

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                 |                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>COVEY GANT FOUNDATION                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                 | A Employer identification number<br>26-1540021                                                                             |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>3220 WESTCLIFF ROAD WEST                                                                                                                                                                                                                                                     |                                                                                                                                                 | Room/suite                                                                                                                 |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>FORT WORTH, TX 76109                                                                                                                                                                                                                                                                  |                                                                                                                                                 | B Telephone number (see instructions)<br>(817) 923-0600                                                                    |  |
| G Check all that apply<br><div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> |                                                                                                                                                 | D 1. Foreign organizations, check here<br>2. Foreign organizations meeting the 85% test, check here and attach computation |  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                                                                            |                                                                                                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here                                       |  |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,336,434                                                                                                                                                                                                                                                                    | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here                                    |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                                                            | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc., received (attach schedule)                           | 125,000                            |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments                                       | 366                                | 366                       | 366                     |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities                                                   | 22,770                             | 22,770                    | 22,770                  |                                                             |
|                                                                                                                                                                     | 5a Gross rents                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss)                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                   | 58,082                             |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a                                              | 391,844                            |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2)                                           |                                    | 33,178                    |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances                                                |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule)                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule)                                                          | 3,255                              |                           | 3,255                   |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11                                                           | 209,473                            | 56,314                    | 26,391                  |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 14 Other employee salaries and wages                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule)                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule)                                                        | 2,495                              |                           |                         |                                                             |
|                                                                                                                                                                     | c Other professional fees (attach schedule)                                                | 16,074                             | 16,074                    |                         |                                                             |
|                                                                                                                                                                     | 17 Interest                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions)                                              | 203                                |                           |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule)                                                        | 113                                | 113                       |                         |                                                             |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23                    | 18,885                             | 16,187                    |                         | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid                                                       | 55,000                             |                           |                         | 55,000                                                      |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                   | 73,885                             | 16,187                    |                         | 55,000                                                      |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                        | 135,588                            |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                           |                                    | 40,127                    |                         |                                                             |
|                                                                                                                                                                     | c Adjusted net income (if negative, enter -0-)                                             |                                    |                           | 26,391                  |                                                             |

