

| ٠,   | G.               | 4                          |                               | EX  | PENDED TO MAY 15                       | , 2020            |                         |   |
|------|------------------|----------------------------|-------------------------------|---|--|-------------------|-------------------------|---|
|      | ٠,               | •                          | 00                            | Return of Or  | ganization Exem                        | pt From           | Income Tax              | OMB No 1545-0047                                      |
|      | Forr             | " <b>9</b> 9               | 9U                            | Under section 501(c), 527, o                                    | r 4947(a)(1) of the Internal Re        | venue Code (e     | except private founda   | ations) 2018 -  |
|      |                  | _                          | the Treasury                  |   | cial security numbers on this          |                   |                         | Open to Public  |
|      |                  |                            | ue Service                    | ► Go to www.ii  | s.gov/Form990 for instruction          | ns and the late   | est information.        | Inspection  |
|      | A F              | or the                     | 2018 calenda                  | ar year, or tax year beginning                                  | JUL 1, 2018                            | and ending        | JUN 30, 201             | 19  |
|      | <b>B</b> 0       | heck if                    | C Name of                     | f organization  |  |                   | D Employer ider         | ntification number                                    |
|      | а                | pplicable                  |                               |   |  |                   |                         |   |
|      |                  | Addres<br>  chang          | THE                           | NANCY ANN HUNT  | FOUNDATION                             | <del></del>       |                         |   |
|      |                  | Name<br>chang              |                               | usiness as  |  |                   | 75                      | -2251332  |
|      |                  | Initial                    |                               | and street (or P.O box if mail is                               |  | Room/su           |                         |   |
|      |                  | Finat<br>return/<br>termin |                               | NORTH AKARD ST  |  |                   | 21                      | 49788860  |
|      |                  | ated<br>Amend              | City or to                    |   | y, and ZIP or foreign postal cod       | le                | G Gross receipts \$     | 10,179,115.   |
|      | <u> </u>         | _return                    | חדיים                         | AS, TX 75201-2  |  | CILATOMA          | H(a) Is this a grou     |   |
|      |                  | _tion<br>pendir            |                               |   | NANCY ANN HUNT,<br>EET, DALLAS, TX     | 75201-            | _                       |   |
|      |                  | •                          |                               | NORTH AKARD STR   |  |                   | <del></del>             | ates included? Yes No<br>ch a list (see instructions) |
|      |                  |                            |                               | X 501(c)(3) 501(c) (  | ) <b>◀</b> (insert no.) <b>_</b> 4947  | ?(a)(1) or 5      | H(c) Group exem         |   |
|      |                  |                            | e: ► N/A                      | X Corporation Trust   | Association Other                      |                   |                         | 8 M State of legal domicile T2                        |
|      |                  | orm of                     | organization<br>-Summary      |   | Association                            | 1 1 5 1           | ear or formation ± 20   | Of M State of legal dofficile 12                      |
|      | C.               | 9                          |                               | oe the organization's mission o                                 | r most significant activities. T       | HE NANC           | V ANN HIINT F           | FOUNDATION IS   |
| r. l | မွ               | 3<br>2<br>3                |                               |   | DATION ESTABLISH                       |                   |                         | N SCH O)  |
|      | nan<br>Ta        | ا وا                       | Check this bo                 |   | discontinued its operations or         |                   |                         | ·   |
| 91   | Ž.               | F 3                        | Minnoer of vot                | ting members of the governing                                   |  |                   |                         | 3   |
| Πl   | æ                | 24                         |                               |   | he governing body (Part VI, line       | e 1b)             | ĺ                       | 4 8   |
| Z    | Acflythes &      | 5                          |                               |   | endar year 2018 (Part V, line 2a)      |                   | ĺ                       | 5 (   |
| -1   | <u>\$</u>        | 6                          | _>                            | of volunteers (estimate if nece                                 |  |                   | [                       | 6   |
| 71   | €                | 7 1                        | total unrelated               | d business revenue from Part                                    | /III, column (C), line 12              |                   |                         | 7a -80,497.   |
| Ĺ    |                  | _                          |                               | business taxable income from                                    |  |                   |                         | 7b 0.   |
| - 11 | ₹ <b>S</b> -C    | SC                         |                               |   |  |                   | Prior Year              | Current Year  |
|      | a)               | 8                          | Contributions                 | and grants (Part VIII, line 1h)                                 |  |                   | 2,991,37                |   |
|      | Revenue          |                            | •                             | ice revenue (Part VIII, line 2g)                                |  |                   |                         | 0. 0.   |
|      | ě                | 10                         | Investment ind                | come (Part VIII, column (A), line                               | es 3, 4, and 7d)                       | }                 | 3,477,548               |   |
|      | _                |                            |                               | e (Part VIII, column (A), lines 5,                              |  | · }               | 62,96                   |   |
|      |                  |                            |                               |   | egual Part VIII, column (A), line      | : 12)             | 6,531,892               |   |
|      |                  |                            |                               | milar amounts paid (Part IX, co                                 |  | }                 |                         | 0. $14,370,000.$                                      |
|      |                  |                            | •                             | to or for members (Part IX, coli                                |  | <sub>- 10</sub> , |                         | 0. 0.   |
|      | ses              |                            |                               | r compensation, employee ber<br>undraising fees (Part IX, colum | efits (Part IX, column (A), lines      | 3-10)             |                         | 0. 0.   |
|      | penses           |                            |                               | ing expenses (Part IX, column                                   |  | 0.                |                         |   |
|      | 껇                |                            |                               | es (Part IX, column (A), lines 11                               |  |                   | 182,394                 | 4. 120,835.   |
|      |                  |                            |                               | es Add lines 13-17 (must equal                                  |  | Ī                 | 18,253,368              |   |
|      |                  | 1                          | •                             | expenses Subtract line 18 fro                                   |  | Ī                 | -11,721,470             |   |
|      |                  |                            |                               |   |  |                   | Beginning of Current Ye |   |
|      | Assets<br>Raland | 20                         | Total assets (F               | Part X, line 16)  |  | [                 | 47,238,850              |   |
|      | ASS              | 21                         | Total liabilities             | (Part X, line 26)   |  |                   | 1,033,230               | 6. 0.   |
|      | E SE             | 22                         | Net assets or                 | fund balances Subtract line 2                                   | 1 from line 20                         |                   | 46,205,620              | 0. 31,623,544.  |
|      |                  | art II                     | Signature                     |   |  |                   |                         |   |
|      |                  |                            |                               |   | return, including accompanying sc      |                   |                         | of my knowledge and belief, it is                     |
|      | true             | correc                     | t, and complete.              | . Declaration of preparer (other tha                            | n officer) is based on all information | n of which prepa  | rer has any knowledge.  | 210000  |
|      |                  |                            | I CA                          | el 11 les   |  |                   |                         | 0/2020  |
|      | Sig              | n                          | l //                          | e of officer  | D.17                                   |                   | Date                    | 1   |
|      | Her              | е                          |                               | MEYER, SECRETA print name and title                             | KY                                     |                   | <del></del>             |   |
|      |                  |                            | <del></del>                   |   | Dranavasla araasi A                    |                   | Date Check              | k X PTIN  |
|      | D-!-             | 1                          | Print/Type prep               | •   | Preparer's signature                   |                   | 03/17/2020 1            |   |
|      | Paid             |                            |                               | LLINS, III  PRICEWATERHOU                                       | SECOOPERS LLP                          |                   | Firm's EIN              | 10 10000  |
|      |                  | oarer<br>Only              | Firm's name<br>Firm's address |   |  | 2000              | Film 5 CIN              | <u>P 13 1000341</u>                                   |
|      | 086              | Jilly                      | 1 11111 5 4001 855            | DALLAS, TX 75   |  |                   | Phone no 3              | 214-999-1400  |
|      |                  |                            |                               |   |  |                   |                         |   |

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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

X Yes No Form **990** (2018)

|            | Page 2018) THE NANCY ANN HUNT FOUNDATION 75-2251332 Page 2   | <u>!</u> |
|------------|--|----------|
| <b>Rar</b> | Statement of Program Service Accomplishments   | _        |
|            | Check if Schedule O contains a response or note to any line in this Part III   |          |
| 1 '        | Briefly describe the organization's mission  | _        |
|            | THE NANCY ANN HUNT FOUNDATION IS A TEXAS NONPROFIT FOUNDATION  |          |
|            | ESTABLISHED TO ASSIST ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER IRC   | -        |
|            | SECTION 501 (C)(3) AND OPERATED EXCLUSIVELY FOR RELIGIOUS, MEDICAL,  | -        |
|            | LITERARY, OR EDUCATIONAL PURPOSES (CONTINUED ON SCH O)   | -        |
| 2          | Did the organization undertake any significant program services during the year which were not listed on the                                 | -        |
| _          | prior Form 990 or 990-EZ?  |          |
|            | If "Yes," describe these new services on Schedule O  |          |
| 2          |  |          |
| 3          |  |          |
| _          | f "Yes," describe these changes on Schedule O  |          |
| 4          | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses          |          |
|            | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |          |
|            | revenue, if any, for each program service reported   | _        |
| 4a         | (Code) (Expenses \$3,500,000.uncluding grants of \$3,500,000.uncluding grants of \$) (Revenue \$)  | )        |
|            | THE FOUNDATION PROVIDED FUNDING TO C.C.YOUNG AN INDEPENDENT SENIOR   | _        |
|            | LIVING RESIDENTIAL FACILITIES.   | _        |
|            |  | _        |
|            | <del></del>  | _        |
|            |  | _        |
|            |  | _        |
|            |  |          |
|            |  | _        |
|            |  | _        |
|            |  | -        |
|            |  | -        |
|            |  | -        |
| 4b         | (Code) (Expenses \$3,000,000 . including grants of \$3,000,000 . ) (Revenue \$)  | _<br>)   |
|            | THE FOUNDATION PROVIDED FUNDING TO THE SHELTON SCHOOL-THE LANDMARK   |          |
|            | FOUNDATION FOR EDUCATIONAL ASSISTANCE .  | -        |
|            |  | -        |
|            |  | -        |
|            |  | -        |
|            |  | -        |
|            | <del></del>  | -        |
|            | <del></del>  | _        |
|            |  | -        |
|            |  | -        |
|            |  | -        |
|            | <del></del>  | -        |
|            | 2 000 000  | _        |
| 4c         | (Code) (Expenses \$2,000,000. including grants of \$2,000,000. ) (Revenue \$)  | )        |
|            | THE FOUNDATION PROVIDED FUNDING TO ST. PHILIP'S SCHOOL AND COMMUNITY   | _        |
|            | CENTER FOR EDUCATIONAL ASSISTANCE.   | _        |
|            | ·  | _        |
|            |  | _        |
|            |  |          |
|            |  | _        |
|            |  | _        |
|            |  | _        |
|            |  | -        |
|            |  | -        |
|            |  | -        |
|            |  | -        |
| 4d         | Other program services (Describe in Schedule O )   | -        |
| ₩          | E 080 000  |          |
| <u></u>    |  | -        |
| +€         | Total program service expenses ► 14,370,000.   | _        |

