V, column (b), in subseque	ent years when calculating whe	ther the foundation	
	gualifies for the section 4940(e) reduction of tax in those years.	31 C.C.		

Form 990-PF (2016) THE ETHICIAN FOUNDATION

30-0736697

	The content of the co	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				and the second second
	Undistributed income, if any, as of the end of 2016:				
	Enter amount for 2015 only				
	Total for prior years: 20, 20, 20				
	Excess distributions carryover, if any, to 2016:				
3	From 2011	-			
0	From 2012	-			
	From 2013	-			
	From 2014	-			
	From 2015				
	Total of lines 3a through e				
	Qualifying distributions for 2016 from Part XII,				
	line 4: ▶ \$223,663				
	Applied to 2015, but not more than line 2a				
D	Applied to undistributed income of prior years				
	(Election required – see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)				
	Applied to 2016 distributable amount				
е	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2016				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	223,663			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
с	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
Ь	Subtract line 6c from line 6b. Taxable				
u	amount – see instructions				
•	Undistributed income for 2015. Subtract line				
e	4a from line 2a. Taxable amount – see				
	instructions Undistributed income for 2016. Subtract lines				
ſ					
	4d and 5 from line 1. This amount must be				
	distributed in 2017				
	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	()			
	Excess distributions carryover from 2011 not	1			
	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9:				
a	Excess from 2012	_			
0	Excess from 2013				
c	Excess from 2014				
d	Excess from 2015				
	Excess from 2016				

	NFOU 01/15/2018 6:22 PM 990-PF (2016) THE ETHICIAN			30-073669	7	Page 10
	rt XIV Private Operating Fou		And the second	11 March 11		
1a	If the foundation has received a ruling or o			G/1		/-
	foundation, and the ruling is effective for 2	2016, enter the date of the	he ruling	È L		N/A
b	Check box to indicate whether the founda		g foundation describe		2(j)(3) or 494	12(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	((e) Total
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	investment return from Part X for					3 323
	each year listed	0	1,888	4,744		6,632
b	85% of line 2a		1,605	4,032		5,637
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	223,663	175,376	68,115		467,154
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c	223,663	175,376	68,115		467,154
3	Complete 3a, b, or c for the					
•	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
D	of minimum investment return shown in					L .
	Part X, line 6 for each year listed		1,259	3,163		4,422
	"Support" alternative test – enter:		_/			
C						
	 Total support other than gross investment income (interest, 					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					· · · · · ·
P	art XV Supplementary Inform			he foundation ha	d \$5,000 or mo	re in assets at
	any time during the y		ons.)			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who					
	before the close of any tax year (but only		d more than \$5,000). (See section 507(d)(2).)	
	GEORGE & SUZANNE RUS					
b	List any managers of the foundation who	own 10% or more of th	e stock of a corporatio	on (or an equally large	portion of the	
	ownership of a partnership or other entity	y) of which the foundatio	n has a 10% or greate	er interest.		
	N/A	an	- 17.0			
2	Information Regarding Contribution,	Grant, Gift, Loan, Scho	larship, etc., Program	ms:		
	Check here ► X if the foundation only	y makes contributions to	preselected charitable	e organizations and do	es not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, grai	nts, etc. (see instructio	ons) to individuals or or	ganizations under	
	other conditions, complete items 2a, b, c	c, and d.				
a	The name, address, and telephone num	ber or e-mail address of	the person to whom a	applications should be	addressed:	
	N/A					
b	The form in which applications should be	e submitted and informa	tion and materials the	y should include:		
c	N/A Any submission deadlines:					
	N/A	X V: 10-4	1/7.2 00 p.0.0-00 00			
d	Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fie	lds, kinds of institution	s, or other	
	factors:					
	N/A					000 DE

Form 990-PF (2016) THE ETHICIAN FOUNDATION

Part XV Supplementary Information (continued)

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Page 11

Part XV Supplementary Information (c Grants and Contributions Paid During th	ontinued) e Year or Approved for I	Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	connocion	
a Paid during the year				
N/A				
Total			▶ 3a	
b Approved for future payment				
N/A				

▶ 3b

	n 990-PF (2016) THE ETHICIAN FOUNDATION		30-	-0736697	7	Page 12
	art XVI-A Analysis of Income-Producing Acti er gross amounts unless otherwise indicated.	1000 0000 0000 TATA	isiness income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
	a MUSEUM OPERATIONS					
	b					
	c					
	d					
	e					
	g Fees and contracts from government agencies					
	Membership dues and assessments					
	Interest on savings and temporary cash investments				-	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
3	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					181,03
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory				_	
	Other revenue: a					
	b RENTAL OF SPACE IN MUSEUM			16	17,155	
	c VENDOR REIMBURSEMENT			1	2,764	
	d					_
	e					
12	Subtotal. Add columns (b), (d), and (e)			0	19,919	181,03
13	Total. Add line 12, columns (b), (d), and (e)				13	200,94

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the
•	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
8	UTILIZED TO PAYOFF INDEBTEDNESS
11b	OFFSET UTILITY COST OF MUSEUM
11c	OFFSET OPERATING COST OF MUSEUM
	000 PE

