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_{Frm} 990-PF

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury

SCANNED JAN 0 7 2016

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Operating 25

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or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service 09/30, 2015 10/15, 2014, and ending For calendar year 2014 or tax year beginning A Employer Identification number Name of foundation 47-2092898 HUFF FAMILY FOUNDATION B Telephone number (see instructions) Room/suite Number and street (or P O box number if mail is not delivered to street address) (713) 860-5440 CO JIM STREETS 5847 SAN FELIPE#2400 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here • • HOUSTON, TX 77057 G Check all that apply. Χ Initial return Initial return of a former public charity D 1 Foreign organizations, check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method | X Cash | Accrual I Fair market value of all assets at F If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), line under section 507(b)(1)(B), check here . > 4,472,150. 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (b) Net investment (c) Adjusted net for charitable expenses per purposes income income books (cash basis only) column (a) (see instructions)) 4,864,117 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to attach Sch B 2 Check > 30. 30. ATCH 1 3 Interest on savings and temporary cash investments. 59,081 59,081. ATCH 2 4 Dividends and interest from securities b Net rental income or (loss) 850,474. Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,076,190 850,474 Capital gain net income (from Part IV, line 2). 8 Net short-term capital gain. . Income modifications . Gross sales less returns and allowances . . . S b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) 111 5,773,702. 909,585. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 1,476. 16a Legal fees (attach schedule) ATCH 3.... b Accounting fees (attach schedule) c Other professional fees (attach schedule)... 17 23,642 5,142 Taxes (attach schedule) (see instructions)[4].

25,118.

22,992.

48,110.

5,725,592.

5,142.

5,142.

904,443.

c Adjusted net income (if negative, enter -0-). JSA For Paperwork Reduction Act Notice, see instructions. 4E1410 1 000

Subtract line 26 from line 12

5343JL 1925

Depreciation (attach schedule) and depletion.

Travel, conferences, and meetings

Other expenses (attach schedule) Total operating and administrative expenses.

Add lines 13 through 23.

Contributions, gifts, grants paid

Total expenses and disbursements Add lines 24 and 25

Excess of revenue over expenses and disbursements . . .

b Net investment income (if negative, enter -0-)

Form 990-PF (2014)

22,992

22,992

Б	owt II	Balanca Chasta	Attached schedules and amounts in the	Beginning of year		End of	<u> </u>
كا	art II	Datafice Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
\Box	١1	Cash - non-interest-bear	ing		95,8	26.	95,826
	2		cash investments				
	3	Accounts receivable		*		5.5	
	•	Less allowance for dou	btful accounts ▶				
١	4	Pladas receivable		/** / ***	andres was and an area		×
	4	Loss ellewence for dev	btful accounts ▶	and amended the transfer of a second and a second and a second as a second and a second and a second and a second as a second	andres name andresenes on our		
	5						
	6		officers, directors, trustees, and other			l	
- 1			tach schedule) (see instructions)				141
	7		receivable (attach schedule)				
			ıbtful accounts ▶				
et	8		se				
ssets	9	Prepaid expenses and o	leferred charges				
۷			te government obligations (attach schedule)	· · · ·			
	b	Investments - corporate	e stock (attach schedule) ATCH 5		4,376,3	24.	4,376,324
	С	Investments - corporate	e bonds (attach schedule)				
	11	Investments - land, building and equipment basis Less accumulated deprecia (attach schedule)	ation	itte et e e		-	and the second of the second o
	12	Investments - mortgage	loans				
	13						· •
	14	Land, buildings, and equipment basis	ach schedule)				
		Less accumulated deprecia	ation			ļ	
	15	Other assets (describe)			T	
	16		completed by all filers - see the				
		•	page 1, item I)		4,472,1	50.	4,472,150
_	47		accrued expenses		17, 22,27	-	3
	17			-			(
	18					$\neg \neg$,
ë.	19						* //
≣ِ	20		ors, trustees, and other disqualified persons			-	
Liabilities	21		otes payable (attach schedule)				·
_	22	Other liabilities (describ	e ▶)				
							*
	23		es 17 through 22)	0		-4	
			llow SFAS 117, check here . ▶ 🔀				
es		and complete lines	24 through 26 and lines 30 and 31.				**
2	24	Unrestricted			4,472,1	50.	
릁	24 25 26						
Ö	26						
ū			not follow SFAS 117, ▶				
屲			plete lines 27 through 31.			İ	
ō	27		cipal, or current funds				
ets	27 28 29 30 31		r land, bldg, and equipment fund				
SS	20	·					>
Į	29	• .	ulated income, endowment, or other funds	0	4,472,1	50	
Ž	30 31		d balances (see instructions)		1,1,2,1	-	
1	31		net assets/fund balances (see	0	1 172 1	_	~>~
				<u>_</u>	4,472,1	50.	
			nges in Net Assets or Fund Bala				
1			palances at beginning of year - Part				
			ed on prior year's return)			1	
		er amount from Part I				2	5,725,592
3	Oth	er increases not inclu	ded in line 2 (itemize) ▶			3	
						4	5,725,592
5	Dec	reases not included it	n line 2 (itemize) ► ATCH 6			5	1,253,442
6	Tota	al net assets or fund b	palances at end of year (line 4 minus	line 5) - Part II, column (b), line 30	6	4,472,150

