

Form **990-PF****Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

**2016**Department of the Treasury  
Internal Revenue Service▶ 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](http://www.irs.gov/form990pf).

Open to Public Inspection

For calendar year 2016 or tax year beginning , and ending

Name of foundation <b>THE ETHICIAN FOUNDATION</b>		A Employer identification number <b>30-0736697</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>1401 - 19TH STREET</b>		B Telephone number (see instructions) <b>936-295-5767</b>
City or town, state or province, country, and ZIP or foreign postal code <b>HUNTSVILLE TX 77340</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return  <input type="checkbox"/> Address change         </div> <div> <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Amended return  <input type="checkbox"/> Name change         </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>4,516,939</b>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,185,487			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10 Stmt 1	181,030			
	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				
Operating and Administrative Expenses	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	
	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) See Stmt 3	18,283			18,283
	b Accounting fees (attach schedule) Stmt 4	2,350	350		1,000
	c Other professional fees (attach schedule)				
	17 Interest	6,840	6,840		
	18 Taxes (attach schedule) (see instructions) Stmt 5	14,929	14,451		478
	19 Depreciation (attach schedule) and depletion Stmt 6	53,427		53,427	
	20 Occupancy	178,377			178,377
	21 Travel, conferences, and meetings	248			248
	22 Printing and publications	311			311
	23 Other expenses (att. sch.) Stmt 7	24,966			24,966
	24 Total operating and administrative expenses. Add lines 13 through 23	299,731	21,641	53,427	223,663
	25 Contributions, gifts, grants paid	0			0
	26 Total expenses and disbursements. Add lines 24 and 25	299,731	21,641	53,427	223,663
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,086,705			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)



<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash – non-interest-bearing	-4,418	12,548	12,548
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att. schedule) ▶			
	Less: allowance for doubtful accounts ▶	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	<b>Liabilities</b>	11 Investments – land, buildings, and equipment: basis ▶		
Less: accumulated depreciation (attach sch.) ▶				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis ▶		4,751,276		
Less: accumulated depreciation (attach sch.) ▶		112,179		
15 Other assets (describe ▶ See Statement 9 )			50,000	50,000
16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)		3,336,091	4,701,645	4,516,939
17 Accounts payable and accrued expenses				
18 Grants payable				
<b>Net Assets or Fund Balances</b>	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) ▶ See Worksheet	46,991	325,840	
	22 Other liabilities (describe ▶ )			
	23 <b>Total liabilities</b> (add lines 17 through 22)	46,991	325,840	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 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	3,289,100	4,375,805	
	30 <b>Total net assets or fund balances</b> (see instructions)	3,289,100	4,375,805	
31 <b>Total liabilities and net assets/fund balances</b> (see 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 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	4,375,805

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b> N/A				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

**2** Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7  
If (loss), enter -0- in Part I, line 7

**3** Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	175,376	37,765	4.643877
2014			
2013			
2012			
2011			

**2** Total of line 1, column (d) 2 4.643877

**3** Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years 3 4.643877

**4** Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 4 0

**5** Multiply line 4 by line 3 5

**6** Enter 1% of net investment income (1% of Part I, line 27b) 6

**7** Add lines 5 and 6 7 0

**8** Enter qualifying distributions from 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.



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b _____	<b>1</b>	
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2	<b>3</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	0
<b>6</b>	Credits/Payments:		
<b>a</b>	2016 estimated tax payments and 2015 overpayment credited to 2016	<b>6a</b>	
<b>b</b>	Exempt foreign organizations – tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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.</i>		<b>X</b>
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <b>\$</b> _____ (2) On foundation managers. <b>\$</b> _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>\$</b> _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		<b>X</b>
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <b>N/A</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		<b>X</b>
<b>6</b> 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?	<b>X</b>	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>TX</b>		
<b>b</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? <i>If "No," attach explanation</i> <b>See Stmt 10</b>		<b>X</b>
<b>9</b> 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)? <i>If "Yes," complete Part XIV</i>	<b>X</b>	
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		<b>X</b>



**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ► <b>ETHICIANFOUNDATION.ORG</b>		
14 The books are in care of ► <b>SUE ANN DELK</b> Telephone no. ► <b>936-295-5767</b>		
1401-19TH STREET		
Located at ► <b>HUNTSVILLE</b> TX ZIP+4 ► <b>77340</b>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year ► <b>15</b>		
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