Form 990-I	PF (2016	6) THE ETH	ICIAN FO	UNDATION		30-0736697		Page 13
Part X	VII I		egarding Tra		l Transactio	ns and Relationships Wi	th Noncharitable	
1 Did t				e in any of the follo	owing with any c	ther organization described		Yes No
						ction 527, relating to political		
	nization			-				
a Tran	sfers fro	m the reporting for	undation to a no	ncharitable exemp	t organization o	fi		
	Cash						1a(1)	X
								X
b Othe	er transa	ctions:		* * * * * * * * * * * * * * * * * * * *				
			aritable exempt	organization			1b(1)	X
(2)	Purchas	es of assets from a	a noncharitable	exempt organizatio			1b(2)	
(3)	Rental o	f facilities, equipm	ent. or other ass	sets			1b(3)	
(4)	Reimbur	sement arrangeme	ents				1b(4)	
(5)	Loans of	loan guarantees						
				ther assets, or paid	a man lawa a a		10	X
		the second s				mn (b) should always show the fa		·
value	e of the	goods, other asset	ts, or services g	iven by the reportin	ig foundation. If	the foundation received less that	n fair market	
(a) Line		transaction or sha (b) Amount involved		nt, show in column e of noncharitable exemp		the goods, other assets, or servi (d) Description of transfers, tr	ices received. ransactions, and sharing arrangeme	ents
N/A								
				with, or related to, than section 501(c		k-exempt organizations		es X No
		nplete the following		than section our (c				
		a) Name of organization		(b) Type of o	rganization	(c) Descri	iption of relationship	
N/A	Ŧ							
			we that I have average	ined this return includin	a accompanying set	edules and statements, and to the best of	f my knowledge and belief it is to	10
	correct, a	nd complete. Declaration	on of preparer (other	than taxpayer) is based	on all information of	which preparer has any knowledge.		
						1	May the IRS discuss this with the preparer shown	
Sign		0.1	7			1 1 1	(see instructions)?	Yes No
Here	τ.	INI	X		/ /	115/14		
	- (VV		/ ~		10110	SIDENT/DIRECT	OR
	Sign	ature of officer or trustee			Dat			
	Print/Ty	pe preparer's name			Preparer's signat	/ .	Date	Check X if
Paid					(Am	mar 7. Suron	/ 01/15/1	self-employed
Preparer		yce F Dixon				mar. puper	01/15/18	
Use Only	Firm's r	11/		Dixon CPA	, CGMA	1	PTIN P0095 Firm's EIN ► 74-212	
2	Firm's a		6 Avenu		10		000 00	23532 91-7316
		Hui	ntsville	, TX 773	±0		Phone no. 936-2	

Form	99	0-P	F	(2016)
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	000 05	ſ	Mor	tgages and Ot	her Notes Payable		
Form	990-PF	Foro	alandar vaar 2016	e tou upor boalantar	and and be		2016
Name		I FUIC	alendar year 2016, 0	or tax year beginning	, and ending	Employer lo	lentification Number
THE	ETHICIAN	FOUN	DATION			30-073	6697
For	m 990-PF,	Part	II, Line	21 - Additi	onal Information		
		Na	me of lender		Relationship to d	squalified perso	n
(1) N	/P - FORD	MOTO			N/A	squalitieu perso	
A	/P - SAWMI	ILL B	UILDING MC	RTGAGE			
(3) (4)							
(5)							
(6)							
(7)							
<u>(8)</u> (9)					-		
(10)							
			r				
	Original amount	t	Data stiles	Maturity			Interest
(1)	borrowed 50,3	47	Date of loan 08/17/15	date	Repayment term		rate 0.000
(2)	330,0		07/01/16	03/01/36		2,200	5.000
(3)			_				
(4) (5)							
(5) (6)							
(7)							
(8)							
<u>(9)</u> (10)							
(10)		I	1				I
			provided by borrower				NARIDE COL
	015 FORD T EAL ESTATI		AWMILL BUI	LDING	PURCHASE TRUCK FOR PURCHASE BUILDING	C USE ON	NATURE COL
(3)					POROMIDE DOLLDING		
(4)							_
(5)							
(6) (7)							
(8)							
(9)							
<u>(10)</u>					1		
	~	alda 1'	fundale de la c		Balance due at	E	Balance due at
(1)	Con	sideration	furnished by lender		beginning of year 46,991		end of year 0
(2)							325,840
(3)						_	
(4) (5)							
(6)							
(7)							
(8)							
<u>(9)</u> (10)							
Totals	14				46,991		325,840

		_	_										
1/15/2018 6:22 PM			Net ation Gain / Loss	\$ 168,530 12,500	0 \$ 181,030		Adjusted Net Income	\$ 17,155 2,764 \$ 19,919			\$ <u>18,283</u> \$ <u>18,283</u>		
	e of Assets		Expense Depreciation	w 	জ ০	ier Income	Net Investment Income	ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው ው	egal Fees	Adjusted Net	۵ ۵		
ederal Statements	'F, Part I, Line 6a - Sale	How Received	Cost	ase	0 \$ 81,470 \$	PF, Part I, Line 11 - Other Income	Revenue per Books	\$ 17,155 2,764 \$ 19,919	PF, Part I, Line 16a - Legal Fees	Net Investment	ა ა ა ა ა		
ц	<u> Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets</u>	Rec	Date Sale Sold Price	3/14/16 \$ 250,000 \$ Purchase 4/22/16 12,500	\$	Statement 2 - Form 990-PF,			Statement 3 - Form 990-PF,		\$ <u>18,283</u> \$ <u>18,283</u>		
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016	5	Description	Whom Date Sold Acquired			ίδι Ι	Description	RENTAL OF SPACE IN MUSEUM VENDOR REIMBURSEMENT Total		Description	LEGAL FEES - PROP TAX ASSESSED Total		