Page 3

Pa	art IV Capital Gains	s and Losses for Tax on Inv	restment Income			
	(a) List an	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)		
1a	SEE PART IV SCHE	DULE			· ·	
b						
c						
d	· · · · · · · · · · · · · · · · · · ·					
e				 		
<u> </u>		49 Depresention ellewed	(g) Cost or other basis	+	(h) Com os (le	1
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>				ļ <u>.</u>		
<u>b</u>				ļ		
<u>c</u>				<u> </u>		
<u>d</u>		<u>.</u>				
е			<u> </u>	<u> </u>		
	Complete only for assets	showing gain in column (h) and owner	ed by the foundation on 12/31/69	l o	Gains (Col (h) g	ain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	than -0-) or
a				1	···	
_ <u>_</u>						
d				†		
e e				 		
		ı ıf	f gain, also enter in Part I, line 7			·
2	Capital gain net income	or (not capital loce)	f (loss), enter -0- in Part I, line 7	2		850,474.
3	Net short-term canital de	ain or (loss) as defined in sections	,			3337 17 11
•			structions) If (loss), enter -0- in \mathbf{l}			
						0
Б.		Under Coetion 4040(s) for De	duced Tax on Net Investment I	3		
						
(F0	or optional use by domesti	c private foundations subject to th	ie section 4940(a) tax on net invest	ment inco	me)	
If s	ection 4940(d)(2) applies,	leave this part blank NO.	r Available for initial	YEAR R	ETURNS	
					_	
			butable amount of any year in the b	ase period	d?	」Yes [No
If "	Yes," the foundation does	not qualify under section 4940(e)	Do not complete this part			
1	Enter the appropriate an	nount in each column for each yea	ar, see the instructions before makir	ng any ent	ries	
	(a)	(b)	(c)		(d) Distribution re	atio.
Са	Base period years ilendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2013					
	2012					
	2011					
	2010					
	2009					•
2	Total of line 1 column (s	N.		2		
			de the total on line 2 by 5, or by the		.=	
3	•	,	•	1 1		
	number of years the four	ndation has been in existence if le	ss than 5 years			
4	Enter the net value of no	ncharitable-use assets for 2014 fr	rom Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributi	ons from Part XII line 4		8		
•	If line 8 is equal to or a	reater than line 7, check the box	in Part VI, line 1b, and complete		using a 1% tax	x rate See the
	Part VI instructions	,	. , , , , , , , , , , , , , , , , , , ,	,	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		•			

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Form	990-PF (2014) HUFF FAMILY FOUNDATION 47-209	2898		Page 4
Pa	rt VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctior	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check		18,	089.
	here ▶ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		18,	089.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		18,	089.
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 18,500.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		18,	500.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			8.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			403.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ► 403. Refunded ► 11			
Pai	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	1c		X
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			ĺ
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			1
	foundation managers > \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities	,		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			į
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
	TX,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			_
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			-
	names and addresses . ATCH. 7	10	Х	
	F	om 99	0-PF	(2014)

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

b If "Yes," did it have excess business holdings in 2014 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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

X charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? Form 990-PF (2014)

Χ

3b

Yes

Form 990-PF (2014)

Form 990-PF (2014) HUFF FAMILY FOUNDATION 47-2092898 Page 6 Statements Regarding Activities for Which Form 4720 May Be Required (continued) Part VII-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))?..... (2) Influence the outcome of any specific public election (see section 4955), or to carry on, X No directly or indirectly, any voter registration drive?........... Х (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in X (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums Х 6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?. . If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, List all officers, directors, trustees, foundation managers and their compensation (see instructions). (b) Title, and average hours per week devoted to position (c) Compensation (If not pald, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (a) Name and address ATCH 8 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter (d) Contributions to (b) Title, and average hours per week devoted to position (e) Expense account, employee benefit plans and deferred (a) Name and address of each employee paid more than \$50,000 (c) Compensation other allowances compensation NONE

HUFF FAMILY FOUNDATION

Form 990-PF (2014)			Page 7
Part VIII Information About Officers, Dand Contractors (continued)	Directors, Trustees, Foundation I	Managers, Highly Paid Employ	yees,
3 Five highest-paid independent contract	ors for professional services (see i	nstructions). If none, enter "NONE	
(a) Name and address of each person	on paid more than \$50,000	(b) Type of service	(c) Compensation
		_	
NONE			
		-	
			·
		-	
			
		-	
Total number of others receiving over \$50,000	for professional services		
Part IX-A Summary of Direct Charital	ole Activities		
List the foundation's four largest direct charitable activity organizations and other beneficianes served, conferences		stical information such as the number of	Expenses
1 GRANT TO STRAKE JESUIT FOR G	ENERAL OPERATIONS.		
			9,217.
2 GRANT TO ST FRANCIS EPISCOPA	CHURCH FOR GENERAL OPER	ATIONS.	
			6 775
3 GRANT TO SER JOBS FOR PROGRE	SS FOR GENERAL OPERATIONS		6,775.
3 diamin to blik obb tok thousand	22.101.201.211.21.01.211.131.0	2	
			2,500.
4 GRANTS TO YMCA AND BAYLOR CO	LLEGE OF MEDICINE FOR GEN	IERAL	
OPERATIONS.			
			4,000.
	ted Investments (see instructions)		A
Describe the two largest program-related investments m	ade by the foundation during the tax year on line	es 1 and 2	Amount
1 NONE			
2			
*			
All other program-related investments See instructions			
3 NONE			
		· · · · · · · · · · · · · · · · · · ·	
Total. Add lines 1 through 3	<u></u>	<u></u>	5 000 PF 100 111
			Form 990-PF (2014)

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	3,533,358.
b	Average of monthly cash balances	1b	158,246.
С	Fair market value of all other assets (see instructions)	1c	<u> </u>
ď	Total (add lines 1a, b, and c)	1d	3,691,604.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)1e]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,691,604.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1 1	
	instructions)	4	55 , 374.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,636,230.
6	Minimum investment return. Enter 5% of line 5	6	174,838.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	174,838.
2a	Tax on investment income for 2014 from Part VI, line 5	\$1954	
b	Income tax for 2014 (This does not include the tax from Part VI). 2b		
	Add lines 2a and 2b] 2c	18,089.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	156,749.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	156,749.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	156,749.
Pari	XII Qualifying Distributions (see Instructions)	1 - 1	· · ·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	<u> </u>	
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	22,992.
	Program-related investments - total from Part IX-B	1b	. <u></u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
-	Suitability test (prior IRS approval required)	3a	
a h	Cash distribution test (attach the required schedule)	3b	
4	Cash distribution test (attach the required schedule)	4	22,992.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		22,332.
J		5	0
e	Enter 1% of Part I, line 27b (see instructions)	6	22,992.
6	Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when column (b).	L	
	qualifies for the section 4940(e) reduction of tax in those years	alculating whether	a the roundation