**Part 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
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b
Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	N/A	1c
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)):		
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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.)	N/A	2b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?		X



**Part VII-B Statements Regarding Activities for Which Form 4720 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))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ N/AOrganizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ N/A ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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 transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ N/A**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

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

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

(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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services</b>		

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1 See Statement 12</b>	
	<b>210,264</b>
<b>2 See Statement 13</b>	
	<b>13,399</b>
<b>3</b>	
<b>4</b>	

**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
<b>1 N/A</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total. Add lines 1 through 3</b>	



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances	<b>1b</b>	92,746
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	92,746
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	325,840
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	0
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	0
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	0
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	0

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5	<b>2a</b>	
<b>b</b>	Income tax for 2016. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	223,663
<b>b</b>	Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	223,663
<b>5</b>	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)	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	223,663

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



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

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part XII, line 4: ► \$ <u>223,663</u>				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus	223,663			
5 Excess distributions carryover applied to 2016 (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:	223,663			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				



**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling N/A

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	1,888	4,744		6,632
<b>b</b> 85% of line 2a		1,605	4,032		5,637
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	223,663	175,376	68,115		467,154
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	223,663	175,376	68,115		467,154
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed		1,259	3,163		4,422
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
**GEORGE & SUZANNE RUSSELL**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
**N/A**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
**N/A**

**b** The form in which applications should be submitted and information and materials they should include:  
**N/A**

**c** Any submission deadlines:  
**N/A**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**N/A**



**Part XV** **Supplementary Information** *(continued)***3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year <b>N/A</b>				
<b>Total</b>				<b>3a</b>
<b>b</b> Approved for future payment <b>N/A</b>				
<b>Total</b>				<b>3b</b>







## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash

1a(1)		X
-------	--	---

(2) Other assets

1a(2)		X
-------	--	---

**b Other transactions:**

**(1) Sales of assets to a noncharitable exempt organization**

1b(1)	X
-------	---

(2) Purchases of assets from a noncharitable exempt organization

1b(2)		X
-------	--	---

**(3) Rental of facilities, equipment, or other assets**

1b(3)	X
-------	---

(4) Reimbursement arrangements

1b(4)		X
-------	--	---

**(5) Loans or loan guarantees**

1b(5)		X
-------	--	---

**(6) Performance of services or membership or fundraising solicitations**

1b(6)		X
-------	--	---

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

1c		X
----	--	---

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes

**Sign  
Here**

Signature of officer or trustee

Date \_\_\_\_\_

PRESIDENT / DIRECTOR

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

Check ☒ if self-employed

Candyce F Dixon, CPA, CGMA

Depositor's signature  
*Candace F. Dixon*  
CGMA

01/15/18

Firm's name ▶ Candyce F Dixon CPA, CGMA

PTIN P00953675

Firm's address ► 1106 Avenue O  
Huntsville, TX 77340

Firm's EIN ▶ 74-2123532

Phone no. 936-291-7316

Form **990-PF** (2016)



**Mortgages and Other Notes Payable**Form **990-PF****2016**

For calendar year 2016, or tax year beginning , and ending

Name

Employer Identification Number

**THE ETHICIAN FOUNDATION****30-0736697****Form 990-PF, Part II, Line 21 - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>N/P - FORD MOTOR</b>	<b>N/A</b>
(2) <b>N/P - SAWMILL BUILDING MORTGAGE</b>	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>50,347</b>	<b>08/17/15</b>		<b>60 MONTHLY PAYMENTS</b>	<b>0.000</b>
(2) <b>330,000</b>	<b>07/01/16</b>	<b>03/01/36</b>	<b>MO. PAYMENTS: \$2,200</b>	<b>5.000</b>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>2015 FORD TRUCK</b>	<b>PURCHASE TRUCK FOR USE ON NATURE CON</b>
(2) <b>REAL ESTATE: SAWMILL BUILDING</b>	<b>PURCHASE BUILDING</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>46,991</b>	<b>0</b>
(2)		<b>325,840</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>46,991</b>	<b>325,840</b>