ADIJOR

|          | 990 (2018) THE NANCY ANN HUNT FOUNDATION 75-2251   | 332           | P        | age 3  |
|----------|--|---------------|----------|--|
| 'ar      | t IV Checklist of Required Schedules   |               | V        |  |
| ٠,       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |               | Yes      | No   |
| •        | If "Yes," complete Schedule A  | 1             | х        |  |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2             |          | х  |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | <u> </u>      |          |  |
| •        | public office? If "Yes," complete Schedule C, Part I   | 3             |          | х  |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |               |          |  |
| •        | during the tax year? If "Yes," complete Schedule C, Part II  | 4             |          | х  |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |               |          |  |
| <b>.</b> | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5             |          | x  |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        | _             |          |  |
| •        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6             |          | х  |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        |               |          |  |
| •        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                             | 7             |          | х  |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete     | <u> </u>      |          |  |
| •        | Schedule D. Part III   | 8             |          | х  |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for    | _             | İ        |  |
| 3        | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?        |               |          | 1  |
|          | If "Yes," complete Schedule D, Part IV   | 9             |          | x  |
| 0        | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent    |               |          |  |
| U        | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10            |          | x  |
| 1        | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | - <del></del> |          |  |
| •        | as applicable  |               |          |  |
| 2        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |               |          | · — -  |
| a        | Part VI  | 11a           |          | x  |
| h        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total      | 1.0           |          | <u> </u>   |
|          | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b           | Х        |  |
| _        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total       | 1             |          | <del>                                     </del> |
| ·        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c           |          | x  |
| А        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in     | 1.0           |          |  |
| ŭ        | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d           |          | х  |
| _        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e           |          | х  |
|          | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |               |          |  |
| •        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f           |          | х  |
| 2a       | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete              |               |          |  |
|          | Schedule D, Parts XI and XII   | 12a           | Х        |  |
| þ        | Was the organization included in consolidated, independent audited financial statements for the tax year?                        |               |          |  |
| _        | If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional            | 12b           | Х        |  |
| 3        | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13            |          | Х  |
|          | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a           |          | X  |
|          | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |               |          |  |
|          | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |               |          | 1  |
|          | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b           |          | X  |
| 5        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any        |               |          |  |
|          | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15            |          | X  |
| 6        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |               |          |  |
|          | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16            |          | X  |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          |               |          |  |
|          | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17            |          | X  |
| 8        | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     |               |          |  |
|          | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18            | <u> </u> | Х  |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"           |               |          |  |
|          | complete Schedule G, Part III  | 19            | <u> </u> | X  |
| 20a      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                      | 20a           |          | X  |
|          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b           |          |  |
| 21       | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |               |          |  |
|          | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                | 21            | X        |  |

Form 990 (2018)

Form 990 (2018)

THE NANCY ANN HUNT

[Partily Checklist of Required Schedules (continued)

|            |  |             | Yes        | No            |
|------------|--|-------------|------------|---------------|
| 22 '       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |             |            |               |
|            | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III  | 22          |            | X             |
| 23         | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |             |            | 1             |
|            | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   | Ì           |            | ĺ             |
|            | Schedule J   | 23          | <u> </u>   | <del></del>   |
| 24 a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |             |            | ĺ             |
|            | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |             |            | v             |
|            | Schedule K If "No," go to line 25a   | 24a         |            | X             |
|            | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         |            | <del></del> - |
| С          | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   | 04.         |            |               |
|            | any tax-exempt bonds?  | 24c<br>24d  |            |               |
|            | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 240         |            |               |
| 25 a       | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a         |            | x             |
| h          | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   | 250         | _          | <del></del>   |
| b          | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |             |            |               |
|            | Schedule L. Part I   | 25b         |            | x             |
| 26         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |             |            |               |
|            | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |             |            |               |
|            | complete Schedule L, Part II   | 26          |            | Х             |
| 27         | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |             |            |               |
|            | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  |             |            | l             |
|            | of any of these persons? If "Yes," complete Schedule L, Part III   | 27          |            | X             |
| 28         | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |             |            |               |
|            | instructions for applicable filing thresholds, conditions, and exceptions)   |             |            |               |
| а          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a         |            | X             |
| b          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b         |            | Х             |
| С          | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,  |             |            | ١             |
|            | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c         |            | X             |
| 29         | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29          |            | Х             |
| 30         | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |             |            | v             |
|            | contributions? If "Yes," complete Schedule M   | 30          |            | Х             |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations?   |             |            | х             |
|            | If "Yes," complete Schedule N, Part I  | 31          |            |               |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   | 32          |            | x             |
|            | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32          |            |               |
| 33         | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33          |            | x             |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | <del></del> |            |               |
| <b>5</b> 4 | Part V, line 1   | 34          | х          |               |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a         |            | Х             |
|            | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |             |            |               |
| _          | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b         |            |               |
| 36         | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |             |            |               |
|            | If "Yes," complete Schedule R, Part V, line 2  | 36          |            | Х             |
| 37         | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |             |            |               |
|            | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37          |            | X             |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |             |            | "             |
|            | Note. All Form 990 filers are required to complete Schedule O  | 38          | X          | <u> </u>      |
| Pa         | Statements Regarding Other IRS Filings and Tax Compliance  |             |            |               |
|            | Check if Schedule O contains a response or note to any line in this Part V   |             | , <u>-</u> | Ш             |
|            | 1 1  |             | Yes        | No            |
|            | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |             |            |               |
|            | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   |             |            |               |
| C          | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |             |            |               |

(gambling) winnings to prize winners?

| the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, or the calendar year ending with or within the year covered by this return east one is reported on line 2a, did the organization file all required federal employment tax return of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction the organization have unrelated business gross income of \$1,000 or more during the year? s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule y time during the calendar year, did the organization have an interest in, or a signature or other cale account in a foreign country (such as a bank account, securities account, or other financial s," enter the name of the foreign country signature. Form 114, Report of Foreign Bank and Financial the organization a party to a prohibited tax shelter transaction at any time during the tax year? In taxable party notify the organization that it was or is a party to a prohibited tax shelter transits. To line 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did nontributions that were not tax deductible as charitable contributions?  s," did the organization include with every solicitation an express statement that such contribution tax deductible?  nizations that may receive deductible contributions under section 170(c).  e organization receive a payment in excess of \$75 made partiy as a contribution and partly for goods and s is," did the organization notify the donor of the value of the goods or services provided?  ne organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  s," indicate the number of Forms 8282 filed during the year ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit are organization received a contribution of qualified intellectual property, did the organization file forms and partiy the       | e O r authority over, a I account)? Accounts (FBAR) saction? the organization solicit utions or gifts services provided to the payor? was required  7d contract?  | 2b 3a 3b 4a 5b 5c 6a 6b 7a 7c 7e 7f  | Yes  | X   |
|--|---|--|--|---|
| or the calendar year ending with or within the year covered by this return east one is reported on line 2a, did the organization file all required federal employment tax return. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction the organization have unrelated business gross income of \$1,000 or more during the year? s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule by time during the calendar year, did the organization have an interest in, or a signature or other call account in a foreign country (such as a bank account, securities account, or other financial s," enter the name of the foreign country.  Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial the organization a party to a prohibited tax shelter transaction at any time during the tax year? In taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction in the same of 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did to ontributions that were not tax deductible as charitable contributions?  In did the organization include with every solicitation an express statement that such contribution tax deductible?  Initiations that may receive deductible contributions under section 170(c).  In eorganization receive a payment in excess of \$75 made partly as a contribution and partly for goods and see, "did the organization notify the donor of the value of the goods or services provided?"  The organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  In indicate the number of Forms 8282 filed during the year are organization, during the year, pay premiums, directly or indirectly, on a personal benefit are organization received a contribution of qualified intellectual property, did the organization file 8  | urns? e O r authority over, a l account)? Accounts (FBAR) saction? the organization solicit utions or gifts services provided to the payor? was required  7d contract?  | 2b 3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c  |  | x<br>x<br>x   |
| east one is reported on line 2a, did the organization file all required federal employment tax returns of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction the organization have unrelated business gross income of \$1,000 or more during the year? s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule year, and the organization have an interest in, or a signature or other challed account in a foreign country (such as a bank account, securities account, or other financial is," enter the name of the foreign country.    **Example 114**   **Example 12**   **Example 14**   **Examp        | urns? e O r authority over, a l account)? Accounts (FBAR) saction? the organization solicit utions or gifts services provided to the payor? was required  7d contract?  | 2b 3a 3b 4a 5a 5b 5c 6a 6b 7a 7b 7c  |  | X<br>X<br>X   |
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| y time during the calendar year, did the organization have an interest in, or a signature or other cal account in a foreign country (such as a bank account, securities account, or other financial is," enter the name of the foreign country.    Interest  | r authority over, a I account)?  Accounts (FBAR)  saction?  the organization solicit  utions or gifts  services provided to the payor?  was required  7d  contract?   | 4a 5a 5b 5c 6a 6b 7a 7b 7c   |  | X<br>X<br>X   |
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| es," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial the organization a party to a prohibited tax shelter transaction at any time during the tax year? By taxable party notify the organization that it was or is a party to a prohibited tax shelter transist to line 5a or 5b, did the organization file Form 8886-T? The organization have annual gross receipts that are normally greater than \$100,000, and did to ontributions that were not tax deductible as charitable contributions?  s," did the organization include with every solicitation an express statement that such contribution tax deductible?  Inizations that may receive deductible contributions under section 170(c).  The organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sist," did the organization notify the donor of the value of the goods or services provided?  The organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  s," indicate the number of Forms 8282 filed during the year the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file forms.   | Accounts (FBAR) saction? the organization solicit utions or gifts services provided to the payor? was required  7d contract?  | 5a<br>5b<br>5c<br>6a<br>6b<br>7a<br>7b   |  | X<br>X<br>X   |
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| s" to line 5a or 5b, did the organization file Form 8886-T?  the organization have annual gross receipts that are normally greater than \$100,000, and did to ontributions that were not tax deductible as charitable contributions?  s," did the organization include with every solicitation an express statement that such contribution tax deductible?  nizations that may receive deductible contributions under section 170(c).  e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sis," did the organization notify the donor of the value of the goods or services provided?  ne organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  s," indicate the number of Forms 8282 filed during the year ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property, did the organization file for the second organization received a contribution of qualified intellectual property.   | the organization solicit utions or gifts services provided to the payor? was required  7d contract?   | 5c<br>6a<br>6b<br>7a<br>7b<br>7c   |  | х   |
| the organization have annual gross receipts that are normally greater than \$100,000, and did to ontributions that were not tax deductible as charitable contributions?  s," did the organization include with every solicitation an express statement that such contribution tax deductible?  nizations that may receive deductible contributions under section 170(c).  e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sis," did the organization notify the donor of the value of the goods or services provided?  ne organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  s," indicate the number of Forms 8282 filed during the year ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file forms.   | services provided to the payor?  was required  7d  contract?  | 6a 6b 7a 7b 7c 7e  |  |   |
| ontributions that were not tax deductible as charitable contributions?  s," did the organization include with every solicitation an express statement that such contribution tax deductible?  nizations that may receive deductible contributions under section 170(c).  e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sis," did the organization notify the donor of the value of the goods or services provided?  ne organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  s," indicate the number of Forms 8282 filed during the year ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit are organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file forms.   | services provided to the payor?  was required  7d  contract?  | 6b<br>7a<br>7b<br>7c<br>7e   |  |   |
| s," did the organization include with every solicitation an express statement that such contribution tax deductible?  nizations that may receive deductible contributions under section 170(c).  e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sis," did the organization notify the donor of the value of the goods or services provided?  ne organization sell, exchange, or otherwise dispose of tangible personal property for which it is form 8282?  s," indicate the number of Forms 8282 filed during the year  ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file forms.   | services provided to the payor?  was required  7d    contract?  | 6b<br>7a<br>7b<br>7c<br>7e   |  |   |
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| s," did the organization notify the donor of the value of the goods or services provided?  ne organization sell, exchange, or otherwise dispose of tangible personal property for which it is a Form 8282?  s," indicate the number of Forms 8282 filed during the year ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file forms.   | was required  7d contract?  | 7b<br>7c<br>7e   |  |   |
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| ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit con organization received a contribution of qualified intellectual property, did the organization file f   | tract?  |  |  | ~   |
| organization received a contribution of qualified intellectual property, did the organization file f   |   |  | -+   | X   |
|  | Form 8899 as required?  |  |  |   |
|  |   | 7g   |  |   |
| organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, boats, airplanes, or other vehicles, did the organization according to the contribution of cars, airplanes, or other vehicles, did the contribution of cars, and the cars are and the cars and th         |   | 7h   | $\rightarrow$  |   |
| soring organizations maintaining donor advised funds. Did a donor advised fund maintaine   | ed by the   |  |  |   |
| soring organization have excess business holdings at any time during the year?   |   | 8  | -+   |   |
| soring organizations maintaining donor advised funds.  |   | <u> </u>   |  |   |
| ne sponsoring organization make any taxable distributions under section 4966?  |   | 9a   |  |   |
| ne sponsoring organization make a distribution to a donor, donor advisor, or related person?   |   | 9b   |  |   |
| on 501(c)(7) organizations. Enter  | اما   | ł  |  |   |
| tion fees and capital contributions included on Part VIII, line 12   | 10a   | -} ∣   |  |   |
| s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b   | -  | . 1  |   |
| on 501(c)(12) organizations. Enter   | 11  |  |  |   |
| s income from members or shareholders  | 11a   | -  | .  |   |
| s income from other sources (Do not net amounts due or paid to other sources against   | 1   | 1  | .  |   |
| ints due or received from them)  | 11b   | <b>├</b>   |  |   |
| ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For  |   | 12a  | $\rightarrow$  |   |
| is," enter the amount of tax-exempt interest received or accrued during the year   | 12b   | -  |  |   |
| ion 501(c)(29) qualified nonprofit health insurance issuers.   |   |  | $\rightarrow$  |   |
| · · · · · · · · · · · · · · · · · · ·  |   | 13a  | $\rightarrow$  |   |
|  |   |  |  |   |
| the amount of receives the organization is required to maintain by the states in which the   | 1405  |  | , 1  |   |
|  | <del></del>   | -  |  |   |
| nization is licensed to issue qualified health plans   | <u> 13c  </u>   | 1  | -+   |   |
| nization is licensed to issue qualified health plans<br>the amount of reserves on hand   |   |  | -  | <u> </u>  |
| nization is licensed to issue qualified health plans<br>the amount of reserves on hand<br>ne organization receive any payments for indoor tanning services during the tax year?  |   | 1 4 4 1 1  |  |   |
| nization is licensed to issue qualified health plans<br>the amount of reserves on hand<br>ne organization receive any payments for indoor tanning services during the tax year?<br>es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi  |   | 140  |  |   |
| nization is licensed to issue qualified health plans  the amount of reserves on hand  ne organization receive any payments for indoor tanning services during the tax year?  es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedie organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun  |   |  |  | v   |
| nization is licensed to issue qualified health plans  the amount of reserves on hand ne organization receive any payments for indoor tanning services during the tax year? es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedie organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuniss parachute payment(s) during the year?   |   | 15   |  | X   |
| nization is licensed to issue qualified health plans  the amount of reserves on hand  ne organization receive any payments for indoor tanning services during the tax year?  es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedie organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun  | neration or   |  |  | <u>х</u>  |
|  | organization licensed to issue qualified health plans in more than one state?  See the instructions for additional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in which the ization is licensed to issue qualified health plans the amount of reserves on hand | organization licensed to issue qualified health plans in more than one state?  See the instructions for additional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in which the ization is licensed to issue qualified health plans  the amount of reserves on hand  e organization receive any payments for indoor tanning services during the tax year? | organization licensed to issue qualified health plans in more than one state?  See the instructions for additional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in which the lization is licensed to issue qualified health plans the amount of reserves on hand | organization licensed to issue qualified health plans in more than one state?  See the instructions for additional information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states in which the ization is licensed to issue qualified health plans the amount of reserves on hand ie organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c  14a  14a |