1-3

T							_						_				_		_	
1/15/2018 6:22 PM		Charitable Purpose	1,000	000 ' T		Charitable Purpose	478	478			Adjusted Net Income	\$ 4,357	010 0	0 T A 7 O	4,809	2,435	6,420	6,356	937	4-6
1/1:		Adjusted Net		∧ ⊃		Adjusted Net	ۍ ا	0 रु			Net Investment Income	Ş								
	counting Fees	Adju		р.	<u>- Taxes</u>	Adju	Ş	ۍ ۲	epreciation		Current Year Depreciation			3,910	4,809	2,435	6,420	6,356	937	
atements	I, Line 16b - Ac	Net Investment		9955 065	Form 990-PF, Part I, Line 18 - Taxes	Net Investment	\$ 14,451	\$ <u> </u>	Part I, Line 19 - Depreciation		Life	3 5 5 5 6 7 5 6 7 1 7 5 6 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7		55	39	39	3.9	39	15	
Federal Statements	<u> Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees</u>	Total	-	2,350	1	Total	14,451 478	14,929	- Form 990-PF, P		Method	S/L	- 1-	S/L	S/L	S/L	S/L	S/L	S/L	
DUNDATION	Statement 4 - Fo		 የጉ -	w.	Statement 5		w.	ۍ ۳	Statement 6 -	u	Prior Year Depreciation	7,082		6,353 (7,815	11N/ 3,956	8,826	8,740	1,464	
HE ETHICIAN FC		Description	X PREP			Description	AX ASSESSMENT			Description	Cost Basis	MUS (BAIRD) 169,957 \$	F ECLECTIC ART (BIRMINGHAM)	152,482 ART (KING HOUSE)	187,550	NEWAKE 94,	CENTER 250,	' CENTER 2 247,896	14,058	
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016		Desc	ACCOUNTING & TAX	Total		Des	PROPERTY TAX SHORE LINE ASSE				Date Acquired	HISTORIC HOUSE 5/30/14 \$	MUS OF ECLECTIC	5/30/14 MUSEUM OF TX AR	/30/14	30/14	PELICAN PT-CONF 8/04/14	()	1220 SKYBRIDGE 8/21/14	

								_													
1/15/2018 6:22 PM			Adjusted Net Income	\$ 452	4,146	35	1,226	729	156	134	1,530	800	10,069	216	163	296	2,467				
1/15	(pa		Net Investment Income	۰. ۵																	
	-PF, Part I, Line 19 - Depreciation (continued)		Current Year Depreciation	452	4,146	35	1,226	729	156	134	1,530	800	10,069	216	163	296	2,467				
ments	e 19 - Deprec		Life	\$ L	39	39	15	15	39	7	ß	Ð	5	39	39	39	39	0	0	0	
Federal Statements	990-PF, Part I, Line		Method	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L	S/L				
UNDATION	Statement 6 - Form 990		Prior Year Depreciation	791	5,009	37	1,456	866	163	123	1,275	600	4,196		f	АМТ					
E ETHICIAN FO	<u>State</u>	Description	Cost Basis	EM \$ 3,162 \$	161, 676 TMBD	1,3	AKI-FAKKING LUI 18,388 CHOMPAGE WITTING	10, 10,	19 9 9	S OF IX AKT) 937	7,650	4,000	оси Дорт ТМРРОМ	8,420 8,420	347	STONEWAKE BLUG II 11,544	209,947	45,043	ECCLECTIC ART 72,518	TX ART 62,450	
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016			Date Acquired	ry syst /22/14		/01/14	MUSEUM OF IX AKI 12/19/14 MIGTIM OF WY GWY	OF 1A /31/14	10.0	KEFKLGEKATOK (MUS 2/26/15 A WITEET ED	4 WILGLICK 3/16/15 ETDE ENCINE		8/17/15	/31/15	(31/15	MUSEUM OF IX STU 12/31/15 SAMMIT DIAC	τ	ς,		LAND-MUSEUM OF T. 5/30/14	

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	_				-		-		_	_	_		12417				_	_	_	_											 	_
1/15/2018 6:22 PM			Adjusted Net Income		ŝ																			503	66R	0000	41			59		Q
1/15	ed)		Net Investment Income		ŵ																											
	ciation (continu		Current Year Depreciation		Ŷ																			503	66R		41			59		
ints	- Depre		Life		0	0	9	0	0		0	C	C	0		0	c	0	C	þ	0	c	5	15	7		39	0		15		
Federal Statements	Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)		Method																					S/L	S/T.	c F	S/L			S/L		
-OUNDATION	atement 6 - Forr	ion	Prior Year Depreciation		ŝ										4 1AC)		AC)															
HE ETHICIAN F	St	Description	Cost Basis	STONEWARE	30,050 IF CENTER 1	249,6	CEJ	112,104 ETIDM	r UNN 108,324		35,000	SITE:131 AC	SITE: 46 AC		PRESERVES (785.41AC)	982,000	(371.8502		10000.1		76,780	טעעד <u>א</u> זאז אזס	HVA	12,930	9,346	RESEARCH FACILITY	38,684 DEG ENG		ART	10,575		
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016			Date Acquired	TX	5/30/14 \$ I.AND-DEI. DT CONF		LAND-PEL PT CONF	8/04/14 I AND-MIS OF TV FIDM	10/31/14	LAND-SKYBRIDGE		ARCHAELOGICAL S	H		21 WILDLIFE PRE		7 WILDLIFE PRES	4/28/16 3 WTI.DI.TEF DDFC		LAND-25 TRACTS	10/11/16	ALLAND-SAM MILLA 7/01/16	INDIAN MUSEUM -	5/24/16 вовсът	6/16/16	WILDLIFE RESEAR	12/15/16 1 AND WILDITED D		MUS OF ECCLECTIC	11/		

						_		_						_			_	_		_				
1/15/2018 6:22 PM			Adjusted Net Income	\$ 400	113																			
1/15	(pa		Net Investment Income	ŝ																				
	ciation (continue		Current Year Depreciation	\$ 400	113																			
nents	9 - Deprei		Life	7	7	7	ß	Ŋ	ى	39	39	00	с, Ч	39	39	39		39	00	0	39	15	7	
Federal Statements	1 990-PF, Part I, Line 19 - Depreciation (continued)		Method	S/L	S/L	Straight Line	Straight Line			Straight Line	Straight Line	Straight Line		Straight Line		מרדמדלוור חדווב	Straight Line	Straight Line	Straight Line					
INDATION	Statement 6 - Form 990		Prior Year Depreciation			123	1,275	600	4,196					7,082	6,354	7.815		3,957	000 0	070'0	8,740	1,464	161	
HE ETHICIAN FOL	Stater	Description	Cost Basis E	SYSTEM-SAWMILL /16 \$ 4,200 \$	1,896 חשרה שיה שרואיז		7,650	4,000	5(। 8	FURN BLDG IMPROV 6,347	STONEWARE BLD IMP	LL,544 MUSEUM (BAIRD)	'14 169,957 вствсттс хрт (ртрмтиснам)	-	ART (KING HOUSE) 187.550	STONEWARE (MARTIN)	94,950	CENTER 1	CENTER 2		14,058	3,162	
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016			Date Acquired	SCURITY 5/12	2 TELEVISIONS 8/10/16		리	4/08/	0RD TRU	0F TX /31/15	MUSEUM OF TX FUI 12/31/15	OF TX	HISTORIC HOUSE MUSEUM	5/30/14 MITCETIM OF POT POT	/30/14	MUSEUM OF TX AR		5/30/14	PELICAN PT-CONF CENTER	8/04/14 PRITCAN PT-CONF	8/04/14 1000 SEVEDINGE	8/21	SECURII SISIEM 9/22/14	