## Federal Statements

1/15/2018 6:22 PM

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Description	Whom Sold	Date Acquired	Date Sold	How Received		Cost	Expense	Depreciation	Net Gain / Loss
				Sale Price	Purchase				
18.104 AC SAN JACINTO CO., TX		2/27/04	3/14/16	\$ 250,000	\$ 81,470	\$	\$	\$	\$ 168,530
FORFEITED ESCROW DEPOSIT		3/22/16	4/22/16	12,500					12,500
Total				\$ 262,500	\$ 81,470	\$ 0	\$ 0	\$ 0	\$ 181,030

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
RENTAL OF SPACE IN MUSEUM	\$ 17,155	\$	\$ 17,155
VENDOR REIMBURSEMENT	2,764		2,764
Total	\$ 19,919	\$ 0	\$ 19,919

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
LEGAL FEES - PROP TAX ASSESSED	\$ 18,283	\$	\$	\$ 18,283
Total	\$ 18,283	\$ 0	\$ 0	\$ 18,283



## Federal Statements

30-0736697

FYE: 12/31/2016

**Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING & TAX PREP	\$ 2,350	\$ 350	\$	\$ 1,000
Total	\$ 2,350	\$ 350	\$ 0	\$ 1,000

**Statement 5 - Form 990-PF, Part I, Line 18 - Taxes**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
PROPERTY TAX	\$ 14,451	\$ 14,451	\$	\$ 478
SHORE LINE ASSESSMENT	478			
Total	\$ 14,929	\$ 14,451	\$ 0	\$ 478

**Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation**

Date Acquired	Description	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
5/30/14	HISTORIC HOUSE MUS (BAIRD)	\$ 169,957	7,082	S/L	39	\$ 4,357	\$	4,357
5/30/14	MUS OF ECLECTIC ART ( BIRMINGHAM)	152,482	6,353	S/L	39	3,910		3,910
5/30/14	MUSEUM OF TX ART (KING HOUSE)	187,550	7,815	S/L	39	4,809		4,809
5/30/14	MUSEUM OF TX STONEWARE (MARTIN)	94,950	3,956	S/L	39	2,435		2,435
8/04/14	PELICAN PT-CONF CENTER 1	250,350	8,826	S/L	39	6,420		6,420
8/04/14	PELICAN PT-CONF CENTER 2	247,896	8,740	S/L	39	6,356		6,356
8/21/14	1220 SKYBRIDGE	14,058	1,464	S/L	15	937		937



30-0736697

## Federal Statements

FYE: 12/31/2016

**Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)**

Description							
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
SECURITY SYSTEM							
9/22/14 \$	3,162 \$	791	S/L	7	\$ 452	\$	452
MUSEUM OF TX FURN(SMITHER)							
10/31/14	161,676	5,009	S/L	39	4,146		4,146
PELICAN PT BLDG IMPR							
12/01/14	1,380	37	S/L	39	35		35
MUSEUM OF TX ART-PARKING LOT							
12/19/14	18,388	1,456	S/L	15	1,226		1,226
MUSEUM OF TX STONEWARE WIRING							
12/31/14	10,933	866	S/L	15	729		729
MUSEUM OF TX ART BLDG IMP							
12/31/14	6,097	163	S/L	39	156		156
REFRIGERATOR (MUS OF TX ART)							
2/26/15	937	123	S/L	7	134		134
4 WHEELER							
3/16/15	7,650	1,275	S/L	5	1,530		1,530
FIRE ENGINE							
4/08/15	4,000	600	S/L	5	800		800
2015 FORD TRUCK							
8/17/15	50,347	4,196	S/L	5	10,069		10,069
MUSEUM OF TX ART IMPROV							
12/31/15	8,420		S/L	39	216		216
MUSEUM OF TX FURN-BLDG IMP							
12/31/15	6,347		S/L	39	163		163
MUSEUM OF TX STONEWARE BLDG IMP							
12/31/15	11,544		S/L	39	296		296
SAWMILL BLDG							
7/01/16	209,947		S/L	39	2,467		2,467
LAND-HISTORIC HOUSE MUSEUM							
5/30/14	45,043			0			
LAND-MUSEUM OF ECCLECTIC ART							
5/30/14	72,518			0			
LAND-MUSEUM OF TX ART							
5/30/14	62,450			0			