Form 990 (2018)

THE NANCY ANN HUNT FOUNDATION

13-223132 Fag

Part Vf Governance, Management, and Disclosure
For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below (a line) and (a li

|        | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O  | See ın     | structions             |             |                         |                         |  |  |  |  |
|--------|--|------------|------------------------|-------------|-------------------------|-------------------------|--|--|--|--|
|        | Check if Schedule O contains a response or note to any line in this Part VI  |            |                        |             |                         | X                       |  |  |  |  |
| Sect   | tion A. Governing Body and Management  |            |                        |             |                         |                         |  |  |  |  |
|        |  |            |                        |             | Yes                     | No                      |  |  |  |  |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year  | 1a         | 9                      | 1           |                         | 1                       |  |  |  |  |
|        | If there are material differences in voting rights among members of the governing body, or if the governing  |            |                        |             |                         | ì                       |  |  |  |  |
|        | body delegated broad authority to an executive committee or similar committee, explain in Schedule O   |            |                        |             |                         | 1                       |  |  |  |  |
| ь      | Enter the number of voting members included in line 1a, above, who are independent   | 1b         | 8                      |             |                         | 1                       |  |  |  |  |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationshi   | p with a   | any other              |             |                         |                         |  |  |  |  |
|        | officer, director, trustee, or key employee?   |            |                        | 2           | X                       |                         |  |  |  |  |
| 3      | Did the organization delegate control over management duties customarily performed by or under the   | e direc    | supervision            |             |                         |                         |  |  |  |  |
| •      | of officers, directors, or trustees, or key employees to a management company or other person?   |            | ·                      | 3           |                         | X                       |  |  |  |  |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form  | 990 wa     | s filed?               | 4           |                         | X                       |  |  |  |  |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's as  |            |                        | 5           |                         | X                       |  |  |  |  |
| 6      |  |            |                        |             |                         |                         |  |  |  |  |
| -      | Did the organization have members, stockholders, or other persons who had the power to elect or a  | ppoint (   | one or                 |             |                         |                         |  |  |  |  |
|        | more members of the governing body?  |            |                        | 7a          |                         | Х                       |  |  |  |  |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, s  | tockho     | lders. or              |             |                         |                         |  |  |  |  |
| -      | persons other than the governing body?   |            |                        | 7b          |                         | X                       |  |  |  |  |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year  | ar by the  | e following:           |             |                         | 1                       |  |  |  |  |
| _      | The governing body?  | u. Uy iiii | , tollowing.           | 8a          | $\overline{\mathbf{x}}$ |                         |  |  |  |  |
|        | Each committee with authority to act on behalf of the governing body?  |            |                        | 8b          | X                       |                         |  |  |  |  |
| р<br>9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea  | sched a    | t the                  | 0.0         |                         |                         |  |  |  |  |
| 9      | organization's mailing address? If "Yes." provide the names and addresses in Schedule O  | 201100     |                        | 9           |                         | X                       |  |  |  |  |
| Sec    | tion B. Policies (This Section B requests information about policies not required by the Internal Re   | 01/05/10   | Code )                 |             |                         |                         |  |  |  |  |
| -      | tion 2.1 Charles (I) is Section B requests information about policies not required by the internal fit   | evenue     | Code.                  |             | Yes                     | No                      |  |  |  |  |
| 10a    | Did the organization have local chapters, branches, or affiliates?   |            |                        | 10a         |                         | X                       |  |  |  |  |
|        | If "Yes," did the organization have written policies and procedures governing the activities of such c   | hanters    | affiliates             |             |                         |                         |  |  |  |  |
| U      | and branches to ensure their operations are consistent with the organization's exempt purposes?  | партого    | , armatoo,             | 10b         |                         |                         |  |  |  |  |
| 110    | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   |            |                        |             |                         |                         |  |  |  |  |
| _      | Do to the College of  |            |                        |             |                         |                         |  |  |  |  |
|        |  |            |                        |             |                         |                         |  |  |  |  |
| 12a    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris   | e to con   | flicts?                | 12a<br>12b  | X                       |                         |  |  |  |  |
| b      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If   |            |                        |             |                         |                         |  |  |  |  |
| С      |  | 163, U     | escribe                | 12¢         | х                       |                         |  |  |  |  |
| 42     | In Schedule O how this was done Did the organization have a written whistleblower policy?  |            |                        | 13          | X                       |                         |  |  |  |  |
| 13     | Did the organization have a written document retention and destruction policy?   |            |                        | 14          | X                       |                         |  |  |  |  |
| 14     | Did the process for determining compensation of the following persons include a review and approve   | al hv in   | denendent              | <del></del> |                         |                         |  |  |  |  |
| 15     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |            | acpendent              |             |                         | ı                       |  |  |  |  |
| _      | The organization's CEO, Executive Director, or top management official   |            |                        | 15a         |                         | X                       |  |  |  |  |
|        |  |            |                        | 15b         |                         | <u>X</u>                |  |  |  |  |
| D      | Other officers or key employees of the organization  |            |                        | 130         |                         | -                       |  |  |  |  |
| 46-    | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange   | ment u     | uth a                  |             |                         |                         |  |  |  |  |
| 16a    |  | illelit w  | iui a                  | 16a         |                         | $\overline{\mathbf{x}}$ |  |  |  |  |
|        | taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the content of t | ata ita n  | articipation           | 104         |                         |                         |  |  |  |  |
| D      | -  |            |                        |             |                         |                         |  |  |  |  |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga   | HIZALIOI   | 15                     | 16h         |                         |                         |  |  |  |  |
| 800    | exempt status with respect to such arrangements? tion C. Disclosure  |            |                        | 16b         |                         |                         |  |  |  |  |
| _      |  |            |                        |             |                         |                         |  |  |  |  |
| 17     |  | - 4 000    | T (Continue 501/5\/0\- | 1.4         |                         |                         |  |  |  |  |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a  | na 990     | 1 (Section 501(c)(3)s  | oniy)       | avallat                 | ле                      |  |  |  |  |
|        | for public inspection. Indicate how you made these available. Check all that apply   | _          |                        |             |                         |                         |  |  |  |  |
|        | Own website Another's website X Upon request Other (explain  |            |                        |             |                         |                         |  |  |  |  |
| 19     | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co  | onflict o  | t interest policy, and | tinanc      | ıaı                     |                         |  |  |  |  |
|        | statements available to the public during the tax year.  |            |                        |             |                         |                         |  |  |  |  |
| 20     | State the name, address, and telephone number of the person who possesses the organization's bo  | oks an     | d records              |             |                         |                         |  |  |  |  |
|        | JILL MEYER - 214-978-8860  |            | <del></del>            |             |                         |                         |  |  |  |  |
|        | 1900 NORTH AKARD STREET, DALLAS, TX 75201-2300   |            |                        |             | 000                     | (00.15)                 |  |  |  |  |
| 83200  | 6 12-31-18   |            |                        | Form        | ) 99U                   | (2018)                  |  |  |  |  |

### Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                | (B) Average hours per                                      | box                            | not cl<br>unles       | Pos<br>heck i<br>ss per | rson ı       | than of the state | an       | (D) Reportable compensation                    | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other  |
|--------------------------------------|--|--------------------------------|-----------------------|-------------------------|--------------|---|----------|--|---|--|
|                                      | week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer                 | Key employee | Highest compensated employee  | Former   | from<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)                | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) NANCY ANN HUNT                   | 5.00   |                                |                       | v                       |              |   |          | 0.   | 0.  | 0.   |
| CHAIRMAN & VP/DIRECTOR               | F 00   | X                              | $\vdash$              | X                       |              | <del> </del>  | ┝        | 0.   | 0.  | · ·  |
| (2) HEATHER HUNT VICE-PRES/DIRECTOR  | 5.00   | x                              |                       | х                       |              |   |          | 0.   | 0.  | 0.   |
| (3) ASHLEE HUNT KLEINERT             | 5.00   | ₽                              | $\vdash$              | Ĥ                       | ╁            | <del> </del>  | $\vdash$ | •  | - 0.  | <del>.</del>   |
| VICE-PRES/DIRECTOR                   | 3.00   | x                              |                       | x                       |              |   |          | 0.   | 0.  | 0.   |
| (4) KENNETH HERSH                    | 5.00   | <del> </del>                   | <u> </u>              |                         |              |   |          |  |   |  |
| DIRECTOR (THROUGH 12/7/18)           |  | x                              |                       |                         | 1            |   |          | 0.   | 0.  | 0.   |
| (5) FRED HEGI                        | 5.00   |                                |                       |                         |              | Ì   |          |  |   |  |
| DIRECTOR                             |  | $\mathbf{x}$                   |                       |                         |              | l   |          | 0.   | 0.  | 0.   |
| (6) WADE WEGNER                      | 5.00   |                                |                       |                         | Γ            |   |          |  |   |  |
| TREASURER/ASST SECRETARY(A           |  | X                              |                       | X                       | <u> </u>     | <u> </u>  |          | 0.   | 0.  | 0.   |
| (7) DAVID SCULLIN                    | 5.00   |                                |                       |                         |              |   |          |  |   |  |
| VICE-PRES/DIRECTOR                   | 40.00  | X                              | <u> </u>              | X                       | _            | <u> </u>  | L        | 0.   | 485,138.  | 37,226.  |
| (8) JOHN MCSTAY                      | 5.00   | <b>-</b>                       |                       |                         |              |   |          |  |   |  |
| DIRECTOR                             |  | X                              | <del> </del>          | <u> </u>                | -            | -   | $\vdash$ | 0.   | 0.  | 0.   |
| (9) FLORENCE SHAPIRO                 | 5.00   | ١,,                            |                       |                         |              |   |          |  |   | _  |
| DIRECTOR(AS OF 12/7/18)              | 5.00   | X                              | <del>├</del> ─        | -                       | $\vdash$     | $\vdash$  | ⊢        | 0.   | 0.  | 0.   |
| (10) RAY L. HUNT                     | 3.00   | 1                              |                       | x                       |              |   |          | 0.   | 0.  | 0.   |
| PRESIDENT & CEO (11) DAVID HERNANDEZ | 5.00   | $\vdash$                       | $\vdash$              | ^                       | $\vdash$     | +   | ┢        | 0.   | <del></del>                                     | · ·  |
| VICE-PRES/SECRETARY                  | 3.00   | 1                              | Í                     | X                       |              |   | l        | 0.   | 0.  | 0.   |
| (12) MCCALL CRAVENS                  | 5.00   | +                              |                       | -                       | I            | t   | ┢        | · · · · · ·                                    |   | <u>`</u>   |
| CHIEF INVESTMENT OFFICER             | 3.00   | 1                              |                       | X                       |              |   |          | 0.   | 0.  | 0.   |
| (13) JILL MEYER                      | 5.00   |                                |                       |                         |              |   | $\vdash$ |  |   |  |
| SECRETARY                            |  | 1                              |                       | X                       |              |   |          | 0.   | 0.  | 0.   |
|                                      |  | T                              |                       |                         |              |   |          |  |   |  |
|                                      |  | $\mathbb{L}_{-}$               | L                     | L                       |              |   |          |  |   |  |
|                                      |  |                                |                       |                         |              |   |          |  |   |  |
|                                      |  | _                              | 1                     | <u> </u>                | $\vdash$     | $\vdash$  | $\vdash$ |  |   |  |
|                                      |  | 4                              |                       |                         |              |   |          |  |   |  |
|                                      |  | +                              | -                     | -                       | ╁            | ┼   | ╀─       | <del> </del>                                   |   |  |
|                                      | -  | ┨                              |                       |                         |              |   |          |  |   |  |
|                                      |  | 1                              | 1                     | <u> </u>                |              |   | Ц.       |  |   | Form <b>990</b> (2018)   |