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					_	_	_		-			_	_	_				_									_		_					
1/15/2018 6:22 PM		Net FMV	69,	2,48 7,55	94,95	, 35	47,89	40	67	1,38	16,932	0,06	2 6	, 37	,40	, 15	,42	6,34	1,54	5,04	2/ 2LC	20 02 0	9,65	2,10	, 32	5,00	7,00	7,00	, 00	33,44	9,51	78,04	,43	
	nd Equipment	End Accumulated Depreciation	\$ 112,179																															
tements	Part II, Line 14 - Land, Building, and Equipment	End Cost / Basis	\$ 1,695,702																c L	0,0	72,518 62 450	10	9.0	2,1	m,	5,0	7,0	7,0	0,	33,4	9,5	78,0	4,	
Federal Statements		Beginning Net Book	62,87	146,128 179 735	90,99	1,52	39,15	50	. 99	, 34	, 93	0,06	22	, 37	,40	, 15	,42	6,34	1,54	5,04	-1 LC	10 OU	49.65	2,10	08,32	5,00	197,000	97,00	2,00					
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016	Statement 8 - Form 990-PF,	Description) MUS	MUSEUM OF ECLECTIC ART (BIRMINGHAM) MIISENM OF TX ART (KING)	MUSEUM OF TX STONEWARE (MARTIN)	PELICAN PT CONFERENCE CENTER 1	PELICAN PT CONFERENCE CENTER 2	1220 SKYBRIDGE Sectiptiv svstem	MUSEUM OF TX FURNITURE (SMITHER)	PELICAN PT BLDG IMPROV		MUSEUM OF TX STONEWARE WIRING	MUSEUM UF IA ARI BLIJG IMFRUV REFRIGERATOR (MUSEUM OF TX ART)	4 WHEELER (CONSERVATION PRES)	FIRE ENGINE (CONSERVATION PRES)	2015 FORD TRUCK (CONSERV. PRES)	MUSEUM OF TX ART BLDG IMPROV	FURN BLDG	MUSEUM OF TX STONEWARE BLDG IMP		LAND-MUSEUM OF ECCLECTIC ART		LAND-PELICAN PT CONF CENTER 1		LAND-MUSEUM OF TX FURNITURE	LAND-SKYBRIDGE	SITE:	4	S	PRESERVES (371.85	3 WILDLIFE PRESERVES (.8881 AC)	FUTURE WILDLIFE PRESERVES-25 TR	LAND-SAWMILL BUILDING	

1/15/2018 6:22 PM		Pet FMV \$ 4,454,391		ω
	uipment (continued)	End Accumulated Depreciation \$ 112,179	ж.	
tements	ll, Line 14 - Land, Building, and Equipment (continued)	End Cost / Basis \$ 4,751,276	*	
Federal Statements	-, Part II, Line 14 - La	Beginning Net Book \$3,340,509		
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016	Statement 8 - Form 990-PF, Part	Description		

ETHICIANFOU THE ETHICIAN FOUNDATION **Federal Statements** 30-0736697

FYE: 12/31/2016

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginni of Yea		End of Year	Fair Market Value			
ESCROW DEPOSIT	\$		\$ 50,000	\$	50,000		
Total	\$	0	\$ 50,000	\$	50,000		

Statement 10 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description

NEITHER TEXAS ATTORNEY GENERAL OR SECRETARY OF STATE ACCEPT COPIES OF FORM 990PF. IN LIEU, A PERIODIC REPORT IS REQUIRED TO BE FILED AT LEAST EVERY FOUR YEARS.

1/15/2018 6:22 PM		Expenses	0	0	0	0	0	0	0
11	s, Trustees,	Benefits	0	0	0	0	0	0	0
S	Officers, Director	Compensation	0	0	0	0	0	0	ο
Federal Statements	Line 1 - List of <u>Etc.</u>	Average Hours	0.00	00.00	0.00	0.00	0.00	0.00	0.00
Federal	0-PF, Part VIII,	Title	PRESIDENT/DI	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	DIRECTOR	SECRETARY/TR
ETHICIANFOU THE ETHICIAN FOUNDATION 30-0736697 FYE: 12/31/2016	<u>Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,</u> <u>Etc.</u>	and							
ETHICIANFOU THE ET 30-0736697 FYE: 12/31/2016		Name and Address	GEORGE H RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	MARGARET A. SHURGOT 1401 - 19TH ST HUNTSVILLE TX 77340	SUZANNE B. RUSSELL 1401 - 19TH ST HUNTSVILLE TX 77340	JANE R. MCCULLAH 1401 - 19TH ST HUNTSVILLE TX 77340	KAREN L. ROBINSON 1401 - 19TH STREET HUNTSVILLE TX 77340	GEORGE A. RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	SUE ANN DELK 1401 - 19TH STREET HUNTSVILLE TX 77340

Statement 12 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

THE ETHICIAN FOUNDATION OWNS & OPERATES FIVE MUSEUMS. NUMEROUS CONFERENCES AND TOURS WERE CONDUCTED THROUGHOUT THE YEAR FOR THE GENERAL PUBLIC AND ORGANIZATIONS. ADDITIONAL ACQUISITIONS OF ARK WORK & FURNISHING WERE OBTAINED FOR DISPLAY.