## Federal Statements

## Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description		Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
LAND-MUS OF TX STONEWARE		5/30/14	\$ 30,050	\$		0	\$	\$	
LAND-PEL PT CONF CENTER 1		8/04/14	249,650			0			
LAND-PEL PT CONF CENTER 2		8/04/14	112,104			0			
LAND-MUS OF TX FURN		10/31/14	108,324			0			
LAND-SKYBRIDGE		8/21/14	35,000			0			
ARCHAEOLOGICAL SITE: 131 AC		11/01/14	197,000			0			
ARCHAEOLOGICAL SITE: 46 AC		11/01/14	97,000			0			
21 WILDLIFE PRESERVES (785.41AC)		12/01/14	982,000			0			
7 WILDLIFE PRES (371.8502 AC)		4/28/16	833,440			0			
3 WILDLIFE PRES (.8881 AC)		3/11/16	9,510			0			
LAND-25 TRACTS		10/11/16	76,780			0			
LAND-SAW MILL BLDG		7/01/16	143,439			0			
INDIAN MUSEUM - HVAC		5/24/16	12,930			15	503		503
BOBCAT		6/16/16	9,346			7	668		668
WILDLIFE RESEARCH FACILITY		12/15/16	38,684			39	41		41
LAND-WILDLIFE RES FAC		12/15/16	1,266			0			
MUS OF ECCLECTIC ART-WIRING		11/22/16	10,575			15	59		59



## Federal Statements

## Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description						
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income
SECURITY SYSTEM-SAWMILL 5/12/16 \$	4,200 \$		S/L	7	\$ 400	\$
2 TELEVISIONS 8/10/16	1,896		S/L	7	113	
REFRIGERATOR (MUS OF TX ART) 2/26/15	937	123	Straight Line	7		
4 WHEELER 3/16/15	7,650	1,275	Straight Line	5		
FIRE ENGINE 4/08/15	4,000	600	Straight Line	5		
2015 FORD TRUCK 8/17/15	50,347	4,196	Straight Line	5		
MUSEUM OF TX ART BLDG IMPROV 12/31/15	8,420		Straight Line	39		
MUSEUM OF TX FURN BLDG IMPROV 12/31/15	6,347		Straight Line	39		
MUSEUM OF TX STONEWARE BLD IMP 12/31/15	11,544		Straight Line	39		
HISTORIC HOUSE MUSEUM (BAIRD) 5/30/14	169,957	7,082	Straight Line	39		
MUSEUM OF ECLECTIC ART (BIRMINGHAM) 5/30/14	152,482	6,354	Straight Line	39		
MUSEUM OF TX ART (KING HOUSE) 5/30/14	187,550	7,815	Straight Line	39		
MUSEUM OF TX STONEWARE (MARTIN) 5/30/14	94,950	3,957	Straight Line	39		
PELICAN PT-CONF CENTER 1 8/04/14	250,350	8,826	Straight Line	39		
PELICAN PT-CONF CENTER 2 8/04/14	247,896	8,740	Straight Line	39		
1220 SKYBRIDGE 8/21/14	14,058	1,464	Straight Line	15		
SECURITY SYSTEM 9/22/14	3,162	791	Straight Line	7		

**Federal Statements****Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation (continued)**

Description		Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
MUSEUM OF TX FURNITURE (SMITHER)									
10/31/14 \$ 161,676 \$				5,010	Straight Line	39	\$	\$	\$
PELICAN PT BLDG IMPROVEMENTS									
12/01/14 1,380				36	Straight Line	39			
MUSEUM OF TX ART-PARKING LOT									
12/19/14 18,388				1,456	Straight Line	15			
MUSEUM OF TX STONEWARE-WIRING									
12/31/14 10,933				866	Straight Line	15			
MUSEUM OF TX ART BLDG IMPROVE									
12/31/14 6,097				163	Straight Line	39			
Total			\$ 6,159,400	\$ 117,506			\$ 53,427	\$ 0	\$ 53,427