Form **990** (2018)

| both Sub-total  C Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  | Section A. Officers, Directors, Tru          | ıstees, Key Em     | ploye           | ees,     |         |              | ghes    | st C         | ompensated Employee        | s (continued)     | <del></del>   |
|---|--|--------------------|-----------------|----------|---------|--------------|---------|--------------|----------------------------|-------------------|---------------|
| bub-total compensation from related organizations below in a part of the properties           | (A)  | (B) (C)            |                 |          |         |              |         |              | (D)                        | (E)               | (F)           |
| hours properly week (fest any hours for set of the compensation of          | Name and title                               | 1 . *              | Ido             |          |         |              |         | one          | Reportable                 | Reportable        | 1             |
| b Sub-total c Total number of independent contractors (including but not lenses address)    Sub-total   |  |                    | box             | , unles  | ss per  | rson ı       | ıs boti | n an         | compensation               | compensation      | amount of     |
| hours for related organizations below line)  below line)  by Sub-total  c Total number of independent Contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization and related organization and related organization is any previous listed on line 1a, is the sum of reportable compensation from the organization is any previous listed on line 1a, is the sum of reportable compensation from the organization or individual for services  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization and related organization or individual for services  (C)  NoNE  Total number of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization and related organization or individual for services  (C)  Complete its table for your five highest compensation from any unrelated organization or individual for services  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization of services  Total number of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those issted above) who received more than \$100,000 of compensation from the orga |  |                    | <u> </u>        | cer an   | id a di | irecto       | or/trus | tee)         | from                       | from related      | other         |
| b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines to and to)  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 8 the sum of reportable compensation from the organization is stary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Y'eys, complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual Did any person listed on line 1a receive or accrucing compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than  |  | 1                  | i ge            | }        |         | ì            | 1       |              |                            |                   |               |
| b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines to and to)  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 8 the sum of reportable compensation from the organization is stary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Y'eys, complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual Did any person listed on line 1a receive or accrucing compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than  |  | L                  | \(\frac{1}{2}\) | a l      |         |              | 를       |              | organization               | (W-2/1099-MIS     | C) from the   |
| b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines to and to)  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 8 the sum of reportable compensation from the organization is stary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Y'eys, complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual Did any person listed on line 1a receive or accrucing compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    | ste (           | ruste    |         | ۱            | Suac    |              | (W-2/1099-MISC)            |                   |               |
| b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines to and to)  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 8 the sum of reportable compensation from the organization is stary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Y'eys, complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual Did any person listed on line 1a receive or accrucing compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than  |  | 1 -                | 1 =             | nal t    | !       | loyee        | E e     |              |                            |                   |               |
| b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines to and to)  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 8 the sum of reportable compensation from the organization is stary former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Y'eys, complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If Yes, complete Schedule J for such individual Did any person listed on line 1a receive or accrucing compensation from any unrelated organization or individual for services rendered to the organization? If Yes, complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization or the calendar year ending with or within the organization is tax year.  (A)  Name and business address  NONE  Total number of independent contractors (including but not limited to those listed above) who received more than  Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    | Ng !            | ttutt    | icer    | em ,         | E SE    | ije          |                            |                   | organizations |
| b Sub-total c Total from continuation sheets to Part VII, Section A D 0. 485,138. 37,226 Total from continuation sheets to Part VII, Section A D 0. 485,138. 37,226 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," "complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," "complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year.  (C) Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    | 트               | n.       | #0      | ě.           | 풀 등     | 횬            | ļ                          |                   |               |
| b Sub-total c Total from continuation sheets to Part VII, Section A D 0. 485,138. 37,226 Total from continuation sheets to Part VII, Section A D 0. 485,138. 37,226 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," "complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," "complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year.  (C) Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    |                 |          |         |              |         |              |                            |                   |               |
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| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.    Yes   No.   | b Sub-total                                  | <del>_</del>       |                 |          |         |              |         |              | 0.                         | 485,13            | 8. 37,226     |
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| rendered to the organization? If "Yes." complete Schedule J for such person  cotion B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than   |  |                    |                 |          |         |              |         |              |                            |                   | 4 X           |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than   |  |                    |                 |          |         |              |         | elate        | ed organization or individ | lual for services |               |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than   |  | mplete Schedul     | e J f           | or st    | ıch ı   | oers         | son     |              |                            | <u></u>           | 5 X           |
| the organization Report compensation for the calendar year ending with or within the organization's tax year  (A) (B) (C) Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  Compensation  | ection B. Independent Contractors            |                    |                 |          |         |              |         |              |                            |                   |               |
| (A) Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than   | Complete this table for your five highest of | compensated inc    | depe            | nde      | nt co   | ontra        | acto    | rs th        | nat received more than \$  | 100,000 of compe  | ensation from |
| Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than   | the organization Report compensation for     | r the calendar y   | ear e           | endir    | ng w    | ith <u>c</u> | or wi   | <u>th</u> ın | the organization's tax y   | ear               |               |
| Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than   | (A)  |                    |                 |          |         |              |         | 7            | (B)                        |                   | (C)           |
| Total number of independent contractors (including but not limited to those listed above) who received more than  |  | ss address         | NO              | INC      | 3       |              |         |              | Description of s           | ervices           |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  | <del></del>                                  |                    |                 |          |         |              |         |              |                            |                   |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    |                 |          |         |              |         | Į            |                            |                   |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  | ·  |                    |                 |          |         |              |         |              |                            |                   |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    |                 |          |         |              |         |              |                            |                   |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    |                 |          |         |              |         |              |                            |                   |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    |                 |          |         |              |         | ı            |                            |                   |               |
| Total number of independent contractors (including but not limited to those listed above) who received more than  |  |                    | _               |          |         |              |         |              |                            |                   |               |
|   |  |                    |                 |          |         |              |         |              |                            |                   | •             |
|   |  |                    |                 |          |         |              |         | ]            |                            |                   |               |
|   |  | <del></del>        |                 |          |         |              |         | ٦            |                            |                   |               |
|   |  |                    |                 |          |         |              |         |              |                            |                   |               |
|   | Total number of independent contractors      | (including but n   | ot lin          | nıter    | d to    | thos         | se lie  | ted:         | above) who received mo     | ore than          |               |
|   | •  |                    | J. III          |          | 0       |              | _       | ,u           | abore, will received inc   | Cricari           |               |
| Form <b>990</b> (20:  |  |                    |                 |          |         |              |         |              |                            |                   |               |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1a Contributions, Gifts, Grants and Other Similar Amounts. 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 10 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and -80,497. 241,414. 160,917. other similar amounts) Income from investment of tax-exempt bond proceeds 63,970. 63,970 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 8,620,908. 1,333,320. assets other than inventory b Less cost or other basis 1,264,598 5,813,222. and sales expenses 2,807,686. 68,722 c Gain or (loss) 2,876,408. 2,876,408. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d -80,497. 3,181,792. 3,101,295. Total revenue. See instructions

832009 12-31-18

Form **990** (2018)

Form 990 (2018) THE NANCY ANN HUNT FOUNDATION

Part IX Statement of Functional Expenses

| Section   | on 501(c)(3) and 501(c)(4) organizations must comp   |                       |                                    | plete column (A)                    |                                   |
|-----------|--|-----------------------|------------------------------------|-------------------------------------|-----------------------------------|
| <u> </u>  | Check if Schedule O contains a respon  |                       | this Part IX                       | (0)                                 | (D)                               |
|           | ot include amounts reported on lines 6b,<br>lb, 9b, and 10b of Part VIII                               | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C) Management and general expenses | ( <b>D</b> ) Fundraising expenses |
| 1         | Grants and other assistance to domestic organizations  |                       |                                    |                                     | Ì                                 |
|           | and domestic governments. See Part IV, line 21   | 14,370,000.           | 14,370,000.                        |                                     |                                   |
| 2         | Grants and other assistance to domestic  |                       |                                    |                                     | 1                                 |
|           | ındıvıduals See Part IV, line 22   |                       |                                    |                                     |                                   |
| 3         | Grants and other assistance to foreign   |                       |                                    |                                     | †                                 |
|           | organizations, foreign governments, and foreign  |                       |                                    |                                     |                                   |
| •         | individuals See Part IV, lines 15 and 16   |                       | *                                  |                                     | ·                                 |
| 4         | Benefits paid to or for members  | <del></del>           |                                    |                                     |                                   |
| 5         | Compensation of current officers, directors,   |                       |                                    |                                     |                                   |
|           | trustees, and key employees  |                       |                                    |                                     |                                   |
| 6         | Compensation not included above, to disqualified   |                       |                                    |                                     |                                   |
|           | persons (as defined under section 4958(f)(1)) and  |                       |                                    |                                     |                                   |
| _         | persons described in section 4958(c)(3)(B)   |                       |                                    |                                     | -                                 |
| 7         | Other salaries and wages   |                       |                                    |                                     |                                   |
| -8        | Pension plan accruals and contributions (include   |                       |                                    |                                     |                                   |
| •         | section 401(k) and 403(b) employer contributions)  |                       |                                    |                                     |                                   |
| 9         | Other employee benefits Payroll taxes  |                       |                                    |                                     |                                   |
| 10        | Fees for services (non-employees)  | -                     |                                    |                                     |                                   |
| 11<br>a   | Management   |                       |                                    |                                     |                                   |
| a<br>b    | Legal  | <del> </del>          |                                    |                                     |                                   |
| C         | Accounting   |                       |                                    |                                     |                                   |
| d         | Lobbying   |                       |                                    |                                     |                                   |
| e         | Professional fundraising services See Part IV, line 17   |                       |                                    |                                     |                                   |
| f         | Investment management fees   |                       |                                    |                                     |                                   |
| g         | Other (If line 11g amount exceeds 10% of line 25,  |                       |                                    |                                     | -                                 |
|           | column (A) amount, list line 11g expenses on Sch O.)   |                       |                                    |                                     |                                   |
| 12        | Advertising and promotion  |                       |                                    |                                     |                                   |
| 13        | Office expenses  |                       |                                    |                                     |                                   |
| 14        | Information technology   |                       |                                    |                                     |                                   |
| 15        | Royalties  |                       |                                    |                                     |                                   |
| 16        | Occupancy  |                       |                                    |                                     |                                   |
| 17        | Travel   |                       |                                    |                                     |                                   |
| 18        | Payments of travel or entertainment expenses   |                       |                                    |                                     |                                   |
|           | for any federal, state, or local public officials  |                       |                                    |                                     |                                   |
| 19        | Conferences, conventions, and meetings   |                       |                                    |                                     |                                   |
| 20        | Interest   |                       |                                    |                                     |                                   |
| 21        | Payments to affiliates   |                       |                                    |                                     | _                                 |
| 22        | Depreciation, depletion, and amortization  | <del></del>           |                                    |                                     |                                   |
| 23        | Other expenses. Itemize expenses not covered   | <u>-</u>              |                                    |                                     |                                   |
| 24        | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) |                       |                                    |                                     |                                   |
|           | amount, list line 24e expenses on Schedule O.)   |                       |                                    | 04 000                              |                                   |
| а         | REAL ESTATE EXPENSES   | 94,930.               |                                    | 94,930.                             |                                   |
| b         | OTHER ADMINISTRATIVE EX  | 16,964.               |                                    | 16,964.                             |                                   |
| С         | ROYALTY TAXES  | 8,941.                |                                    | 8,941.                              | <del></del>                       |
| d         |  |                       |                                    |                                     |                                   |
| e         | All other expenses   | 14,490,835.           | 14,370,000.                        | 120,835.                            | 0.                                |
| <u>25</u> | Total functional expenses Add lines 1 through 24e  | 14,430,033.           | 14,3/0,000.                        | 120,033.                            |                                   |
| 26        | Joint costs. Complete this line only if the organization   |                       |                                    |                                     |                                   |
|           | reported in column (B) joint costs from a combined   | 1                     |                                    |                                     |                                   |
|           | educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720)    |                       |                                    |                                     |                                   |
|           | 11 following och: 30°2 (A3O 330-720)   | ļ                     |                                    | <u> </u>                            |                                   |