Statement 13 - Form 990-PF, Part IX-A, Line 2 - Summary of Direct Charitable Activities

Description

THE ETHICIAN FOUNDATION OWNS AND MAINTAINS 31 DEDICATED WILDLIFE PRESERVES (1158.15 ACRES) AS WELL AS TWO ARCHAELOGICAL SITES (177 ACRES). TOURS ARE PROVIDED AND ARCHAELOGICAL RESEARCH CONDUCTED. CONSERVATIONISTS UTILIZE THE CONFERENCE CENTERS ON SITE FOR THOSE PURPOSES.

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager

GEORGE & SUZANNE RUSSELL

Total

Amount \$______\$____0

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

30-0736697

2016

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

THE ETHICIAN FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the
regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)
\$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

▶ \$

ame of o	(Form 990, 990-EZ, or 990-PF) (2016) rganization ETHICIAN FOUNDATION	Em	e 1 of 1 Pag ployer identification number 0-0736697
Part I	Contributors (See instructions). Use duplicate copies of Pa		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE & SUZANNE RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 245,066	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF KENNETH & MARJORIE RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 833,440	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	KAREN LEE RUSSELL ROBINSON 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 37,900	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 JAMES C HANSARD TRUST MAHRI SHAPOURIAN 46 AUGUSTA CT RIO VISTA CA 94571	Total contributions	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LETICIA & JAIME CALVILLO 1187 W. 39TH STREET LOS ANGELES CA 90037	\$ 13,330	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NICHOLAS & MARGARET SHURGOT 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	Form 990, 990-EZ, or 990-PF) (2016) rganization ETHICIAN FOUNDATION		Employer identification number 30-0736697
Part II	Noncash Property (See instructions). Use duplicate	copies of Part II if additional	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	3 WILDLIFE SANCTUARIES(.881AC)	\$ 9,510	03/11/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	18.104 ACRES LAND WITH SIGN	\$ 81,470	03/11/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	3.558 ACRES LAND	\$ 19,570	03/11/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.2	7 WILDLIFE SANCTUARIES 371.8502A	\$ 833,440	04/28/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	RESEARCH FACILITY (.0253 AC)	\$ 37,900	12/21/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	.2869 ACRES LAND	\$ 9,370	11/25/16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	organization ETHICIAN FOUNDATION		Employer identification number 30 - 0736697
Part II	Noncash Property (See instructions). Use duplicate	copies of Part II if additiona	space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	1.5104 AC LAND - 2 TRACTS	\$ 13,330	09/24/16
(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
1111111		\$	• • • • • • • • • • • • • • • • • • • •
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

\$

ETHICIANICOLI

Form 4562	(inclu	epreciation and uding Information o Attach to your	on Listed I	Property)			OMB No. 1545-0172
Internal Revenue Service (99) Name(s) shown on return	Information about For	m 4562 and its separate	instruction	s is at www.irs.		562.	Sequence No.
1	THE ETHICIAN FOUR	NDATION				0736	
Business or activity to which this form							
MUSEUM OPERAT		ontre linedon Ocotion	470				
	To Expense Certain Prop ou have any listed property			omplete Dev	. î		
1 Maximum amount (se	a instructions)		- 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997			1	500,000
2 Total cost of section 1	79 property placed in service (se	e instructions)		• • • • • • • • • • • • • • • • • • • •		2	500,000
3 I hreshold cost of sec	tion 179 property before reduction	n in limitation (see instruct	tions)			3	2,010,000
4 Reduction in limitation	 Subtract line 3 from line 2. If ze 	ro or less, enter -0-				4	
	ar. Subtract line 4 from line 1. If zero o	r less, enter -0 If married filir	ng separately, s	see instructions		5	
6	(a) Description of property	(b) Co	ost (business use	only) (c)	Elected cost		
7 Listed property Enter	the emount from line 20						
8 Total elected cost of s	the amount from line 29	in onlymp (a) lines (an		7			
9 Tentative deduction. E	ection 179 property. Add amount Enter the smaller of line 5 or line	s in column (c), lines 6 an	na 7	• • • • • • • • • • • • • • • • • • •		8	
10 Carryover of disallowe	d deduction from line 13 of your	8 2015 Form 4562				9 10	
11 Business income limit	ation. Enter the smaller of busine	ss income (not less than	zero) or line	5 (see instructio		11	
12 Section 179 expense	deduction. Add lines 9 and 10, bu	ut don't enter more than lir	ne 11	- (12	
13 Carryover of disallower	d deduction to 2017. Add lines 9	and 10, less line 12		13			
	art III below for listed property. Ins					- Looco	
Part II Special D	epreciation Allowance a	nd Other Depreciati	ion (Don't	include lister	d propert	y.) (See	e instructions.)
	llowance for qualified property (o						
during the tax year (se 15 Property subject to se	e instructions)	******				14	
16 Other depreciation (inc	ction 168(f)(1) election					15	
to other depreciation (in	cluding ACRS) Depreciation (Don't includ					16	7,551
	oprodución (Don tinolad	Section A	ee matruct	10115.)			
17 MACRS deductions fo	r assets placed in service in tax y	vears beginning before 20	16			17	33,299
18 If you are electing to group ar	ny assets placed in service during the tax ye	ar into one or more general asset	accounts, check	here		I	
Se	ection B—Assets Placed in Ser	vice During 2016 Tax Ye	ear Using the	e General Depr	eciation S	/stem	
(a) Classification of prop	erty (b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Metho	d	(g) Depreciation deduction
19a 3-year property							
b 5-year property						-	
c 7-year property				1			
d 10-year property							
e 15-year property							
f 20-year property			T warnel		195203		
g 25-year property			25 yrs.		S/L		
h Residential rental property			27.5 yrs.	MM	S/L		
i Nonresidential real	07/01/16	209,947	27.5 yrs.	MM	S/L		0.465
property	12/15/16	38,684	the second s	MM	S/L S/L		2,467
Sec	tion C—Assets Placed in Servi				eciation S	System	41
20a Class life		<u> </u>	l conguto,	atomative Dep	S/L	ystem	
h 10			12 yrs.		S/L		5
b 12-year			40 yrs.	MM	S/L		
c 40-year							
c 40-year	(See instructions.)						
c 40-year Part IV Summary 21 Listed property. Enter a	amount from line 28					21	10,069
c 40-year Part IV Summary 21 Listed property. Enter a 22 Total. Add amounts fro	amount from line 28 om line 12, lines 14 through 17, li	nes 19 and 20 in column ((g), and line :	21. Enter		21	10,069
c 40-year Part IV Summary 21 Listed property. Enter 22 Total. Add amounts from here and on the approp	amount from line 28 om line 12, lines 14 through 17, li oriate lines of your return. Partner	rships and S corporations-	(g), and line —see instrug	21. Enter		21 22	10,069 53,427
c 40-year Part IV Summary Listed property. Enter a Total. Add amounts from here and on the approp For assets shown above	amount from line 28 om line 12, lines 14 through 17, li	rships and S corporations-	(g), and line : —see instruc	21. Enter ctions			1