**Statement 7 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses				
ART & DECOR FOR MUSEUMS (STMT	9,403			9,403
AUTOMOTIVE EXPENSE	3,075			3,075
DUES & MEMBERSHIPS	125			125
OFFICE EXPENSE	1,505			1,505
SMALL EQUIPMENT - MUSEUM	2,450			2,450
SUPPLIES	6,763			6,763
WILDLIFE CONSERVATION EXP	1,645			1,645
Total	\$ 24,966	\$ 0	\$ 0	\$ 24,966



## Federal Statements

**Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment**

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
HISTORIC HOUSE MUSEUM (BAIRD)	\$ 162,875	\$ 1,695,702	\$ 112,179	\$ 169,957
MUSEUM OF ECLECTIC ART (BIRMINGHAM)	146,128			152,482
MUSEUM OF TX ART (KING)	179,735			187,550
MUSEUM OF TX STONEWARE (MARTIN)	90,993			94,950
PELICAN PT CONFERENCE CENTER 1	241,524			250,350
PELICAN PT CONFERENCE CENTER 2	239,156			247,896
1220 SKYBRIDGE	12,594			14,058
SECURITY SYSTEM	2,371			2,371
MUSEUM OF TX FURNITURE (SMITHER)	156,666			161,676
PELICAN PT BLDG IMPROV	1,344			1,380
MUSEUM OF TX ART PARKING LOT	16,932			16,932
MUSEUM OF TX STONEWARE WIRING	10,067			10,067
MUSEUM OF TX ART BLDG IMPROV	5,934			6,097
REFRIGERATOR (MUSEUM OF TX ART)	814			814
4 WHEELER (CONSERVATION PRES)	6,375			6,375
FIRE ENGINE (CONSERVATION PRES)	3,400			3,400
2015 FORD TRUCK (CONSERV. PRES)	46,151			46,151
MUSEUM OF TX ART BLDG IMPROV	8,420			8,420
MUSEUM OF TX FURN BLDG IMPROV	6,347			6,347
MUSEUM OF TX STONEWARE BLDG IMP	11,544			11,544
LAND-HISTORIC HOUSE MUSEUM	45,043	45,043		45,043
LAND-MUSEUM OF ECCLECTIC ART	72,518	72,518		72,518
LAND-MUSEUM OF TX ART	62,450	62,450		62,450
LAND-MUSEUM OF TX STONEWARE	30,050	30,050		30,050
LAND-PELICAN PT CONF CENTER 1	249,650	249,650		249,650
LAND-PELICAN PT CONF CENTER 2	112,104	112,104		112,104
LAND-MUSEUM OF TX FURNITURE	108,324	108,324		108,324
LAND-SKYBRIDGE	35,000	35,000		35,000
ARCHAEOLOGICAL SITE: 131 AC	197,000	197,000		197,000
ARCHAEOLOGICAL SITE: 46 AC	97,000	97,000		97,000
21 WILDLIFE PRESERVES (785.41 AC)	982,000	982,000		982,000
7 WILDLIFE PRESERVES (371.8502AC)	833,440	833,440		833,440
3 WILDLIFE PRESERVES (.8881 AC)	9,510	9,510		9,510
FUTURE WILDLIFE PRESERVES-25 TR	78,046	78,046		78,046
LAND-SAWMILL BUILDING	143,439	143,439		143,439

## Federal Statements

1/15/2018 6:22 PM

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment (continued)

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
Total	\$ 3,340,509	\$ 4,751,276	\$ 112,179	\$ 4,454,391



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

Description	Beginning of Year	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.

## Federal Statements

1/15/2018 6:22 PM

30-0736697

FYE: 12/31/2016

Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
GEORGE H RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	PRESIDENT/DI	0.00	0	0	0
MARGARET A. SHURGOT 1401 - 19TH ST HUNTSVILLE TX 77340	DIRECTOR	0.00	0	0	0
SUZANNE B. RUSSELL 1401 - 19TH ST HUNTSVILLE TX 77340	DIRECTOR	0.00	0	0	0
JANE R. McCULLAH 1401 - 19TH ST HUNTSVILLE TX 77340	DIRECTOR	0.00	0	0	0
KAREN L. ROBINSON 1401 - 19TH STREET HUNTSVILLE TX 77340	DIRECTOR	0.00	0	0	0
GEORGE A. RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	DIRECTOR	0.00	0	0	0
SUE ANN DELK 1401 - 19TH STREET HUNTSVILLE TX 77340	SECRETARY/TR	0.00	0	0	0