| Part II Balance Sheets      |                                                                                                                                              | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                |                                                     |           |           |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------|-----------|
|                             |                                                                                                                                              | Beginning of year<br>(a) Book Value                                                                                               | End of year<br>(b) Book Value (c) Fair Market Value |           |           |
| Assets                      | 1                                                                                                                                            | Cash—non-interest-bearing . . . . .                                                                                               |                                                     |           |           |
|                             | 2                                                                                                                                            | Savings and temporary cash investments . . . . .                                                                                  | 97,261                                              | 171,094   | 171,094   |
|                             | 3                                                                                                                                            | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                                                     |           |           |
|                             | 4                                                                                                                                            | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                        |                                                     |           |           |
|                             | 5                                                                                                                                            | Grants receivable . . . . .                                                                                                       |                                                     |           |           |
|                             | 6                                                                                                                                            | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                                                     |           |           |
|                             | 7                                                                                                                                            | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                        |                                                     |           |           |
|                             | 8                                                                                                                                            | Inventories for sale or use . . . . .                                                                                             |                                                     |           |           |
|                             | 9                                                                                                                                            | Prepaid expenses and deferred charges . . . . .                                                                                   |                                                     |           |           |
|                             | 10a                                                                                                                                          | Investments—U S and state government obligations (attach schedule)                                                                |                                                     |           |           |
|                             | b                                                                                                                                            | Investments—corporate stock (attach schedule) . . . . .                                                                           | 1,131,368                                           | 1,182,001 | 1,154,297 |
|                             | c                                                                                                                                            | Investments—corporate bonds (attach schedule) . . . . .                                                                           |                                                     |           |           |
|                             | 11                                                                                                                                           | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                                                     |           |           |
|                             | 12                                                                                                                                           | Investments—mortgage loans . . . . .                                                                                              |                                                     |           |           |
|                             | 13                                                                                                                                           | Investments—other (attach schedule) . . . . .                                                                                     |                                                     | 11,122    | 11,043    |
|                             | 14                                                                                                                                           | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                           |                                                     |           |           |
| 15                          | Other assets (describe ▶ _____)                                                                                                              |                                                                                                                                   |                                                     |           |           |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                            | 1,228,629                                                                                                                         | 1,364,217                                           | 1,336,434 |           |
| Liabilities                 | 17                                                                                                                                           | Accounts payable and accrued expenses . . . . .                                                                                   |                                                     |           |           |
|                             | 18                                                                                                                                           | Grants payable . . . . .                                                                                                          |                                                     |           |           |
|                             | 19                                                                                                                                           | Deferred revenue . . . . .                                                                                                        |                                                     |           |           |
|                             | 20                                                                                                                                           | Loans from officers, directors, trustees, and other disqualified persons                                                          |                                                     |           |           |
|                             | 21                                                                                                                                           | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                                                     |           |           |
|                             | 22                                                                                                                                           | Other liabilities (describe ▶ _____)                                                                                              |                                                     |           |           |
|                             | 23                                                                                                                                           | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      |                                                     | 0         |           |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here</b> <input type="checkbox"/><br><b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                                                     |           |           |
|                             | 24                                                                                                                                           | Unrestricted . . . . .                                                                                                            |                                                     |           |           |
|                             | 25                                                                                                                                           | Temporarily restricted . . . . .                                                                                                  |                                                     |           |           |
|                             | 26                                                                                                                                           | Permanently restricted . . . . .                                                                                                  |                                                     |           |           |
|                             | <b>Foundations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/><br><b>and complete lines 27 through 31.</b>   |                                                                                                                                   |                                                     |           |           |
|                             | 27                                                                                                                                           | Capital stock, trust principal, or current funds . . . . .                                                                        |                                                     |           |           |
|                             | 28                                                                                                                                           | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                    |                                                     |           |           |
|                             | 29                                                                                                                                           | Retained earnings, accumulated income, endowment, or other funds                                                                  | 1,228,629                                           | 1,364,217 |           |
| 30                          | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                        | 1,228,629                                                                                                                         | 1,364,217                                           |           |           |
| 31                          | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                   | 1,228,629                                                                                                                         | 1,364,217                                           |           |           |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                          |   |           |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1                                                           | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 1,228,629 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | 135,588   |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 |           |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 1,364,217 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                       | 5 |           |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                    | 6 | 1,364,217 |

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

|           |                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>                                                 | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ▶ <u>PAIGE DANIEL</u> Telephone no ▶ <u>(817) 923-0600</u>                                                                                                              |           |            |           |

Located at ▶ 3220 WESTCLIFF ROAD WEST FORT WORTH TX ZIP+4 ▶ 76109

|           |                                                                                                                                                                                                     |           |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . ▶ <input type="checkbox"/>                                                      |           |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ <b>15</b>                                                                                               |           |            |           |
| <b>16</b> | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . | <b>16</b> | <b>Yes</b> | <b>No</b> |
|           | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶                                                                  |           |            |           |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                              |           |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                      |           |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                       |           |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |           |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .                                                                                                                                                                                                                                                                      | <b>1b</b> |            |           |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            |           |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>  | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                         |           |            |           |
|           | If "Yes," list the years ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                 |           |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                                           | Yes                                                                 | No           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                             |                                                                     |              |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| (2)       | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.             |                                                                     | <b>5b</b>    |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d) | <input type="checkbox"/> Yes <input type="checkbox"/> No            |              |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870                                                                                              |                                                                     | <b>6b</b> No |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                   |                                                                     | <b>7b</b>    |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| BURL DANIEL<br>3220 WESTCLIFF ROAD WEST<br>FORT WORTH, TX 76109                                                                     | DIRECTOR<br>000 00                                        | 0                                         | 0                                                                     | 0                                     |
| PAIGE DANIEL<br>3220 WESTCLIFF ROAD WEST<br>FORT WORTH, TX 76109                                                                    | DIRECTOR<br>000 00                                        | 0                                         | 0                                                                     | 0                                     |
| DANNY DENKE<br>4200 S HULEN STREET SUITE 150<br>FORT WORTH, TX 76109                                                                | DIRECTOR<br>000 00                                        | 0                                         | 0                                                                     | 0                                     |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       |                                       |