Part X<sup>-</sup> Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 Cash · non-interest-bearing 6,075,391. 426,246. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 9,995. 9,629. Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1,402,778. 10c 10b b Less accumulated depreciation 11,769,891. 11 4,456,491. Investments - publicly traded securities 11 26,731,178. 27,980,801. 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 47,238,856. 14,296. 31,623,544. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 1,018,940. 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 1,033,236. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 

X
and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 46,205,620. 31,623,544. 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 31,623,544. 46,205,620. 33 Total net assets or fund balances 33 47,238,856. 31,623,544. Total liabilities and net assets/fund balances

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X

Form 990 (2018)

X

2c

За

Act and OMB Circular A-133?

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization THE NANCY ANN HUNT FOUNDATION 75-2251332 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) Yes above (see instructions)) COMMUNITIES FOUNDATION OF TEXAS 75-0964565 7 X 20,000.

<u>Total</u>

20,000.

# Schedule A (Form 990 or 990-EZ) 2018 THE NANCY ANN HUNT FOUNDATION 75-2251 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sed        | tion A. Public Support                      |                     |                      |                               |                      |                      |                |
|------------|---|---------------------|----------------------|-------------------------------|----------------------|----------------------|----------------|
| Cale       | ndar year (or fiscal year beginning in)     | (a) 2014            | <b>(b)</b> 2015      | (c) 2016                      | (d) 2017             | (e) 2018             | (f) Total      |
| 1          | Gifts, grants, contributions, and           |                     |                      |                               |                      |                      |                |
|            | membership fees received (Do not            |                     | 1                    |                               |                      | ļ                    | /              |
|            | include any "unusual grants ")              |                     |                      |                               |                      |                      |                |
| 2          | Tax revenues levied for the organ-          |                     |                      |                               |                      |                      |                |
|            | ization's benefit and either paid to        |                     | :                    |                               |                      |                      |                |
|            | or expended on its behalf                   |                     |                      |                               |                      |                      | /              |
| 3          | The value of services or facilities         |                     |                      |                               |                      | /                    |                |
|            | furnished by a governmental unit to         |                     | ſ                    |                               | ĺ                    |                      |                |
|            | the organization without charge             |                     |                      |                               |                      |                      | <u></u>        |
| 4          | Total. Add lines 1 through 3                |                     |                      |                               |                      |                      |                |
| 5          | The portion of total contributions          |                     |                      |                               |                      |                      |                |
|            | by each person (other than a                |                     |                      |                               |                      |                      | ļ              |
|            | governmental unit or publicly               |                     | ł                    |                               | /                    | ľ                    | }              |
|            | supported organization) included            |                     |                      |                               |                      |                      |                |
|            | on line 1 that exceeds 2% of the            |                     |                      |                               |                      |                      |                |
|            | amount shown on line 11,                    |                     |                      |                               |                      |                      |                |
|            | column (f)                                  |                     |                      | J                             |                      |                      |                |
|            | Public support. Subtract line 5 from line 4 |                     |                      | -                             |                      |                      |                |
| Sec        | ction B. Total Support                      |                     |                      | ·                             |                      |                      |                |
| Cale       | ndar year (or fiscal year beginning in) ► 📗 | (a) 2014            | (b) 2015             | (c) 2016                      | (d) 2017             | (e) 2018             | (f) Total      |
| 7          | Amounts from line 4                         |                     |                      | /                             |                      |                      |                |
| 8          | Gross income from interest,                 |                     |                      |                               |                      |                      |                |
|            | dividends, payments received on             |                     |                      |                               |                      |                      |                |
|            | securities loans, rents, royalties,         |                     |                      |                               |                      |                      | Ì              |
|            | and income from similar sources             |                     |                      |                               |                      |                      |                |
| 9          | Net income from unrelated business          |                     |                      | /                             |                      |                      |                |
|            | activities, whether or not the              |                     |                      |                               |                      |                      |                |
|            | business is regularly carried on            |                     |                      | <u> </u>                      |                      |                      |                |
| 10         | Other income Do not include gain            |                     | /                    |                               |                      |                      |                |
|            | or loss from the sale of capital            |                     |                      |                               |                      | 1                    |                |
|            | assets (Explain in Part VI)                 |                     |                      |                               | ļ                    |                      |                |
| 11         | Total support. Add lines 7 through 10       | <u></u>             |                      |                               | <u></u>              |                      |                |
| 12         | Gross receipts from related activities,     | etc (see instructi  | ons)                 |                               |                      | 12                   |                |
| 13         | First five years. If the Form 990 is for    | the organization'   | s first second, thi  | rd, fourth, or fifth to       | ax year as a section | n 501(c)(3)          |                |
| _          | organization, check this box and stop       |                     |                      |                               | _                    |                      |                |
|            | ction C. Computation of Public              |                     | <del>/</del>         |                               |                      | <del></del>          | <del></del>    |
| 14         | Public support percentage for 2018 (li      | ne 6, column (f) d  | ívided by line 11, o | column (f))                   |                      | 14                   |                |
|            | Public support percentage from 2017         | ,                   |                      |                               |                      | 15                   | 9              |
| 16a        | 33 1/3% support test - 2018. If the o       | irganization did ni | ot check the box o   | n line 13, and line           | 14 is 33 1/3% or m   | ore, check this bo   |                |
|            | stop here. The organization qualifies       | as a publický supp  | oorted organization  | ו                             |                      |                      | ▶□             |
| k          | 33 1/3% support test - 2017. If the o       | • /                 |                      |                               | l line 15 is 33 1/3% | or more, check th    | iis box        |
|            | and stop here. The organization quali       | fies as/a publicly  | supported organiz    | ation                         |                      |                      | ▶∟             |
| 17a        | 10% -facts-and-circumstances test           | - 20,18. If the or  | ganızatıon dıd not   | check a box on line           | e 13, 16a, or 16b,   | and line 14 is 10%   | or more,       |
|            | and if the organization meets the "fact     | /                   |                      |                               |                      | rt VI how the orga   | nization       |
|            | meets the "facts-and-circumstances";        | test The organiza   | ition qualifies as a | publicly supported            | lorganization        |                      |                |
| t          | 10% -facts-and-circumstances test           | - 2017. If the org  | ganization did not   | check a box on line           | e 13, 16a, 16b, or   | 17a, and line 15 is  | 10% or         |
|            | more, and if the organization meets th      | e "facts-and-circu  | ımstances" test, c   | heck this box and             | stop here. Explan    | n in Part VI how the | е              |
|            | organization meets the "facts-and-circ      | umstances" test     | The organization     | qualifies as a public         | cly supported orga   | nızatıon             |                |
| 10         | Private foundation. If the organization     | n did not check a   | box on line 13, 16   | 6a, 16b, 17a, or 1 <u>7</u> 1 | b, check this box a  | nd see instruction:  | s_ <b>&gt;</b> |
| <u> 10</u> |   |                     |                      |                               |                      |                      |                |

# Schedule A (Form 990 or 990-EZ) 2018 THE NANCY ANN HUNT FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

| Section A. Public Support  |                            |                      |                        |                      |   |            |
|--|----------------------------|----------------------|------------------------|----------------------|---|------------|
| alendar year (or fiscal year beginning in) 🕨   | (a) 2014                   | <b>(b)</b> 2015      | (c) 2016               | (d) 2017             | (e) 2018                                      | (f) Total  |
| Gifts, grants, contributions, and<br>membership fees received (Do not)   |                            |                      |                        |                      |   |            |
| ınclude any "unusual grants ")   |                            |                      |                        |                      |   |            |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                            |                      |                        | -                    |   |            |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513   |                            |                      |                        |                      |   |            |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                            |                      |                        |                      | /   |            |
| or expended on its behalf  |                            |                      |                        |                      |   |            |
| 5 The value of services or facilities  |                            |                      |                        |                      |   |            |
| furnished by a governmental unit to the organization without charge  |                            |                      |                        |                      |   |            |
| 6 Total. Add lines 1 through 5   |                            |                      |                        |                      |   |            |
| 7a Amounts included on lines 1, 2, and   |                            |                      | 1                      |                      |   |            |
| 3 received from disqualified persons   |                            |                      |                        |                      |   |            |
| b Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year  |                            |                      | /                      |                      |   |            |
| c Add lines 7a and 7b  |                            |                      |                        |                      |   |            |
| 8 Public support. (Subtract line 7c from line 6)   |                            |                      |                        |                      |   |            |
| Section B. Total Support   |                            |                      |                        |                      |   |            |
| alendar year (or fiscal year beginning in)   | (a) 2014                   | <b>(b)</b> 2015      | /(c) 2016              | (d) 2017             | (e) 2018                                      | (f) Total  |
| 9 Amounts from line 6  |                            |                      | 1/                     |                      |   |            |
| 10a Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                               |                            |                      |                        |                      |   |            |
| <b>b</b> Unrelated business taxable income   |                            |                      |                        |                      |   |            |
| (less section 511 taxes) from businesses acquired after June 30, 1975  |                            |                      |                        |                      |   |            |
| c Add lines 10a and 10b  |                            |                      |                        |                      |   |            |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | /                          |                      |                        |                      |   |            |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)   |                            |                      |                        |                      |   |            |
| 13 Total support. (Add lines 9, 10c, 11, and 12)   |                            |                      |                        | <u> </u>             |   |            |
| 14 First five years. If the Form 990 is for  | the organization's         | s first, second, thi | rd, fourth, or fifth t | ax year as a sectior | n 501(c)(3) organız                           | ation,     |
| check this box and stop here   |                            |                      |                        |                      | ·   | <b>▶</b> □ |
| Section C. Computation of Publi  | c Şupport Per              | centage              |                        |                      |   |            |
| 15 Public support percentage for 2018 (I   | ipe 8, column (f), d       | livided by line 13,  | column (f))            |                      | 15  | · ·        |
| 16 Public support percentage from 2017   |                            |                      |                        |                      | 16  |            |
| Section D. Computation of Invés  | tment Income               | e Percentage         |                        |                      | · · · · · · · · · · · · · · · · · · ·         |            |
| 17 Investment income percentage for 20   | <b>18</b> (line 10c, colur | nn (f), divided by   | line 13, column (f))   |                      | 17  | ·          |
| 18 Investment income percentage/from   | <b>2017</b> Schedule A,    | Part III, line 17    |                        |                      | <u> 18                                   </u> |            |
| 19a 33 1/3% support tests - 2018. If the   |                            |                      | on line 14, and line   | e 15 is more than 3  | 3 1/3%, and line 1                            | 7 is not   |
| more than 33 1/3%, check this box ar   |                            |                      |                        |                      |   | ▶□         |
|  |                            |                      |                        | a, and line 16 is mo | re than 33 1/3%.                              | and        |
| b 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che   | organization did r         | not check a box o    | n line 14 or line 19   |                      |   | and        |