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		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,	Corpus	, care prior to 20 to	20.0	156,749.
	line 7				150,745.
2	Undistributed income, if any, as of the end of 2014 Enter amount for 2013 only	:			
	Total for pnor years 20 12 ,20 11 .20 10				
	Excess distributions carryover, if any, to 2014				
	From 2009		47.	<u></u>	×
	From 2010	** /		,	34
	From 2011	,			
ď	From 2012				
	From 2013		}		
	Total of lines 3a through e		~		i
	Qualifying distributions for 2014 from Part XII,	**	*		^
	line 4 ▶ \$ 22,992.			,	
а	Applied to 2013, but not more than line 2a				,
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election		4 4 4		
	required - see instructions)				22 002
	Applied to 2014 distributable amount				22,992.
	Remaining amount distributed out of corpus		· · · · · · · · · · · · · · · · · · ·		
5	Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as indicated below:	,		,	
_		n m pr			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
D	Prior years' undistributed income Subtract line 4b from line 2b	٧		*	
С	Enter the amount of prior years' undistributed				
	been issued, or on which the section 4942(a)			:	
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see instructions				
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be				133,757.
_	distributed in 2015			. 4	133,737.
7	Amounts treated as distributions out of corpus		<		
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2009 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	О			
10	Analysis of line 9				*****
	Excess from 2010				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				

unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

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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 Purpose of grant or contribution Amount Name and address (home or business) Amount Purpose of grant or contribution Pur								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	contribution					
a Paid during the year								
- may 4.6								
ATCH 10								
3								
	İ							
T-4-1				22.002				
h Approved for future payment	<u> </u>	· · · · · ·	,	22,992.				
b Approved for future payment								
Total			▶ 3b					

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Part XVI	-A Analysis of Income-Produ	ucing Acti	vities			
*	amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded by	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a						
ь						
c			<u> </u>			
e f						
-	and contracts from government agencies					
	ship dues and assessments					
	on savings and temporary cash investments			14	30.	
	ds and interest from securities			14	59,081.	
	al income or (loss) from real estate					
a Debt	-financed property					
b Not o	debt-financed property					
6 Net renta	I income or (loss) from personal property					
	vestment income			10	050 407	
•	loss) from sales of assets other than inventory	<u>'</u>		18	850,497.	
	ome or (loss) from special events					
•	rofit or (loss) from sales of inventory			-		
	venue a					-
				 		
	······					
e						
	Add columns (b), (d), and (e)				909,608.	
	dd line 12, columns (b), (d), and (e)				13	909,608.
Part XVI-	Relationship of Activities Explain below how each activities					ted importantly to the
▼	accomplishment of the foundation					
·						
						
					-	
_						

	,	
Part XVII	Information Regarding Transfers To and Transactions and Relationship	s With Noncharitable
	Exempt Organizations	

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									Yes	No
а	-		ng foundation to	a noncharitable exemp	ot organiza	ation of				
		·	-	· · · · · · · · · · · · · ·	_			1a(1)		Х
										Х
b	Other	transactions								
	(1) Sa	ales of assets to a no	ncharitable exe	empt organization				1b(1)		Х
	(2) Pi	urchases of assets fro	om a noncharit	able exempt organization				1b(2)		Х
	(3) R	ental of facilities, equ	ipment, or othe	r assets				1b(3)		Х
										Х
										Х
				hip or fundraising solicita						Х
				sts, other assets, or paid						Х
d				es," complete the follow						
				rices given by the repor						
	value	-	r sharing arran	gement, show in colum	n (d) the					_
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt organiza	tion	<u> </u>	ifers, transactions, and share	ng arra	ngeme	nts
		N/A				N/A				
			ļ				 			
			ļ <u>.</u>						_	
					-					
				-						
										
	l		L	<u> </u>						
2a				ffiliated with, or related				$\neg \downarrow$	es X	٦
		• •		other than section 501(c))(3)) or in	section 52/7	L	Y6	es [^) NO
D	ir Ye	s," complete the follo		(b) Type of organi		<u> </u>	(a) Description of relations	hin		
		(a) Name of organizatio	н і	(b) Type of organi	Lation		(c) Description of relations	- qiri		
	-					-				
		 								
										
	Unde	er penalties of perjury, I declar	are that I have exam	ined this return, including accomp	panying sched	dules and statements, and	to the best of my knowledg	e and b	elief, it	is true
	í	ect, and complete Declaration o	f preparer (other than	taxpayer) is based on all information	of which pre	1				
Sigr	1	(hen the	\mathcal{H}	1/2/23/	15	President	May the IRS			
Her	e Sig	nature of officer or trustee	kl			tle	with the pro-		Yes	No
		,						, [] [
	Щ.	Print/Type preparer's na	ame	Pre de em	===	Date	Ocioni Check If F	NIT		
Paid	I	JAMES M STREE		frank in fate	D مؤرد	Pate 2015 12 14 14 27 29	-06,00.	2000	0419	3
Pre	oarer			FORSTER OF TEXA	S. P.C		Firm's EIN ▶ 76-03			-
-	Only			IPE, SUITE 2400	, 1.0	•	I BITIS LIN P / O OS	, 5 5 6		
	,		OUSTON, TX			77057-3092	Phone no 713-86	50-14	100	
		1	111111111111111111111111111111111111111	·			1	m 990		(2014

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization			Employer identification number
HUFF FAMILY FOUNDA'	ION		
			47-2092898
Organization type (check o	e)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organiz	zation	
	4947(a)(1) nonexempt charitable true	st not treated as a private fo	undation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable true	ist treated as a private founda	ation
	501(c)(3) taxable private foundation		
Check if your organization	covered by the General Rule or a Special Rule.		
	(7), (8), or (10) organization can check boxes fo	r both the General Rule and a	Special Rule See
instructions			
General Rule			
.			4 4 4 4 6 6 6 6 6
	n filing Form 990, 990-EZ, or 990-PF that receiver or property) from any one contributor. Comple		
contributor's tota		ite i arts i and ii dee instructi	ons for determining a
Special Rules			
For an organizati	n described in section 501(c)(3) filing Form 990	0 or 990-EZ that met the 33	1/3 % support test of the
	sections 509(a)(1) and 170(b)(1)(A)(vi), that ch		
	nd that received from any one contributor, during		
\$5,000 or (2) 2%	of the amount on (i) Form 990, Part VIII, line 1h	n, or (ii) Form 990-EZ, line 1 C	Complete Parts I and II
For an organizate	n described in section 501(c)(7), (8), or (10) fili	ing Form 990 or 990-F7 that	received from any one
	the year, total contributions of more than \$1,0		
	onal purposes, or the prevention of cruelty to cl		
For an organizati	n described in section 501(c)(7), (8), or (10) fili	ing Form 990 or 990-EZ that	received from any one
	the year, contributions exclusively for religious,	_	
contributions tota	ed more than \$1,000 If this box is checked, en	ter here the total contribution	is that were received
• •	an <i>exclusively</i> religious, charitable, etc., purpos		
• •	ies to this organization because it received none		
	more during the year		
	at is not covered by the General Rule and/or the		
	ust answer "No" on Part IV, line 2, of its Form 9 to certify that it does not meet the filing require		
FORTH 990-PF, Part I, line 2	to certify that it does not meet the hing require	anento di Schedule D (FUIII 9:	30, 330-LZ, 01 330-FF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization HUFF FAMILY FOUNDATION

Employer identification number

•			47-2092898
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	ded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JOHN HUFF 102 BROAD OAKS CIRCLE HOUSTON, TX 77056	\$2,432,059.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	KAREN HUFF 102 BROAD OAKS CIRCLE HOUSTON, TX 77056	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization HUFF FAMILY FOUNDATION

Employer identification number 47-2092898

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	20,000 SHS SUNCOR ENERGY		
		\$567,000.	12/16/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	20,000 SHS SUNCOR ENERGY		
		\$567,000.	_12/16/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	9,500 SHS UNITED CONTL HLDGS		
		\$585,485.	_12/16/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	9,500 SHS UNITED CONTL HLDGS		
- 		\$ 585,485.	_12/16/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	10,000 SHS JP MORGAN		
		\$584,300.	12/16/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>	10,000 SHS JP MORGAN		
2			

Employer identification number

47-2092898

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
1	7,500 SHS TELUS	s 273,060.	12/16/2014				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
2	7,500 SHS TELUS	\$273,060.	_12/16/2014				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
1_	8,500 SHS OCEANEERING INTL	\$421,940.	_06/09/2015				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
2	8,500 SHS OCEANEERING INTL	\$421,940.	_06/09/2015				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
1	9.5 SHS SUNCOR ENERGY	\$274.	08/11/2015				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
2	9.5 SHS SUNCOR ENERGY	\$274.	_08/11/2015				