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

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

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
BURL B DANIEL III  
3220 WESTCLIFF ROAD WEST  
FORT WORTH, TX 76109  
(817) 980-4897

**b** The form in which applications should be submitted and information and materials they should include  
A LETTER SHOULD BE SUBMITTED WITH THE RELEVANT INFORMATION ABOUT THE NONPROFIT ORGANIZATION'S CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES

**c** Any submission deadlines  
NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
ALL AWARDS MUST BE PAID TO SECTION 501(C)(3) ORGANIZATIONS

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

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

**Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).**

|                   |
|-------------------|
| BURL B DANIEL III |
| PAIGE O DANIEL    |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |        |
| TARRANT AREA FOOD BANK<br>2525 CULLEN STREET<br>FORT WORTH, TX 76107                                     |                                                                                                           | 501(C)(3)                      | GENERAL                          | 5,000  |
| THE GOODFELLOW FUNDPO BOX 1870<br>FORT WORTH, TX 76101                                                   |                                                                                                           | 501(C)(3)                      | GENERAL                          | 5,000  |
| SCLERDERMA FOUNDATION<br>300 ROSEWOOD DRIVE 105<br>DANVERS, MA 01923                                     |                                                                                                           | 501(C)(3)                      | GENERAL                          | 2,500  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 55,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |        |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |        |
| NORTHWEST OUTWARD BOUND SCHOOL<br>1411 SW MORRISON ST 250<br>PORTLAND, OR 97205                          |                                                                                                           | 501(C)(3)                      | GENERAL                          | 2,500  |
| COLORADO FOURTEENERS INITIATIVE<br>1600 JACKSON STREET<br>GOLDEN, CO 80401                               |                                                                                                           | 501(C)(3)                      | GENERAL                          | 2,500  |
| AMERICAN RED CROSS<br>4800 HARRY HINES BLVD<br>DALLAS, TX 75235                                          |                                                                                                           | 501(C)(3)                      | HURRICANES HARVEY & IRMA         | 7,500  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 55,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |        |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |        |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |        |
| UNIVERSITY OF NORTH TEXAS<br>HEALTH SCIENCE CENTER<br>3500 CAMP BOWIE BLVD<br>FORT WORTH, TX 76107       |                                                                                                           | 501(C)(3)                      | GENERAL                          | 25,000 |
| INNOCENCE PROJECT OF TEXAS<br>300 BURNETT STREET 160<br>FORT WORTH, TX 76102                             |                                                                                                           | 501(C)(3(                      | GENERAL                          | 5,000  |
| Total . . . . . ▶ 3a                                                                                     |                                                                                                           |                                |                                  | 55,000 |

**TY 2018 Accounting Fees Schedule****Name:** COVEY GANT FOUNDATION**EIN:** 26-1540021

| <b>Category</b>      | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|----------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| TAX PREPARATION FEES | 2,495         |                                  |                                |                                                      |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2018 Gain/Loss from Sale of Other Assets Schedule**

**Name:** COVEY GANT FOUNDATION

**EIN:** 26-1540021

**Gain Loss Sale Other Assets Schedule**

| Name                                    | Date<br>Acquired | How<br>Acquired | Date<br>Sold | Purchaser<br>Name | Gross Sales<br>Price | Basis   | Basis<br>Method | Sales<br>Expenses | Total<br>(net) | Accumulated<br>Depreciation |
|-----------------------------------------|------------------|-----------------|--------------|-------------------|----------------------|---------|-----------------|-------------------|----------------|-----------------------------|
| INVS DB US DLR IND BULL K-1 SEC<br>1256 |                  | PURCHASE        |              |                   | 208                  |         |                 |                   | 208            |                             |
| US NATUAL GAS FUND K-1 SEC<br>1256      |                  | PURCHASE        |              |                   |                      | 1,729   |                 |                   | -1,729         |                             |
| US GASOLINE FUND K-1 SEC 1256           |                  | PURCHASE        |              |                   |                      | 1,978   |                 |                   | -1,978         |                             |
| SEE ATTACHED GAIN/LOSS<br>REPORT        |                  | PURCHASE        |              |                   | 212,735              | 207,869 |                 |                   | 4,866          |                             |
| SEE ATTACHED GAIN/LOSS<br>REPORT        |                  | PURCHASE        |              |                   | 145,723              | 122,186 |                 |                   | 23,537         |                             |