Schedule A (Form 990 or 990-EZ) 2018

832023 10-11-18

### Part IV | Supporting Organizations

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

|      | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)   |            | _  |  |
|------|---|------------|--|--|
| Sec  | tion A. All Supporting Organizations  |            |  |  |
|      |   |            | Yes  | No   |
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing  |            |  |  |
|      | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by  |            |  |  |
|      | class or purpose, describe the designation. If historic and continuing relationship, explain  | _1_        | X  | <u> </u>   |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status  |            |  | 1  |
|      | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported   |            |  |  |
|      | organization was described in section 509(a)(1) or (2)  | 2          |  | X  |
| За   | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer  | <u></u>    |  |  |
|      | (b) and (c) below   | 3a         |  | X  |
| b    | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and  |            |  |  |
|      | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the  |            |  |  |
|      | organization made the determination   | 3b         |  |  |
| С    | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)  |            |  | 1  |
|      | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use   | 3с         |  |  |
| - 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If -  |            |  |  |
|      | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a         |  | X  |
| h    | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign   |            |  | 1  |
|      | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion  |            |  |  |
|      | despite being controlled or supervised by or in connection with its supported organizations   | 4b         |  |  |
|      | Did the organization support any foreign supported organization that does not have an IRS determination   |            |  |  |
| ·    | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used   |            |  |  |
|      | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)  |            |  |  |
|      |   | 4c         |  |  |
| 52   | purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"  |            |  |  |
| Ja   | answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN   |            |  | 1 1  |
|      | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,   |            |  | i I  |
|      |   |            |  |  |
|      | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action   |            |  | X  |
| _    | was accomplished (such as by amendment to the organizing document)  Type I or Type II only. Was any added or substituted supported organization part of a class already   | Ja         |  |  |
| b    | designated in the organization's organizing document?   |            |  |  |
| _    | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c         |  |  |
|      | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to  | 30         |  |  |
| 6    |   | ·          |  | 1  |
|      | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class   |            |  |  |
|      | benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in |            |  | 1  |
|      |   | 6          | x  | <i> </i>   |
| -    | Part VI.  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor   | <u> </u>   |  |  |
| 7    |   |            |  |  |
|      | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with  | 7          | <del></del>                                      | X  |
| _    | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   |            | <u> </u>   |  |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?   | 8          | <del></del>                                      | X  |
| _    | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  | <b>├</b> ° |  | <del>  ^</del>                                   |
| 9a   | Was the organization controlled directly or indirectly at any time during the tax year by one or more   |            |  |  |
|      | disqualified persons as defined in section 4946 (other than foundation managers and organizations described   |            |  | X  |
|      | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  | 9a         | <del>                                     </del> | <del>                                     </del> |
| b    | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which   |            | <del></del> -                                    |  |
|      | the supporting organization had an interest? If "Yes," provide detail in Part VI.   | 9b         | <del>                                     </del> | _  |
| С    | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit   |            | <del> </del>                                     | X  |
|      | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.  | 9c_        | $\vdash$   |  |
| 10a  | Was the organization subject to the excess business holdings rules of section 4943 because of section   |            |  |  |
|      | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated   | 46         |  | ₩  |
|      | supporting organizations)? If "Yes," answer 10b below   | 10a        | <del>  -</del>                                   | Х  |
| b    | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to  | l          | 1  | ı  |

determine whether the organization had excess business holdings.)

| 8  | Minimum Asset Amount (add line 7 to line 6)                                  | 8                            |                           |
|----|--|------------------------------|---------------------------|
| ec | tion C - Distributable Amount  |                              | Current Year              |
| 1  | Adjusted net income for prior year (from Section A, line 8, Column A)        | 1                            |                           |
| 2  | Enter 85% of line 1  | 2                            |                           |
| 3  | Minimum asset amount for prior year (from Section B, line 8, Column A)       | 3                            |                           |
| 4  | Enter greater of line 2 or line 3  | 4                            |                           |
| 5  | Income tax imposed in prior year   | 5                            |                           |
| 6  | Distributable Amount. Subtract line 5 from line 4, unless subject to         |                              |                           |
|    | emergency temporary reduction (see instructions)                             | 6                            |                           |
| 7  | Check here if the current year is the organization's first as a non-function | ally integrated Type III sup | porting organization (see |

7

Schedule A (Form 990 or 990-EZ) 2018

Recoveries of prior-year distributions

instructions)

Schedule A (Form 990 or 990-EZ) 2018

and 4b from line 1 For result greater than zero, explain in

7 Excess distributions carryover to 2019. Add lines 3j

Part VI See instructions

and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

| Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12,  |
|--|
| Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.) |
| PART_IV SECTION A LINE 6   |
| THE NANCY ANN HUNT FOUNDATION PROVIDED GRANTS TO PARISH EPISCOPAL  |
| SCHOOL IN THE AMOUNT OF \$1,000,000, THE FUND FOR AMERICAN STUDIES IN  |
| THE AMOUNT OF \$500,000, C.C YOUNG IN THE AMOUNT OF \$3,500,000, THE   |
| SHELTON SCHOOL-THE LANDMARK FOUNDATION IN THE AMOUNT OF \$3,000,000, ST.   |
| PHILLIP'S SCHOOL AND COMMUNITY CENTER IN THE AMOUNT OF \$2,000,000, BOYS   |
| SCOUTS OF AMERICA IN THE AMOUNT OF \$1,000,000, THE NANCY ANN HUNT AND   |
| RAY L. HUNT CHARITABLE FUND IN THE AMOUNT OF \$1,250,000, AUSTIN STREET  |
| CENTRE IN THE AMOUNT OF \$1,000,000, FRIENDS OF ANIMAL RESCUE IN THE   |
| AMOUNT OF \$500,000, METHODIST HEALTH SYSTEM FOUNDATION IN THE AMOUNT OF   |
| \$100,000 AND NEW FRIENDS NEW LIFE IN THE AMOUNT OF \$500,000. THESE   |
| GRANTS WERE DISTRIBUTED ONLY AFTER THE APPROVAL OF THE BOARD OF  |
| TRUSTEES OF COMMUNITIES FOUNDATION OF TEXAS, THE ORGANIZATION THAT IS  |
| SUPPORTED BY THE NANCY ANN HUNT FOUNDATION. THIS APPROVAL EVIDENCES THE  |
| CONCERRENCE BY THE BOARD OF TRUSTEES OF COMMUNITIES FOUNDATION OF TEXAS  |
| THAT THESE GRANTS SUPPORT AND BENEFIT COMMUNITIES FOUNDATION OF TEXAS  |
| AND ITS MISSION.   |
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### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990.

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

18 Open to Public Inspection

Name of the organization

THE NANCY ANN HUNT FOUNDATION

**Employer identification number** 75-2251332

| Par | t I Organizations Maintaining Donor Advised  |   | or Accounts. Complete if the                 |
|-----|--|---|--|
| L   | organization answered "Yes" on Form 990, Part IV, line   | e 6   | ·  |
|     |  | (a) Donor advised funds                     | (b) Funds and other accounts                 |
| 1   | Total number at end of year  |   |  |
| 2   | Aggregate value of contributions to (during year)  |   |  |
|     | Aggregate value of grants from (during year)   |   |  |
|     | Aggregate value at end of year   |   | -  |
|     | Did the organization inform all donors and donor advisors in w   | rriting that the assets held in donor advis | sed funds                                    |
|     | are the organization's property, subject to the organization's e   |   | Yes No                                       |
| 6   | Did the organization inform all grantees, donors, and donor ad   | lvisors in writing that grant funds can be  | used only                                    |
|     | for charitable purposes and not for the benefit of the donor or  | donor advisor, or for any other purpose     | conferring                                   |
|     | impermissible private benefit?   |   | Yes No                                       |
| Par | t II Conservation Easements. Complete if the org   | anization answered "Yes" on Form 990,       | Part IV, line 7                              |
| 1   | Purpose(s) of conservation easements held by the organization  | n (check all that apply)                    |  |
|     | Preservation of land for public use (e.g., recreation or ed  | ducation) Preservation of a his             | torically important land area                |
|     | Protection of natural habitat  | Preservation of a cei                       | tified historic structure                    |
|     | Preservation of open space   |   |  |
| 2   | Complete lines 2a through 2d if the organization held a qualifi  | ed conservation contribution in the form    | of a conservation easement on the last       |
|     | day of the tax year  |   | Held at the End of the Tax Year              |
| а   | Total number of conservation easements   |   | _2a  |
| b   | Total acreage restricted by conservation easements   |   | 2b   |
| С   | Number of conservation easements on a certified historic stru  | cture included in (a)                       | 2c   |
| d   | Number of conservation easements included in (c) acquired a  | fter 7/25/06, and not on a historic struct  | ure  |
|     | listed in the National Register  |   | 2d   |
| 3   | Number of conservation easements modified, transferred, rele   | eased, extinguished, or terminated by the   | e organization during the tax                |
|     | year ▶   |   |  |
| 4   | Number of states where property subject to conservation eas  |   |  |
| 5   | Does the organization have a written policy regarding the peri   |   |  |
|     | violations, and enforcement of the conservation easements it   |   | Yes No                                       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, l   | nandling of violations, and enforcing con   | servation easements during the year          |
| _   |  |   | A  |
| 7   | Amount of expenses incurred in monitoring, inspecting, hand  | ling of violations, and enforcing conserva  | ation easements during the year              |
| _   | Same and the second sec | a actually the requirements of acetion 170  | (b)(a)(D)(i)                                 |
| 8   | Does each conservation easement reported on line 2(d) above  | e satisfy the requirements of section 170   | (1)(4)(5)(1) Yes No                          |
| •   | and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation   | on accoments in its revenue and expense     |  |
| 9   | include, if applicable, the text of the footnote to the organizat  |   |  |
|     |  | ion's intancial statements that describes   | the organization of accounting to            |
| Pai | conservation easements rt III   Organizations Maintaining Collections of   | Art, Historical Treasures, or O             | ther Similar Assets.                         |
|     | Complete if the organization answered "Yes" on Form  |   |  |
| 12  | If the organization elected, as permitted under SFAS 116 (AS   |   | ment and balance sheet works of art.         |
| 10  | historical treasures, or other similar assets held for public exh  |   |  |
|     | the text of the footnote to its financial statements that describ  |   | ,  |
| h   | If the organization elected, as permitted under SFAS 116 (AS   |   | t and balance sheet works of art, historical |
|     | treasures, or other similar assets held for public exhibition, ed  |   |  |
|     | relating to these items  |   |  |
|     | (i) Revenue included on Form 990, Part VIII, line 1  |   | <b>▶</b> \$                                  |
|     | (ii) Assets included in Form 990, Part X   |   | <b>&gt;</b> \$                               |
| 2   | If the organization received or held works of art, historical trea   | asures, or other similar assets for financi | al gain, provide                             |
| _   | the following amounts required to be reported under SFAS 1:  |   |  |
| а   | Revenue included on Form 990, Part VIII, line 1  | ,     | <b>▶</b> \$_                                 |
|     | Assets included in Form 990, Part X  |   | <b>&gt;</b> \$                               |
|     | For Paperwork Reduction Act Notice, see the Instructions   | for Form 990.                               | Schedule D (Form 990) 2018                   |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 THE NANCY AN                              | NN HUNT FOUND              | ATION                           | 75-2251332 Page 3                            |
|--|----------------------------|---------------------------------|--|
| Part VII Investments - Other Securities.                             |                            |                                 |  |
| Complete if the organization answered "Yes" of                       | on Form 990, Part IV, line |                                 |  |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation Cos     | st or end-of-year market value               |
| (1) Financial derivatives  |                            |                                 |  |
| (2) Closely-held equity interests                                    |                            |                                 |  |
| (3) Other  |                            |                                 |  |
| (A) INVESTMENTS - OTHER  |                            |                                 |  |
| (B) SECURITIES   | 26,731,178.                | END-OF-YEAR MAI                 | RKET VALUE                                   |
| (C)  | _                          |                                 |  |
| (D)  |                            |                                 |  |
| (E)  |                            |                                 |  |
| (F)  |                            |                                 |  |
| (G)  |                            |                                 |  |
| (H)  | 06 831 180                 |                                 | <u>.                                    </u> |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)      | 26,731,178.                |                                 | <del></del>                                  |
| Part VIII Investments - Program Related.                             |                            |                                 |  |
| Complete if the organization answered "Yes"                          |                            |                                 |  |
| (a) Description of investment  | (b) Book value             | (c) Method of Valuation Cos     | st or end-of-year market value               |
| (1)  |                            |                                 |  |
| (2)  |                            |                                 |  |
| (3)  |                            |                                 |  |
| (4)  | _                          |                                 |  |
| (5)  |                            |                                 |  |
| (6)  |                            |                                 |  |
|  |                            |                                 |  |
| (8)  |                            |                                 |  |
| (9)  |                            |                                 |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     |                            | 1                               |  |
| Complete if the organization answered "Yes"                          | on Form 990 Part IV line   | 11d See Form 990 Part X line 1  | 5  |
|  | Description                | The coordinates, are square s   | (b) Book value                               |
| (1)  | <u> </u>                   | -                               |  |
| (1)  |                            |                                 |  |
| (3)  |                            |                                 |  |
| (4)  |                            |                                 |  |
| (5)  |                            |                                 |  |
| (6)  |                            |                                 |  |
| (7)  |                            |                                 |  |
| (8)  |                            |                                 |  |
| (9)  |                            | -                               |  |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line        | e 15.)                     |                                 | <b>&gt;</b>                                  |
| Part X Other Liabilities.  |                            | -                               |  |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11e or 11f See Form 990, Part X | , line 25                                    |
| 1. (a) Description of liability                                      |                            | (b) Book value                  | •  |
| (1) Federal income taxes   |                            |                                 |  |
| (2)  |                            |                                 |  |
| (3)  |                            |                                 |  |
| (4)  |                            |                                 |  |
| (5)  |                            |                                 |  |
| (6)  |                            |                                 |  |
|  |                            | ì                               |  |

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

(8)

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

| 2018 | Open to Public<br>Inspection |  |
|------|------------------------------|--|
| 7    | ope<br>L                     |  |

OMB No 1545-0047

Employer identification number

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

| 75-7271332                    |   |  | A Yes No   |
|-------------------------------|---|--|--|
| THE NANCY ANN HUNT FOUNDATION | Part I General Information on Grants and Assistance | 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | criteria used to award the grants or assistance? |

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed  | \$5,000 Part II can          | be duplicated if addition          | onal space is neede      | ק                                 |   |                                       |                                    |
|---|------------------------------|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government  | ( <b>p</b> ) EIN             | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| PARISH EPISCOPAL SCHOOL<br>4101 SIGMA ROAD<br>DALLAS, TX 75244                                      | 75-1390485 501(C)(3)         | 501(C)(3)                          | 0.                       | 1,000,000.                        |   |                                       | EDUCATION FUND                     |
| COMMUNITIES FOUNDATION OF TEXAS<br>5500 CARUTH HAVEN LANE<br>DALLAS, TX 75225                       | 75-0964565 501(C)(3)         | 501(C)(3)                          | 0                        | 20,000.                           | ~ . ==  | -                                     | GENERAL FUND                       |
| THE NANCY ANN HUNT AND RAY L HUNT<br>CHARITABLE FUND - 5500 CARUTH<br>HAVEN LANE - DALLAS, TX 75225 | 75-0964565 501(C)(3 <u>)</u> | 501(C)(3)                          | 0.                       | 1,250,000.                        | _   |                                       | GENERAL FUND                       |
| THE FUND FOR AMERICAN STUDIES<br>1706 NEW HAMPSHIRE AVE<br>WASHINGTON, DC 20009                     | 13-6223604 501(C)(3)         | 501(C)(3)                          | .0                       | .000,000                          |   |                                       | GENERAL FUND                       |
| THE LANDMARK FOUNDATION<br>150 GRANDBY STREET 19TH FLOOR<br>NORFOLK, VA 23510                       | 54-6038902 501(C)(3)         | 501(C)(3)                          | 0                        | 3,000,000.                        |   | :                                     | GENERAL FUND                       |
| BOY SCOUTS OF AMERICA<br>60 DARLIN STREET<br>HARTFORD, CT 06128                                     | 06-0662110 501(C)(3)         | 501(C)(3)                          | 0.                       | 1,000,000.                        |   |                                       | GENERAL FUND                       |
|   |                              |                                    |                          |                                   |   |                                       | 4                                  |

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2018)

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| Schedule I (Form 990) THE NANCY ANN HUNT FOUNDATION   Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II | ANN HUNT             | FOUNDATION vernments and Organ   | izations in the Uni      | ted States (Sched                 | <br>Jule I (Form 990), Par                            |  | 75-2251332 Page 1                  |
|---|----------------------|----------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|   | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant on assistance |
| C.C. YOUNG<br>4847 W LAWTHER DR #100<br>DALLAS, TX 75214  | 75-0800694 501(C)(3) | 501(C)(3)                        | 0                        | 3,500,000.                        |   |  | GENERAL FUND                       |
| ST. PHILIPS SCHOOL AND COMMUNITY CENTER - 1600 PENNSYLVANIA AVDE - DALLAS, TX 75215   | 75-1097360           | 501(C)(3)                        | .0                       | 2,000,000.                        |   |  | GENERAL FUND                       |
| AUSTIN STREET CENTRE<br>2929 HICKORY ST<br>DALLAS, TX 75226   | 11-1111111 501(C)(3) | 501(C)(3)                        | 0                        | 1,000,000.                        |   |  | GENERAL FUND                       |
| NEW FRIENDS NEW LIFE<br>P.O BOX 192378<br>DALLAS, TX 75219  | 75-2820473           | 501(C)(3)                        | 0                        | 500,000.                          | -   |  | GENERAL FUND                       |
| FRIENDS OF ANIMAL RESCUE NY NEW YORK, NY 13208  | 20-3360456 501(C)(3) | 501(C)(3)                        | 0                        | 500,000.                          |   |  | GENERAL FUND                       |
| METHODIST HEALTH SYSTEM<br>1441 N BECKLEY AVE<br>DALLAS, TX 75203   | 75-0800661           | 501(C)(3)                        | 0.                       | 100,000.                          |   |  | GENERAL FUND                       |
|   |                      |                                  |                          |                                   |   |  |                                    |
|   |                      |                                  |                          |                                   |   |  |                                    |
|   |                      |                                  |                          |                                   |   |  |                                    |
| ,<br>832241 ,<br>04-01-18   |                      |                                  | 90                       |                                   |   |  | Schedule I (Form 990)              |

Schedule | (Form 990) (2018)

75-2251332

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 THE NANCY ANN HUNT FOUNDATION AND THE COMMUNITIES FOUNDATION OF TEXAS SELECTED OFFICERS AND MEMBERS OF FOLLOWED UP WITH DONEE ORGANIZATIONS TO ENSURE GRANT FUNDS WERE USED SAME VISION AND MISSION AS THE FOUNDATION. FOR THE GRANTS MADE FROM THE FOUNDATION ONLY PROVIDES GRANTS TO ORGANIZATIONS THAT SHARE THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients 2019, Part III can be duplicated if additional space is needed JULY 1, 2018 THROUGH JUNE 30, FOR THEIR DESIGNATED PURPOSES. (a) Type of grant or assistance PART I LINE Part III

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Schedule I (Form 990) (2018)

### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

<u> 20 18</u>

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE NANCY ANN HUNT FOUNDATION

Employer identification number 75-2251332

|    |   |     | Yes | No     |
|----|---|-----|-----|--------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,    |     |     |        |
|    | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items                  |     |     |        |
|    | First-class or charter travel  Housing allowance or residence for personal use  |     |     |        |
| -  | Travel for companions Payments for business use of personal residence   |     |     |        |
|    | Tax indemnification and gross-up payments  Health or social club dues or initiation fees                                  |     |     |        |
|    | Discretionary spending account Personal services (such as maid, chauffeur, chef)  |     |     |        |
|    |   |     |     |        |
| b  | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or             |     |     |        |
|    | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                  | 1b  |     |        |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,          |     |     |        |
|    | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?                     | 2   |     |        |
|    |   | _   |     |        |
| 3  | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's |     |     |        |
|    | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to          |     |     |        |
|    | establish compensation of the CEO/Executive Director, but explain in Part III   |     |     |        |
|    | Compensation committee Written employment contract  |     |     |        |
|    | Independent compensation consultant Compensation survey or study  |     |     |        |
|    | Form 990 of other organizations  Approval by the board or compensation committee  | ] : |     |        |
|    |   |     |     | 1      |
| 4  | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing              |     |     |        |
|    | organization or a related organization.   |     |     |        |
| а  | Receive a severance payment or change-of-control payment?   | 4a  |     | X      |
|    | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                     | 4b  |     | X      |
|    | Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c  |     | X      |
| •  | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III              |     |     |        |
|    | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                  |     |     |        |
| 5  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         | 1   |     |        |
|    | contingent on the revenues of   |     |     |        |
| а  | The organization?   | 5a  |     | X      |
| b  | Any related organization?   | 5b  |     | X      |
|    | If "Yes" on line 5a or 5b, describe in Part III   |     |     |        |
| 6  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation         |     | İ   |        |
|    | contingent on the net earnings of   |     |     |        |
| а  | The organization?   | 6a  |     | Х      |
| ь  | Any related organization?   | 6b  |     | X      |
| _  | If "Yes" on line 6a or 6b, describe in Part III   |     |     |        |
| 7  | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments          | 1_  |     | 1      |
| •  | not described on lines 5 and 6? If "Yes," describe in Part III  | 7   |     | X      |
| 8  | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the           |     |     |        |
| •  | initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III               | 8   |     | X      |
| 9  | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in                    |     |     |        |
| -  | Regulations section 53 4958-6(c)?   | 9   | _   | $\Box$ |

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VIII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

|                    |          | (B) Breakdown of         | (R) Breakdown of W.2 and/or 1099-MISC compensation | SC compensation                     | (C) Retirement and |          | (E) Total of columns | (F) Compensation |
|--------------------|----------|--------------------------|--|-------------------------------------|--------------------|----------|----------------------|------------------|
|                    |          |                          |  | in a composition of                 | other deferrer     | henefits | (B)(i)-(D)           |                  |
| (A) Name and Title |          | (i) Base<br>compensation | (ii) Bonus & incentive compensation                | (iii) Other reportable compensation | compensation       |          | (2) (1)(2)           | <u>⊕</u> 5       |
|                    | <u> </u> |                          |  | c                                   |                    |          | C                    |                  |
| (1) DAVID SCULLIN  | Ξ        |                          | 0  | 0                                   | • 0                |          | - 1                  |                  |
| VICE-PRES/DIRECTOR | Ξ        | 485,138.                 | 0  | 0.                                  | 0.                 | 0        | 485,138.             | 0                |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | <u> </u> |                          |  |                                     |                    |          |                      |                  |
|                    | ≘        |                          |  |                                     |                    |          |                      |                  |
|                    | (ii)     |                          |  |                                     |                    |          |                      |                  |
|                    | (i)      |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  | i                                   |                    |          |                      |                  |
|                    | Θ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | ∷≘       |                          |  |                                     |                    |          |                      |                  |
|                    | (i)      |                          |  |                                     |                    |          |                      |                  |
|                    | ≘        |                          |  | :                                   |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | ▣        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | ▣        |                          |  |                                     |                    |          |                      |                  |
|                    | Ξ        |                          |  |                                     |                    |          |                      |                  |
|                    | 3        |                          |  |                                     |                    |          |                      |                  |
|                    | €        |                          |  |                                     |                    |          |                      |                  |
|                    | ₿        |                          |  |                                     |                    |          |                      |                  |
|                    |          |                          |  |                                     |                    |          |                      |                  |

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Schedule J (Form 990) 2018

| Schedule J (Form 990) 2018 THE NANCY ANN HUNT FOUNDATION   | 75-2251332 Page 3                                      |
|--|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information | Also complete this part for any additional information |
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| 832113 10-26-18  | Schedule J (Form 990) 2018                             |
|  |  |

### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

THE NANCY AND HINT FOUNDATION

Employer identification number 75-2251332

| THE NANCI ANN HUNI FOUNDATION 73-2231332                               |
|--|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:         |
| ASSIST ORGANIZATIONS EXEMPT FROM INCOME TAXES UNDER IRC SECTION 501    |
| (C)(3).  |
|  |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:       |
| AS WILL MOST EFFECTIVELY ASSIST, ENCOURAGE, AND PROMOTE THE WELL-BEING |
| OF MANKIND.  |
|  |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:                   |
|  |
| THE FOUNDATION PROVIDED FUNDING TO THE BOY SCOUTS OF AMERICA .         |
| EXPENSES \$ 1,000,000. INCLUDING GRANTS OF \$ 1,000,000. REVENUE \$ 0. |
| THE FOUNDATION PROVIDED FUNDING TO THE AUSTIN STREET CENTRE.           |
| EXPENSES \$ 1,000,000. INCLUDING GRANTS OF \$ 1,000,000. REVENUE \$ 0. |
|  |
| THE FOUNDATION PROVIDED FUNDING TO THE NEW FRIENDS NEW LIFE.           |
| EXPENSES \$ 500,000. INCLUDING GRANTS OF \$ 500,000. REVENUE \$ 0.     |
|  |
| THE FOUNDATION PROVIDED FUNDING TO THE FUND FOR AMERICA STUDIES.       |
| EXPENSES \$ 500,000. INCLUDING GRANTS OF \$ 500,000. REVENUE \$ 0.     |
|  |
| THE FOUNDATION PROVIDED FUNDING TO THE NANCY ANN HUNT AND RAY L. HUNT  |
| CHARITABLE FUND.   |
| EXPENSES \$ 1,250,000. INCLUDING GRANTS OF \$ 1,250,000. REVENUE \$ 0. |
|  |

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

Schedule O (Form 990 or 990-EZ) (2018)

| THE NANCY ANN HUNT FOUNDATION  | 75-2251332       |
|--|------------------|
| THE FOUNDATION PROVIDED FUNDING TO THE PARISH EPISCOPAL SC             | HOOL             |
| EXPENSES \$ 1,000,000. INCLUDING GRANTS OF \$ 1,000,000.               | REVENUE \$ 0.    |
| THE FOUNDATION PROVIDED FUNDING TO THE FRIENDS OF ANIMAL R             | ESCUE .          |
| EXPENSES \$ 500,000. INCLUDING GRANTS OF \$ 500,000. REV               |                  |
| THE FOUNDATION PROVIDED FUNDING TO THE METHODIST HEALTH SY FOUNDATION. |                  |
| EXPENSES \$ 100,000. INCLUDING GRANTS OF \$ 100,000. REV               |                  |
| THE FOUNDATION PROVIDED FUNDING TO THE COMMUNITIES FOUNDAT             | ION OF TEXAS.    |
| EXPENSES \$ 20,000. INCLUDING GRANTS OF \$ 20,000. REVEN               | UE \$ 0.         |
| FORM 990, PART VI, SECTION A, LINE 2:                                  |                  |
| SEE STATEMENT 1  |                  |
| EODM 000 DADE UT GEGETON D. LINE 11D.                                  |                  |
| THE FOUNDATION EMAILS A COPY OF THE RETURN TO EACH BOARD M             | EMBER PRIOR TO   |
| FILING.  |                  |
| FORM 990, PART VI, SECTION B, LINE 12C:                                |                  |
| EACH OFFICER, DIRECTOR, EMPLOYEE, AND COMMITTEE MEMBER IS              | REQUIRED TO      |
| ANNUALLY PROVIDE A STATEMENT TO THE FOUNDATION CONFIRMING              | THAT HE OR SHE   |
| HAS READ, UNDERSTANDS, AND AGREES TO COMPLY WITH THE CONFL             | ICT OF INTEREST  |
| POLICY. THEY SHALL ALSO LIST ANY ADDITIONAL ENTITIES OR PE             | RSON THAT WOULD  |
| BE REQUIRED TO BE DISCLOSED PURSUANT TO THE FOREGOING PROV             | ISIONS THAT HAVE |
| NOT PREVIOUSLY BEEN DISCLOSED TO THE FOUNDATION.                       | <del>.</del>     |

| Name of the organization  THE NANCY ANN HUNT FOUNDATION    | Employer identification number 75-2251332 |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19:                     |   |
| THE NANCY ANN HUNT FOUNDATION MAKES ITS GOVERNING DOCUMENT | S, CONFLICT OF                            |
| INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE | PUBLIC UPON                               |
| REQUEST.   |   |
|  |   |
| PART VI, LINE 2  |   |
| SEE STATEMENT 1  |   |
|  |   |
| PART VI, LINE 12C  |   |
| COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS REVIEWE | D THROUGH                                 |
| MONITORING OF ANNUAL DISCLOSURE FORMS AND FOLLOW-UP WITH R | ESPECT TO ANY                             |
| CONFLICTS NOTED ON THESE FORMS.                            |   |
|  |   |
| PART VI, LINE 7A   |   |
| UNDER THE FOUNDATION BYLAWS, THE BOARD OF TRUSTEES OF COMM | UNITIES                                   |
| FOUNDATION OF TEXAS ELECTS FOUR OF THE SEVEN MEMBERS OF TH | Œ   |
| FOUNDATION'S BOARD OF DIRECTORS. PERSONS AFFILIATED WITH T | HE  |
| COMMUNITIES FOUNDATION OF TEXAS ("CFT"), THE FOUNDATION'S  | SUPPORTED                                 |
| ORGANIZATION, COMPRISE A MAJORITY OF THE FOUNDATION'S GOVE | RNING BODY.                               |
| PURSUANT TO THE FOUNDATION'S BYLAWS, THE FOUNDATION'S GOVE | RNING BODY IS                             |
| COMPRISED OF SEVEN (7) DIRECTORS, FOUR (4) OF WHOM ARE IDE | NTIFIED AS                                |
| "NON-FAMILY MEMBER DIRECTORS" WHOSE STATUS ON THE FOUNDATI | ON'S BOARD IS                             |
| DETERMINED IN ACCORDANCE WITH THE STRUCTURE DESCRIBED IMME | DIATELY                                   |
| BELOW. THE REMAINING THREE (3) DIRECTORS ARE IDENTIFIED AS | "FAMILY                                   |
| MEMBER DIRECTORS".   |   |
|  |   |
| ONE (1) OF THE FOUR NON-FAMILY MEMBER DIRECTORS OF THE FOU | NDATION IS                                |
| THE PERSON THEN SERVING AS EITHER THE PRESIDENT, CHAIR, OF | R VICE CHAIR                              |

Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18

Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ▶ Attach to Form 990. THE NANCY ANN HUNT FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Open to Public Inspection 2018

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Employer identification number 75-2251332

Schedule R (Form 990) 2018 (g)
Section 512(b)(13)
controlled
entity? Š × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year  $\boldsymbol{\varepsilon}$ Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity 170B1A(VI) Total income Exempt Code Ð 501(C)(3) Ð Legal domicile (state or Legal domicile (state or foreign country) foreign country) TEXAS Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. CHARITABLE COMMUNITIES FOUNDATION OF TEXAS - 75-0964565 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 5500 CARUTH HAVEN LANE 75225 ΤX DALLAS Part II

832161 10-02-18 LHA

75-2251332

Page 2

Schedule R (Form 990) 2018 THE NANCY ANN HUNT FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage
nanaging ownership
partner? 3 Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Ξ Disproport onate Yes No allocatio 15? Ξ Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
( Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization (a)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

|  | ( <u>)</u>       | (13)<br>olled                                  | Yes No    |  |   |   |  |  |  |  |   |
|--|------------------|--|-----------|--|---|---|--|--|--|--|---|
|  | - 38             | 512(b)(13)<br>controlled<br>entity?            | Yes       |  |   |   |  |  |  |  | _ |
| Г  | £                | e  |           |  |   |   |  |  |  |  |   |
|  | ( <del>6</del> ) | Share of end-of-year                           | assers    |  |   |   |  |  |  |  |   |
|  | 9                | Share of total income                          |           |  | - | - |  |  |  |  |   |
|  | (e)              | Type of entity<br>(C corp, S corp,             | or trust) |  |   |   |  |  |  |  |   |
|  | ( <del>p</del> ) | Direct controlling entity                      | , -       |  |   |   |  |  |  |  |   |
|  | (၁)              | Legal domicile<br>(state or                    | country)  |  |   |   |  |  |  |  |   |
| العاد الما والما فالما   | (q)              | Primary activity                               |           |  |   |   |  |  |  |  |   |
| סולמוויק וויסויס וויסויס מיסויס מיסויס וויסייס מיחיים וויסייס מיחיים מיחיים מיחיים מיחיים מיחיים מיחיים מיחיים | (a)              | Name, address, and EIN of related organization |           |  |   |   |  |  |  |  |   |

832162 10-02-18

Schedule R (Form 990) 2018

Page 3

# Schedule B (Form 990) 2018 THE NANCY ANN HUNT FOUNDATION

Partiv Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

|   |                                  |                             |   |          | ]   | J         |
|---|----------------------------------|-----------------------------|---|----------|-----|-----------|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |                                  |                             |   |          | Yes | ž∥        |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                         | s with one or more re            | ated organizations listed i | ın Parts II-IV?                           |          |     |           |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |                                  |                             |   | <u>1</u> |     | ×         |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)  |                                  |                             |   | 9        | ×   |           |
| c Gift, grant, or capital contribution from related organization(s)   |                                  |                             |   | 2        |     | ×         |
| <b>d</b> Loans or loan guarantees to or for related organization(s)   |                                  |                             |   | 10       |     | ×         |
| e Loans or loan quarantees by related organization(s)   |                                  |                             |   | <u>e</u> |     | ×         |
|   |                                  |                             |   |          |     |           |
| f Dividends from related organization(s)  |                                  |                             |   | <b>;</b> |     | $\sim$    |
| g Sale of assets to related organization(s)   |                                  |                             |   | 19       |     | ×         |
| h Purchase of assets from related organization(s)   |                                  |                             |   | ŧ        |     | ×         |
| i Exchange of assets with related organization(s)   |                                  |                             |   | =        |     | <b> </b>  |
| j Lease of facilities, equipment, or other assets to related organization(s)  |                                  |                             |   | -        |     | $\approx$ |
| k Lease of facilities, equipment, or other assets from related organization(s)  |                                  |                             |   | ¥        |     | ×         |
| l Performance of services or membership or fundraising solicitations for related organization(s)  | nization(s)                      |                             |   | =        |     | ×         |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | ization(s)                       |                             |   | £        |     | ×         |
|   | (s)uc                            |                             |   | Ę        |     | ⋈         |
| <ul> <li>Sharing of paid employees with related organization(s)</li> </ul>  |                                  |                             |   | 9        |     | ×         |
|   |                                  |                             |   |          |     |           |
| p Reimbursement paid to related organization(s) for expenses  |                                  |                             |   | 9        |     | ×         |
| q Reimbursement paid by related organization(s) for expenses  |                                  |                             |   | 5        |     | ×         |
| r Other transfer of cash or property to related organization(s)   |                                  |                             |   | ÷        |     | ×         |
| s Other transfer of cash or property from related organization(s)   |                                  |                             |   | 18       |     | ×         |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | ho must complete th              | s line, including covered r | elationships and transaction thresholds   |          |     |           |
| (a)<br>Name of related organization   | (b)<br>Transaction<br>type (a·s) | (c)<br>Amount involved      | (d) Method of determining amount involved | involved |     |           |
| (1)   |                                  |                             |   |          |     | i i       |
| (2)   |                                  | ;                           |   |          |     | ' I       |
| (3)   |                                  |                             |   |          |     |           |
| (4)   |                                  |                             |   |          |     |           |
| (5)   |                                  |                             |   |          |     |           |

(6) × (8) ×

Schedule R (Form 990) 2018

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| edule R (Form 990) 2018  ort VII Supplemental Informa | THE NANCY ANN HUNG                 |                              | 75-2251332 Pa |
|---|------------------------------------|------------------------------|---------------|
|   |                                    | Schodule D. See instructions |               |
| Provide additional informatio                         | on for responses to questions on S | screaule H See Instructions. |               |
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