Name of organization HUFF FAMILY FOUNDATION

Employer identification number

47-2092898

	that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and th following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$						
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
Part I							
		(e) Transi	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(o) Transi	or of nift	<u> </u>			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of aift				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	Transferen's name address as	(e) Transf		nchin of transferor to transferoe			
	Transferee's name, address, ar	IV ALT	Relatio	nship of transferor to transferee			

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET INVESTMENT INCOME	30.	30.
REVENUE AND EXPENSES PER BOOKS	30.	30.
		TOTAL
DESCRIPTION	INTEREST INCOME	

HUFF FAMILY FOUNDATION

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET REVENUE AND EXPENSES PER BOOKS

INVESTMENT INCOME

59,081. 59,081. TOTAL

59,081.

59,081.

DIVIDEND INCOME

DESCRIPTION

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HUFF

	CHARITABLE	PURPOSES		
	ADJUSTED NET	INCOME		
	NET INVESTMENT	INCOME		
	REVENUE AND EXPENSES	PER BOOKS	1,476.	1,476.
I - LEGAL FEES				TOTALS
FORM 990PF, PART I - LEGAL FEES		DESCRIPTION	LEGAL FEES	

FORM 990PF, PART I - TAXES

	NET	INVESTMENT	INCOME		5,142.	5,142.
REVENUE	AND	EXPENSES	PER BOOKS	18,500.	5,142.	23,642.
						TOTALS
			DESCRIPTION	FEDERAL INCOME TAX	FOREIGN TAX	

FORM 990PF, PART II - CORPORATE STOCK

TOTALS

$\overline{ ext{EMV}}$	1,219,400. 804,089. 473,385. 1,007,950. 871,500.	4,376,324.
ENDING BOOK VALUE	1,219,400. 804,089. 473,385. 1,007,950. 871,500.	4,376,324.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

<u>DESCRIPTION</u>

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

1,253,442.

TOTAL

1,253,442.

ATTACHMENT

NAME AND ADDRESS

JOHN HUFF 102 BROAD OAKS CIRCLE HOUSTON, TX 77056

KAREN HUFF 102 BROAD OAKS CIRCLE HOUSTON, TX 77056

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JONATHAN TRAVIS HUFF 102 BROAD OAKS CIR HOUSTON, TX 77057	DIRECTOR/VP 1.00	0	0	0
JOHN HUFF 102 BROAD OAKS CIR HOUSTON, TX 77057	DIRECTOR/PRESIDENT 1.00	0	0	0
KAREN HUFF 102 BROAD OAKS CIR HOUSTON, TX 77057	DIRECTOR/VP/SECRETARY 1.00	0	0	0
CHRISTOPHER HUFF 102 BROAD OAKS CIR HOUSTON, TX 77057	DIRECTOR/VP 1.00	0	0	0
	GRAND TOTALS	0	0	0

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JOHN HUFF KAREN HUFF

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE VEAR.

AMOUNT	6,775.	2,000	500	9,217	2,500	2,000
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL OPERATIONS	GENERAL OPERATIONS	GENERAL OPERATIONS	GENERAL OPERATIONS	GENERAL OPERATIONS	GENERAL OPERATIONS
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND EQUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE P.C	NONE PC	NONE P.C
RECIPIENT NAME AND ADDRESS	ST FRANCIS EPISCOPAL CHURCH 345 PINEY POINT ROAD HOUSTON, TX 77024	BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA HOUSTON, TX 77030	NATIONAL MS SOCIETY 8111 N STADIUM DR SUITE 100 HOUSTON, TX 77054	STRAKE JESULT 8900 BELLAIRE BLVD HOUSTON, TX 77036	SER JOBS FOR PROGRESS 201 BROADWAY STREET HOUSTON, TX 77012	YMCA 2600 N LOOP W FWY SUITE 300 HOUSTON, TX 77092

TOTAL CONTRIBUTIONS PAID

22,992