**TY 2018 Investments Corporate Stock Schedule**

**Name:** COVEY GANT FOUNDATION  
**EIN:** 26-1540021

**Investments Corporation Stock Schedule**

| Name of Stock                        | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------------|------------------------|-------------------------------|
| GS ETF TR ACTIVEBETA EMERGING        | 15,381                 | 13,182                        |
| ISHARES TIPS BOND ETF                |                        |                               |
| ISHARES BARCLAYS 7-10 YR TR          | 50,725                 | 49,599                        |
| ISHARES RUSSELL 1000 VALUE INDEX FUN | 87,014                 | 102,499                       |
| ISHARES RUSSELL 1000 GROWTH INDEX FU | 43,408                 | 70,560                        |
| ISHARES RUSSELL 2000 VALUE INDEX FUN | 14,672                 | 18,497                        |
| ISHARES RUSSELL 2000 GROWTH INDEX FU | 7,079                  | 9,408                         |
| ISHARES MSCI EAFE SMALL CAP INDEX FU | 14,327                 | 14,857                        |
| ISHARES 3-7 YR TREAS BD ETF          | 53,529                 | 52,167                        |
| PIMCO ETF ENHANCED SHORT MAT ACTIVE  | 67,568                 | 67,132                        |
| SPDR GOLD TR GOLD SHS                | 16,914                 | 16,005                        |
| VANECK VECTORS ETF EMERGING MKTS HIG |                        |                               |
| VANGUARD FTSE ALL-WORLD EX US        | 71,431                 | 74,249                        |
| VANGUARD SHORT TERM CORP BOND INDEX  | 49,285                 | 48,657                        |
| GOLDMAN SACHS HIGH YIELD FUND        | 51,271                 | 46,244                        |
| GOLDMAN SACHS LONG/SHORT CREDIT STRA | 51,499                 | 45,597                        |
| PIMCO ETF ENHANCED SHORT MAT ACTIVE  | 7,004                  | 6,966                         |
| SARATOGA ADV TR US GOVERNMENT MONEY  | 45,626                 | 45,626                        |
| SARATOGA ADV TR INVESTMENT QUALITY   | 47,222                 | 45,451                        |
| SARATOGA ADV TR LARGE CAP VALUE      | 75,356                 | 61,887                        |
| JAMES ALPHA MACRO PORTFOLIO CLASS I  | 68,767                 | 66,035                        |
| SARATOGA ADV TR LARGE CAP GROWTH     | 109,612                | 96,297                        |
| SARATOGA ADV TR MID CAP FUND CLASS I | 59,785                 | 46,788                        |
| SARATOGA ADV TR SMALL CAP FUND       | 30,003                 | 27,391                        |
| SARATOGA ADV TR INTERNATIONAL        | 22,908                 | 20,471                        |
| ALPS ETF TR ALERIAN MLP ETF          | 13,217                 | 10,827                        |
| BARCLAYS BK IPATH EXCHANGED TRADED   |                        |                               |
| BARCLAYS BK PLC IPATH DOW JONES AIG  |                        |                               |
| FIRST TRUST NATURAL GAS ETF          |                        |                               |
| GLOBAL X FDS LITHIUM ETF NEW         |                        |                               |