**Federal Statements****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 ARCHAEOLOGICAL SITES (177 ACRES). TOURS ARE PROVIDED AND ARCHAEOLOGICAL 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**

<b>Name of Manager</b>	<b>Amount</b>
GEORGE & SUZANNE RUSSELL	\$
Total	\$ 0

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**THE ETHICIAN FOUNDATION****30-0736697**

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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**

- ☒
- 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 33 $\frac{1}{3}$  % 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.

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



Name of organization

THE ETHICIAN FOUNDATION

Employer identification number

30-0736697

**Part I** Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GEORGE & SUZANNE RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 245,066	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF KENNETH & MARJORIE RUSSELL 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 833,440	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	KAREN LEE RUSSELL ROBINSON 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 37,900	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	JAMES C HANSARD TRUST MAHRI SHAPOURIAN 46 AUGUSTA CT RIO VISTA CA 94571	\$ 9,370	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	LETICIA & JAIME CALVILLO 1187 W. 39TH STREET LOS ANGELES CA 90037	\$ 13,330	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	NICHOLAS & MARGARET SHURGOT 1401 - 19TH STREET HUNTSVILLE TX 77340	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE 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
1	18.104 ACRES LAND WITH SIGN	\$ 81,470	03/11/16
1	3.558 ACRES LAND	\$ 19,570	03/11/16
2	7 WILDLIFE SANCTUARIES 371.8502A	\$ 833,440	04/28/16
3	RESEARCH FACILITY (.0253 AC)	\$ 37,900	12/21/16
4	.2869 ACRES LAND	\$ 9,370	11/25/16





Form **4562**

# **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

**2016**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

**THE ETHICIAN FOUNDATION**Identifying number  
**30-0736697**

Business or activity to which this form relates

**MUSEUM OPERATIONS****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,010,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>7,551</b>

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	<b>33,299</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	07/01/16	209,947	39 yrs.	MM	S/L	2,467
	12/15/16	38,684	39.0	MM	S/L	41

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>10,069</b>
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>53,427</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)



## THE ETHICIAN FOUNDATION

30-0736697

Form 4562 (2016)

Page **2****Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>24b</b> If "Yes," is the evidence written?		<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) <b>25</b>										
<b>26</b> Property used more than 50% in a qualified business use:										
<b>2015 FORD TRUCK</b>	<b>08/17/15</b>	<b>100.00 %</b>	<b>50,347</b>	<b>50,347</b>	<b>5.0</b>	<b>S/L-</b>	<b>10,069</b>			
		%								
<b>27</b> Property used 50% or less in a qualified business use:										
		%				S/L-				
		%				S/L-				
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								<b>28</b> <b>10,069</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>		

**Section B—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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2016 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2016 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

# Form 990-PF Return Summary

For calendar year 2016, or tax year beginning

, and ending

30-0736697

## THE ETHICIAN FOUNDATION

### Investment Income

Interest \_\_\_\_\_  
 Dividends \_\_\_\_\_  
 Gross rents \_\_\_\_\_  
 Capital gain net income \_\_\_\_\_  
 Other income \_\_\_\_\_

#### Total investment income

### Expenses

Officer compensation \_\_\_\_\_  
 Salaries / employee benefits \_\_\_\_\_  
 Other expenses 21,641

#### Total expenses

21,641

#### Net investment income

-21,641

### Taxes / Credits

Regular tax \_\_\_\_\_  
 Section 511 tax \_\_\_\_\_  
 Subtitle A tax \_\_\_\_\_

#### Total tax

### Payments / Penalties / Application

Estimated tax payments \_\_\_\_\_  
 Tax withheld \_\_\_\_\_  
 Other payments \_\_\_\_\_  
 Estimated tax penalty \_\_\_\_\_  
 Overpayment applied to next year's tax \_\_\_\_\_

#### Payments / penalty / application

#### Net tax due

Interest on late payments \_\_\_\_\_  
 Failure to file penalty \_\_\_\_\_  
 Failure to pay penalty \_\_\_\_\_

#### Additions to tax

#### Balance due

#### Refund

### Revenue / Expenses per Books

### Adjusted Net Income

Total contributions 1,185,487

Interest \_\_\_\_\_

Dividends \_\_\_\_\_

Capital gains / losses 181,030

Income modifications \_\_\_\_\_

Sale of inventory \_\_\_\_\_

Other income 19,91919,919**Total revenue** 1,386,43619,919Total expenses 299,73153,427**Excess / ANI** 1,086,705

### Next Year's Estimates

1st quarter \_\_\_\_\_

2nd quarter \_\_\_\_\_

3rd quarter \_\_\_\_\_

4th quarter \_\_\_\_\_

**Total** \_\_\_\_\_

### Miscellaneous Information

Amended return

Return / extended due date 11/15/17

### Balance Sheet

#### Beginning

#### Ending

#### Differences

Assets 3,336,0914,701,645Liabilities 46,991325,840Net assets 3,289,1004,375,8051,086,705



Form **2848**  
(Rev. Dec. 2015)  
Department of the Treasury  
Internal Revenue Service

# Power of Attorney and Declaration of Representative

OMB No. 1545-0150

For IRS Use Only

► Information about Form 2848 and its instructions is at [www.irs.gov/form2848](http://www.irs.gov/form2848).

Received by:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part I Power of Attorney**

**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.

Taxpayer name and address

Taxpayer identification number(s)

**30-0736697**

Daytime telephone number

Plan number (if applicable)

**936-295-5767**

**THE ETHICIAN FOUNDATION**  
**1401 - 19TH STREET**  
**HUNTSVILLE TX 77340**

hereby appoints the following representative(s) as attorney(s)-in-fact:

**2 Representative(s) must sign and date this form on page 2, Part II.**

Name and address

**Candace F Dixon, CPA, CGMA**  
**1106 Avenue O**  
**Huntsville TX 77340**

Check if to be sent copies of notices and communications ☒CAF No. **7800-87056R**PTIN **P00953675**Telephone No. **936-291-7316**Fax No. **936-291-7155**Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

Name and address

CAF No. \_\_\_\_\_

PTIN \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐Check if to be sent copies of notices and communications ☐

Name and address

CAF No. \_\_\_\_\_

PTIN \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

(Note: IRS sends notices and communications to only two representatives.)

Name and address

CAF No. \_\_\_\_\_

PTIN \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

(Note: IRS sends notices and communications to only two representatives.)

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

- 3 Acts authorized (you are required to complete this line 3).** With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower,  
Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility  
Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)

Tax Form Number  
(1040, 941, 720, etc.) (if applicable)

Year(s) or Period(s) (if applicable)  
(see instructions)

**INCOME****FORM 990PF****2015**

- 4 Specific use not recorded on Centralized Authorization File (CAF).** If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. **Specific Use Not Recorded on CAF** ☐

- 5a Additional acts authorized.** In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information):

☐ Authorize disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return;

☐ Other acts authorized: \_\_\_\_\_



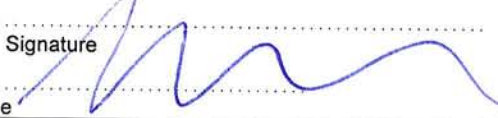
- b Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.  
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):

- 6 Retention/revocation of prior power(s) of attorney.** The filing of this power of attorney automatically revokes all earlier power(s) of attorney 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 REMAIN IN EFFECT.**

- 7 Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

**GEORGE H RUSSELL** Signature  Date \_\_\_\_\_ Title (if applicable) **PRESIDENT/DIRECTOR**  
Print Name **THE ETHICIAN FOUNDATION**  
Print name of taxpayer from line 1 if other than individual

## Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:
  - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b Certified Public Accountant—licensed to practice as a certified public accountant is active in the jurisdiction shown below.
  - c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.
  - d Officer—a bona fide officer of the taxpayer organization.
  - e Full-Time Employee—a full-time employee of the taxpayer.
  - f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).
  - g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
  - h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). **See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.**
  - k Student Attorney or CPA—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.
  - r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation — Insert above letter (a-r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date
<b>b</b>	<b>TEXAS</b>	<b>20256</b>		<b>01/15/18</b>