Instead Property (Include automobiles, certain other vehicles, certain afteraft, certain computers, and property used for entrationment, recreation, or arrunsement.) Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 24a Description Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 24a Description Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 24a Description Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 24a Description Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 24a Description Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 24b Intervehicle Note: For any vehicle for which you are using the standard mileage rate of deducing lease expense, complete only 24a, 24b 25a Special depreciation allowance for qualified listed property plead in expenditure. Note: For any vehicle for the standard mileage rate of deducing lease expense, complete mileage rate of deducing lease expense. 27 Property velocid for which you are using the standard mileage rate of deducing lease expense. Note: Standardededucing lease expense. <	T	HE ET	5/2018 6:22 PM HICIAN FC	UNDATION	1			30-0	7366	97							
Used for entertainment, recreation, or armusement.) Note: Formy which or which will be added in the added added in the added in the added added in the added added in the added add			Listed Prone	rtv (Include :	automobil	es cert	ain of	her vel	nicles	cortain	aircrat	t cor	ain cor	nnuter	e and	nroner	Page 2
Section A-Depresentation and Other Information (Caution: See the instructions for limits for pessenger autorization (Sauton: See the instructions for limits for pessenger autorization (Sauton: See the instructions) X ves No 19 00<			used for ente	rtainment, red	creation.	or amus	emer	nt.)	10			:P		2	535	proper	Ly
241 Department of locations in sector to unknownee or control training of the sector of the sect		-7.0	24b, columns (a Section A) through (c) of S	and Other	I of Section	on B, a	nd Section: S	on C if a	pplicable.	s for lin	nite for	nassend	er autor	nohiles)		
Ym Op OP<	24a	Do you hay	and the second second second second		22 SUSY 2021	mormati		-		1	Long and the second second					_	No
Type of program Data since in markets Distance in the service of the		12.0		(c)		r.	1				103,						
Initial sets year and used more than 50% in a qualified business use: 25 2015 BORD TRUCK 2015 BORD TRUCK 2015 BORD TRUCK 2016 BORD TRUCK 2017 D0.00% 50,347 50,347 50 21 Status 22 Status 23 Status 24 Status 25 Status 26 Status 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 28 Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1 28 29 Section 6 - more than 50% wore; or related person. If you provided whicks 100 rotal commuting miles 1 Weice 1 11 Weice 1 Weice 2 Weice 3 12 Total commuting miles driven during the year. Add Weice 4 Weice 4 13 Total businesan? Yean No Yea No </td <td></td> <td>of property</td> <td>Date placed</td> <td>investment use</td> <td></td> <td>A.C.</td> <td></td> <td>is for depre siness/inve</td> <td>stment</td> <td>Recovery</td> <td></td> <td>ethod/</td> <td></td> <td>Depreciat</td> <td></td> <td>Elected s</td> <td>ection 179</td>		of property	Date placed	investment use		A.C.		is for depre siness/inve	stment	Recovery		ethod/		Depreciat		Elected s	ection 179
28 Property used more than 50% in a qualified business use: 2015 8 CAD TRUCK 98 10,009% 50,347 5.0 S/L- 10,069 98 98 50,347 5.0 S/L- 10,069 98 98 S/L- 10,069 S/L- 10,069 98 S/L- S/L- 10,069 S/L- 10,069 98 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 10,069 29 Add amounts in column (h), lines 26 thread portiels, pattern, or other "more than 5% owner," or related person. If you provided whickes to your employees, first answer the questions in Section C to see Tyou meet an exception to competing this section for threase vehicles. 0<	25		•••••••••••••••••••••••••••••••••••••••	•													
2015 RORD TRUCK 08/17/15 10.00% 50,347 5.0 S/L- 10.069 27 Property used 50% or less in a gualified business use: % SiL 10.0069 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 10.0069 29 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 28 10.0069 29 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 28 10.0069 29 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 28 10.0069 29 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 28 10.0069 30 Total business/investment miles driven during the year. Add lines 20 through 22. 10.0069 (f) (f) 31 Total multis miles driven during the year. Add lines 30 through 32. 10.0069 (f) (f) (f) 32 Total business/investment miles driven during the year. Add lines 30 through 32. 10.0069 (f) (f) (f) 34 Wastine whiche available for personal use? 10.0069 10.0069 (f) (f) (f)							e (see	instructi	ons)			. 2	5				
08/17/15 100.00% 50,347 50,347 5.0 S/L- 10,069 27 Property used 50% or less in a qualified business use: % SiL SiL 28 Add amounts in column (h), line 32, Enter here and on line 21, page 1 28 10,069 28 Add amounts in column (h), line 32, Enter here and on line 7, page 1 28 10,069 29 Section B—information on Use of Vehicles 29 Complete this section for vehicles used by a sole proprioter, parters, or other "more than 5% owner," or related person. If you provided vehicles 00 101 Total commuting miles driven during the year. Add lines 30 fiven during the year. Add lines 30	26				d business i	ise:	1				T					(
27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 10, 059 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 10, 059 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 10, 059 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 28 Complete this section for vehicles used by a sole poprietor, patteri, or citler "more than 5% owner," or related person. If you provided vehicles 10 10 Our or employees, first answer the questions in Section C to seer if your meet an exception to completing this section for throse vehicles. 10 10 10 Total other personal (oncommuting miles) 10 10 10 10 11 Total other personal (oncommuting miles) 10 10 10 10 10 12 Total other personal (oncommuting miles) 10 <td>4</td> <td>OT2 P</td> <td>10 Ka</td> <td></td> <td>5</td> <td>0 347</td> <td>,</td> <td>50</td> <td>347</td> <td>50</td> <td>d</td> <td>/T</td> <td></td> <td>10</td> <td>060</td> <td></td> <td></td>	4	OT2 P	10 Ka		5	0 347	,	50	347	50	d	/T		10	060		
36 SiL- 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Section 8—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (h) 30 Total busines driven during the year. (h) (h) (h) 31 Total commuting miles driven during the year. (h) (h) (h) (h) 31 Total offer personal (noncommuting) miles driven during the year. (h) (h) (h) (h) 32 Total miles driven during the year. (h) (h) (h) (h) (h) 33 Total miles driven during the year. (h) (h) (h) (h) (h) (h) (h) 34 Was the vehicle available for personal use? Yes No Yes No Yes No Yes No Yes No Yes No Y			00/1//13	100.00%	5	0,51/	<u></u>	50	, 547	5.0		/ 11-		10	,009		
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Sale of inventory 19,919 19,919 Other income 19,919 19,919 Total revenue 1,386,436 19,919 Total expenses 299,731 53,427 Excess / ANI 1,086,705 Miscellaneous Information Balance Sheet Return / extended due date 11/15/17 Beginning Ending Differences Assets 3,336,091 4,701,645				
Other income $19,919$ $19,919$ $Total$ Total revenue $1,386,436$ $19,919$ $Total$ Total expenses $299,731$ $53,427$ $Miscellaneous Information$ Excess / ANI $1,086,705$ $Miscellaneous Information$ Balance SheetReturn / extended due date $11/15/17$ Assets $3,336,091$ $4,701,645$				
Total revenue $1,386,436$ $19,919$ Total expenses $299,731$ $53,427$ Excess / ANI $1,086,705$ Miscellaneous InformationBalance SheetReturn / extended due date $11/15/17$ Assets $3,336,091$ $4,701,645$	Other income 19,919	19,919		
Total expenses 299,731 53,427 Excess / ANI 1,086,705 Miscellaneous Information Balance Sheet Amended return Beginning Ending Differences Assets 3,336,091 4,701,645	Total revenue 1, 386, 436			
Excess / ANI 1,086,705 Miscellaneous Information Balance Sheet Amended return Beginning Ending Differences Assets 3,336,091 4,701,645				
Balance Sheet Amended return Beginning Ending Differences Assets 3,336,091 4,701,645			Miscellaneous Inform	ation
Balance Sheet Return / extended due date 11/15/17 Beginning Ending Differences Assets 3,336,091 4,701,645				
BeginningEndingDifferencesAssets3,336,0914,701,645	Balanc	e Sheet		1/15/17
Assets 3,336,091 4,701,645	Beginning En			
	Liabilities 46,991	325,840		
Net assets 3,289,100 4,375,805 1,086,705	Net assets 3,289,100 4,	375,805 1,086,	705	

ETHICIANFOU 01/15/2018 6:22 PM						
Form 2848	Power of					
		OMB No. 1545-0150				
Department of the Treasury	epresentative		For IRS Use Only			
Part I Power of Attorney	2848.	Received by:				
		Name Telephone				
Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS. 1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.					Function	
Taxpayer name and address	s torm on page 2,	inte 7.	Taxpayer identification number	(s)	Date / /	
			, , , , , , , , , , , , , , , , , , , ,	(0)		
			30-0736697			
THE ETHICIAN FOUNDATION			Daytime telephone number	Plan numb	er (if applicable)	
1401 - 19TH STREET						
HUNTSVILLE TX 7734	0		936-295-5767			
hereby appoints the following representative(s) as attorney(s)-i			930-295-5707			
2 Representative(s) must sign and date this form on page						
Name and address			CAF No. 7800	-87056R		
Candyce F Dixon, CPA, CGMA			PTIN P00953675			
1106 Avenue O			Telephone No. 936-291-7316			
Huntsville TX 77340				291-715	5	
Check if to be sent copies of notices and communications Name and address	X	Che		phone No.	Fax No.	
Name and address			CAF No.			
			PIIN			
			Telephone No.			
Check if to be sent copies of notices and communications		Cheo	Fax No. ck if new: Address	hone No.	Fax No.	
Name and address			CAF No.			
			PTIN	••••••		
			Telephone No.			
(Note: IPS condo polices and communication to a s	5 55 5	722	Fax No.			
(Note: IRS sends notices and communications to only two repr Name and address	esentatives.)	Cheo	Teler	none No.	Fax No.	
			CAF No.			
		PTIN Telephone No.				
			Fax No			
(Note: IRS sends notices and communications to only two repr	esentatives.)	Chec	· · · · · · · · · · · · · · · · · · ·	hone No.	Fax No.	
to represent the taxpayer before the Internal Revenue Service a	and perform the fo	llowing	acts:			
3 Acts authorized (you are required to complete this line 3). V inspect my confidential tax information and to perform sets that is	Vith the exception of	the acts	described in line 5b, I authorize my rep	presentative(s) to	receive and	
inspect my confidential tax information and to perform acts that I can shall have the authority to sign any agreements, consents, or simil	an perform with resp ar documents (see ir	ect to the	e tax matters described below. For exa	mple, my representative to sign a r	entative(s)	
Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower,			to for the outfor dottorizing a represen	itative to sign a n		
Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility	Tax Form Number				riod(s) (if applicable)	
Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	(1040, 9	941, 72	0, etc.) (if applicable)	(see	instructions)	
INCOME	FORM 990PF			2015		
	10101		-	2015		
7 - 2						
4 Specific use not recorded on Centralized Authorization	n File (CAF). If th	ne powe	er of attorney is for a specific use	not recorded o	on CAF,	
check this box. See the instructions for Line 4. Specific U	Jse Not Recorde	d on C	AF			
5a Additional acts authorized. In addition to the acts listed instructions for line 5a for more information):	on line 3 above, I	authori	ze my representative(s) to perfor	m the following	g acts (see	
Authorize disclosure to third parties; Substit	ute or add repres	entative	e(s); Sign a return;			
		entanve				
Other acts authorized:						

Form 2848 (Rev.	12-2015) THE ETHICIAN	FOUNDATION	30-0736697	Page 2			
b Specific ac	ts not authorized. My representative	(s) is (are) not authorized to endorse	or otherwise negotiate any check (including di	recting or			
accepting p	ayment by any means, electronic or o	therwise, into an account owned or c	ontrolled by the representative(s) or any firm o	r other			
entity with v	with whom the representative(s) is (are) associated) issued by the government in respect of a federal tay lightlify						
List any oth	any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):						
6 Retention/	evocation of prior power(s) of attor	ney. The filing of this power of attorn	ey automatically revokes all earlier power(s) of	f			
attorney on	ney on file with the Internal Revenue Service for the same matters and years or periods covered by this document. If you do not want						
to revoke a	prior power of attorney, check here			▶			
YOU MUST	ATTACH A COPY OF ANY POWER	OF ATTORNEY YOU WANT TO RE	MAIN IN EFFECT.				
7 Signature of	of taxpayer. If a tax matter concerns a	year in which a joint return was filed	l, each spouse must file a separate power of a	ttorney even			
if they are a	ppointing the same representative(s).	If signed by a corporate officer, partr	ner, guardian, tax matters partner, executor, re	ceiver.			
administrate	or, or trustee on behalf of the taxpayer,	I certify that I have the legal authori	ty to execute this form on behalf of the taxpave	er.			
► IF NOT C	OMPLETED, SIGNED, AND DATED,	THE IRS WILL RETURN THIS PON	WER OF ATTORNEY TO THE TAXPAYER.				
		A	PRESIDENT/DIREC	TOR			
	Signature	100	Date Title (if ap	plicable)			
GEORGE H	***************************************		THE ETHICIAN FOUNDATION	N			
Dort II Deal	Print Name	0	Print name of taxpayer from line 1 if other print name of taxpayer from line 1 if other print of the print	er than individual			
	aration of Representative						
	f perjury, by my signature below I decl						
I am subject to	tly suspended or disbarred from practi	ce, or ineligible for practice, before the	ne Internal Revenue Service;				
I am authorized	to represent the terrever identified in	31 CFR, Subtitle A, Part 10), as ame	ended, governing practice before the Internal R	evenue Service;			
 I am one of the 	to represent the taxpayer identified in following:	Part I for the matter(s) specified the	re; and				
	Construction of the constr	afthe bibbert and fit is the	2014 - 12 P				
b Certified F	a member in good standing of the bar	of the highest court of the jurisdiction	on shown below.				
c Enrolled A	ublic Accountant—licensed to practice	e as a certified public accountant is a	active in the jurisdiction shown below.				
d Officer—a	gent—enrolled as an agent by the Inte bona fide officer of the taxpayer organ	ernal Revenue Service per the requir	ements of Circular 230.				
	Employee—a full-time employee of the						
			t, grandchild, step-parent, step-child, brother, or sister)	<i></i>			
g Enrolled A	ctuary-enrolled as an actuary by the	loint Doord for the Free Ween of A	t, grandchild, step-parent, step-child, brother, or sister,).			
the Interna	I Revenue Service is limited by sectio	n 10.3(d) of Circular 230)	tuaries under 29 U.S.C. 1242 (the authority to	practice before			
h Unenrolled	Return Preparer-Authority to practic	e before the IRS is limited. An unen	rolled return preparer may represent, provided	the preparer (1)			
prepareu	and signed the return of claim for refur	id (or prepared if there is no signatur	e space on the form): (2) was eligible to sign the	he return or			
claim for r	efund; (3) has a valid PTIN; and (4) po	ssesses the required Annual Filing S	Season Program Record of Completion(s) See	Special Rules			
and Requ	irements for Unenrolled Return Pre	parers in the instructions for addition	tional information.				
k Student A	orking in an LITC or STCP. See instruct	o represent taxpayers before the IRS	S by virtue of his/her status as a law, business,	or accounting			
r Enrolled R	etirement Plan Agent—enrolled as a r	etirement plan agent under the requi	ation and requirements. irements of Circular 230 (the authority to practi				
Internal Re	evenue Service is limited by section 10	(a) 3(e))	irements of Circular 230 (the authority to practi	ce before the			
			SIGNED, AND DATED, THE IRS WILL				
POWER	OF ATTORNEY. REPRESENTAT	IVES MUST SIGN IN THE OPD	EP LISTED IN DAPT 1 LINE 2	RETURN THE			
Note: For designation	ions d-f, enter your title, position, or re	elationship to the taxpayer in the "Lic	ensing jurisdiction" column.				
				T			
Designation	Licensing jurisdiction	Bar, license, certification,					
Designation — Insert above	(State) or other licensing authority	registration, or enrollment	Signature	Date			
letter (a-r).	(if applicable).	number (if applicable).	224				
1	mmun a		9				
b	TEXAS	20256		01/15/18			
	1						