## Investments Corporation Stock Schedule

| Name of Stock                        | End of Year Book Value | End of Year Fair Market Value |
|--------------------------------------|------------------------|-------------------------------|
| ISHARES TR S&P GLOBAL TIMBER & FORES |                        |                               |
| ISHARES INC CORE MSCI EMERGING MKTS  |                        |                               |
| SPDR INDEX SHS FDS S&P GLOBAL NAT RE |                        |                               |
| ENERGY SELECT SECTOR SPDR FUND       | 12,462                 | 10,495                        |
| VANECK VECTORS AGRIBUSINESS ETF      | 7,129                  | 7,606                         |
| VANECK VECTORS RARE EARTH STRATEGIC  |                        |                               |
| VANGUARD INTL EQUITY INDEX FDS GLOBA |                        |                               |
| ISHARES BARCLAYS 20+ YR TREAS BD ETF | 16,673                 | 16,647                        |
| INVESCO OPTIMUM YIELD DIVERS COMMODI | 25,916                 | 21,873                        |
| INVESCO CURRENCYSHARES JAPAN YEN TR  | 8,121                  | 8,340                         |
| ST SPDR O&G E&P ETF                  | 7,590                  | 4,929                         |
| SPDR SER TR S&P METALS&MNG ETF       | 7,156                  | 5,425                         |
| VANGUARD REAL ESTATE ETF             | 11,780                 | 10,664                        |
| SPDR GOLD MINISHARES TRUST           | 11,571                 | 11,926                        |

## TY 2018 Investments - Other Schedule

**Name:** COVEY GANT FOUNDATION

**EIN:** 26-1540021

### Investments Other Schedule 2

| Category/ Item                     | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|------------------------------------|-----------------------|------------|-------------------------------|
| INVESCO DB US DOLLAR INDEX BULLISH | AT COST               | 5,751      | 5,734                         |
| UNITED STATES GASOLINE FUND        | AT COST               | 5,371      | 5,309                         |

**TY 2018 Other Expenses Schedule****Name:** COVEY GANT FOUNDATION**EIN:** 26-1540021**Other Expenses Schedule**

| Description                   | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| EXPENSES                      |                                      |                          |                        |                                             |
| BANK FEES                     | 30                                   | 30                       |                        |                                             |
| INVESCO DB US DLR IND BULL FD | 33                                   | 33                       |                        |                                             |
| US NATURAL GAS FUND K-1       | 23                                   | 23                       |                        |                                             |
| US GASOLINE FUND K-1          | 27                                   | 27                       |                        |                                             |

**TY 2018 Other Income Schedule****Name:** COVEY GANT FOUNDATION**EIN:** 26-1540021**Other Income Schedule**

| Description                   | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|-------------------------------|-----------------------------------|--------------------------|---------------------|
| OTHER INCOME                  | 1,860                             |                          | 1,860               |
| UNITED STATES NATURAL GAS FUN | 1,395                             |                          | 1,395               |

**TY 2018 Other Professional Fees Schedule****Name:** COVEY GANT FOUNDATION**EIN:** 26-1540021

| <b>Category</b>           | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|---------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ADVISOR & MANAGEMENT FEES | 16,074        | 16,074                           |                                |                                                      |

**TY 2018 Taxes Schedule****Name:** COVEY GANT FOUNDATION**EIN:** 26-1540021

| <b>Category</b>                  | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|----------------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| FEDERAL EXCISE TAX ON INVEST INC | 203           |                                  |                                |                                                      |

|                                                                                                                              |                                                                                                                                                                                                 |                                                     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b><br>▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information | OMB No 1545-0047<br><br><b>2018</b>                 |
|                                                                                                                              | <b>Name of the organization</b><br>COVEY GANT FOUNDATION                                                                                                                                        | <b>Employer identification number</b><br>26-1540021 |

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>COVEY GANT FOUNDATION | <b>Employer identification number</b><br>26-1540021 |
|------------------------------------------------------|-----------------------------------------------------|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
|------------|----------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | MR MRS BURL B DANIEL III<br>3220 WESTCLIFF ROAD WEST<br><br>FORT WORTH, TX 76109 | <br><br>\$ 125,000         | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
| .          | <br><br>                                                                         | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
| .          | <br><br>                                                                         | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
| .          | <br><br>                                                                         | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
| .          | <br><br>                                                                         | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
| .          | <br><br>                                                                         | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                              |
| .          | <br><br>                                                                         | <br><br>\$                 | <b>Person</b> <input type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

Employer identification number

26-1540021

| Part II | Noncash Property |
|---------|------------------|
|---------|------------------|

[illegible]

|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>COVEY GANT FOUNDATION | <b>Employer identification number</b><br>26-1540021 |
|------------------------------------------------------|-----------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____<br>Use duplicate copies of Part III if additional space is needed |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|------------------------|---------------------------------------|-------------------------|------------------------------------------|
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |