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Form **990-PF**

SCANNED DEC 0 1 2016

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

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

OMB No 1545-0052

2015

Depart	ment of the Treasury	► Do not enter so	cial security numbers o	on this form as it ma	ay be made public.	2013
	al Revenue Service	or tax year beginning	orm 990-PF and its separate	instructions is at www	v.irs.gov/form990pf.	Open to Public Inspection
				5, and ending	A Employer identification	
SAM	UEL HONIGBER(LMONT ACRES	G FOUNDATION INC			43-6049920	
SAI	NT LOUIS, MO	63124			B Telephone number (se	
		03124			314-432-00	
G C	heck all that apply	District and and			C If exemption applicat	tion is pending, check here 🕨 🗌
u	neck all that apply	Initial return Final return	Initial return of a for Amended return	mer public charity	D 1 Foreign organizations	s, check here
		Address change	Name change			meeting the 85% test, check
H C	heck type of organiz	ation X Section 50	1(c)(3) exempt private	foundation	here and attach comp	outation > T
·	Section 4947(a)	(1) nonexempt charitable	trust Other taxable	private foundation	E If private foundation	status was terminated
1 Fa	ir market value of all asserom Part II, column (c), lin	ets at end of year J Ac	counting method X C	ash Accrual	under section 507(b)((1)(A), check here
▶	_	·	Other (specify)		F If the foundation is in	a 60-month termination
Parl	I Analysis of	Revenue and	I, column (d) must be of		under section 507(b)(
	Expenses σ	he total of amounts in	(a) Revenue and expenses per books	(b) Net investmer income	nt (c) Adjusted ne	t (d) Disbursements for charitable
	sarily equal the), and (d) may not neces amounts in column (a)			medine	purposes
	(see instruction	s))	<u> </u>			(cash basis only)
	20 m 199	rants, etc, received (attach schedule) foundation is not required to attach Sch 8				
				,		
	3 Interest on savings and Dividends and interest	d temporary cash investments	4.		4.	4.
	5 a Gross rents		2,669.	2,66	9. 2,66	
_	b Net rental income or (loss)				-	7
R E	b a Net gain or (loss) from Cross sales price	n sale of assets not on line 10	95,591.			
E V F	assets on line 6a	149, 312. ncome (from Part IV, line 2)		05.50		, , , , , , , , , , , , , , , , , , , ,
E N U	8 Net short-term ca	pital gain		95,59	91,07	ć
Ë	9 Income modificat 10 a Gross sales less	ons			91,07	0.
	returns and allowances					
	b Less Cost of goods sold					
	C Gross profit or (loss) (•				
	11 Other income (att	•				
	12 Total Add lines	SEE STATEMENT 1 1 through 11	-612. 97,652.	-61		
	13 Compensation of	officers, directors, trustees, etc	0.	97,65	2. 93,13	/-
	14 Other employee s 15 Pension plans, en	alaries and wages				
Δ	16a Legal fees (attach					
A D M	b Accounting fees (a	attach sch)				
Ņ	c Other prof fees (a	ittach sch)		RE	CEIVED	
P S	17 Interest 18 Taxes (attach schedule)	(see instrs) SEE STM 2			38	
OPERAT.	19 Depreciation (attai	ch	1,586.	— <u>₹ NO/</u>	1 0 7 2016 0	
ı į	schedule) and dep	letion			IRS	
N V	21 Travel, conference	s, and meetings			RENIT	
A E X	22 Printing and public	ations.				
	23 Other expenses (a	ttach schedule)				
E N S E S	24 Total operating an	d administrative		_	 	
S	expenses Add line	es 13 through 23	1,586.			
	25 Contributions, gifts, grain 26 Total expenses an	· · · · · · · · · · · · · · · · · · ·	12,700.			12,700.
	Add lines 24 and 2	5	14,286.	r).	
	27 Subtract line 26 fro				<u> </u>	12,700.
	a Excess of revenue and disbursement		83,366.			
_		ome (if negative, enter -0)		97,652	2.	
		me (if negative, enter -0-)			93,137	
	raperwork Reduc	ction Act Notice, see inst	ructions.	TEEA0504L 12/0	M/15	Form 990-PF (2015)

Form 990-PF (2015)

D		Dalamaa Chaata	Attached schedules and amounts in the description	Beginning of year	End o	f year
Part	H	Balance Sheets	column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing			
	`2	Savings and tempor	ary cash investments	1,527.	3,091.	
	3	Accounts receivable	•			
		Less allowance for	doubtful accounts			
	4	Pledges receivable	·			
	·	Less allowance for	doubtful accounts			
	5	Grants receivable				
	6		cers, directors, trustees, and other			
	•	disqualified persons (atta	ch schedule) (see instructions)			
	7	Other notes and loans red	eivable (attach sch)			
A		Less allowance for	doubtful accounts			
S	8	Inventories for sale	or use			
S S E T	9	Prepaid expenses a	nd deferred charges			
S	10 a	Investments – U S obligations (attach s	and state government			
	,	Investments — corporate	•	72,066.	82,953.	81,982.
	_	Investments — corporate	,	72,000.	02/300.	02/002
		Investments - land	•			
	11	equipment basis				
		Less accumulated depred (attach schedule)				
	12	Investments - mort	gage loans.			
	13	Investments - othe	r (attach schedule)	47,104.	118,019.	115,008.
	14	Land, buildings, and	d equipment basis •			
		Less accumulated depred (attach schedule)	enation • • • • • • • • • • • • • • • • • • •			
		Other assets (descr				
	16	see the instructions	completed by all filers — Also, see page 1, item I).	120,697.	204,063.	196,990.
Ļ	17	Accounts payable a	nd accrued expenses			
Å	18	Grants payable				
B	19	Deferred revenue				
Ľ	20	Loans from officers, dire	ctors, trustees, & other disqualified persons]
Ţ	21	Mortgages and other note	es payable (attach schedule) .			
Ţ	22	Other liabilities (des	scribe •))		
Ë	23	Total liabilities (add	d lines 17 through 22)	0.	0.	
	23	Foundations that for	ollow SFAS 117, check here	- 0.		1
		and complete lines	24 through 26 and lines 30 and 31.	1		
NF	24	Unrestricted				
E U T N	25	Temporarily restrict	ed			
D	26	Permanently restric	ted			
A S B S A		Foundations that d and complete lines	o not follow SFAS 117, check here 🕒 🛚 🗓			
EASN	27	Capital stock, trust	principal, or current funds	102,305.	102,305	
SM	28	Paid-in or capital surplus	s, or land, bldg , and equipment fund	18,392.	101,758.	
OE	29	Retained earnings, accur	nulated income, endowment, or other funds			_
ŘŠ	30		fund balances (see instructions)	120,697.	204,063	
	31	Total liabilities and (see instructions)	net assets/fund balances	120,697.	204,063	
Par	t III	<u> </u>	nges in Net Assets or Fund Balanc			-
1	Tota	I net assets or fund t	palances at beginning of year - Part II, col		gree with	120,697.
2		•	ed on prior year's return).		2	83,366.
_		er amount from Part I			3	03,300.
3		r increases not included in				204,063.
4		lines 1, 2, and 3	(itomizo)		5	204,003.
5 6		eases not included in line 2	palances at end of year (line 4 minus line 5	5) - Part II column (b) I		204,063.
6 BAA	1012	ai net assets of fulld t	TEEA0302L		00	Form 990-PF (2015)
DAA			I EEAUSUZL	10113113		

Pai		osses for Tax on Investmer					
	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e.g., ie; or common stock, 200 shares Mi	real estate, _C Company)	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 8	2065 SHARES ANACOR	PHARMACEUTICALS INC		P		6/23/14	VARIOUS
1	3000 SHARES COTT CO	RPORATION		P		10/02/14	VARIOUS
	70 SHARES WABTEC			P_		4/26/94	12/23/15
	<u> </u>						
) 						<u></u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
	111,105.			2,510.			78,595.
	33, 151.		2	0,670.			12,481.
				541.			4,515.
	<u> </u>						
		ing gain in column (h) and owned b		/69	•	(I) Gains (Col	(h)
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			aın minus col (k), b an -0-) or Losses (fi	
ě	1						78,595.
!) 						12,481.
	·						4,515.
	i						
	·					,	
2	Capital gain net income or (net	t capital loss)	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		95,591.
3	Net short-term capital gain or ((loss) as defined in sections 1222(5) and (6)				
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) 1	f (loss), enter -0-	-	3		91,076.
Pai	t V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	ome		
(For		oundations subject to the section 4940					
		•	•	,			
If se	ction 4940(d)(2) applies, leave t	his part blank					
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any year in the t	ase perio	d۶	Yes	X No
If 'Y	es,' the foundation does not qua	lify under section 4940(e) Do not o	complete this part				
1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries			
	(a) Base period years	(b)	(c)			(d)	
	Calendar year (or tax year	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	COL	Distribution (b) divided by	
	beğinning in)			00.0	(00)		
	2014	9,050.	17	5,212.			0.051652
	2013	7,371.	11	6,266.			0.063398
	2012	4,650.	9	1,884.			0.050607
	2011	4,750.		9,796.			0.052898
	2010	4,574.	7	2,840.			0.062795
2	Total of line 1, column (d)				2		0.281350
3	Average distribution ratio for th	ne 5-year base period - divide the	total on line 2 by 5, or by t	he	_		
	number of years the foundation	n has been in existence if less than	5 years		3		0.056270
4	Enter the net value of nonchar	stable-use assets for 2015 from Par	t X, line 5		4		225,149.
5	Multiply line 4 by line 3				5		12,669.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)			6		977.
7	Add lines 5 and 6				7		13,646.
8	Enter qualifying distributions fr	om Part XII, line 4			8		12,700.
_	. , ,	n line 7, check the box in Part VI, line	. The and complete that part	ucina a 1%	+24.5	ata Saa tha	

	<u>-60499</u> 2		P	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instruct	ions)		
1 a 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 instrs)				
b Dômestic foundations that meet the section 4940(e) requirements in Part V,	1		1,9	<u>953.</u>
check 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 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			0.
3 Add lines 1 and 2	3		1,9	<u>953.</u>
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-	5		1,9	953.
6 Credits/Payments				
a 2015 estimated tax pmts and 2014 overpayment credited to 2015	4			
b Exempt foreign organizations — tax withheld at source 6 b	-			
c Tax paid with application for extension of time to file (Form 8868)	-			
d Backup withholding erroneously withheld	<u> </u>			
7 Total credits and payments Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8	_		28.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,5	981.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11 Enter the amount of line 10 to be Credited to 2016 estimated tax Refunded	▶ 11			
Part VII-A Statements Regarding Activities			Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	res	No X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 b		х
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?		1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
(1) On the foundation \$\\$ 0. (2) On foundation managers \$\\$		0.	-	:
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ►\$ 0.		-		
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				1
· · · · · · · · · · · · · · · · · · ·		Ì		
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?		4 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b		/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
If 'Yes,' attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			:	ļ
By language in the governing instrument, or			į	
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	Х	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)		_		
N/A		_		
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 <i>General Instruction G</i> ? If 'No,' attach explanation		8 b	X	-
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or 4942(i))(5)	ļ <u> </u>	
for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' comp	ete Part 3	λìν 9	<u> </u>	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
and addresses .		10	0.05.4	X 2015
BAA		Form 99	U-PF (2	∠015}

Ori	m 990-PF (2015) SAMUEL HONIGBERG FOUNDATION INC	42	C04000	0		Dago I
	rt VII-A Statements Regarding Activities (continued)	43-	604992	U	<u>-</u>	age :
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified p advisory privileges? If 'Yes,' attach statement (see instructions)	erson had		12	ï	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemp	tion applica	ation?	13	Х	
14	Website address The books are in care of ► ELLEN SABIN Telepho	one no 🟲		~~ ~	722	
'-	Located at > 3 ALMONT ACRES SAINT LOUIS MO ZIP + 4		3 <u>14-3</u> 24-172.		132_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check he			N/Ā		П
	and enter the amount of tax-exempt interest received or accrued during the year		15			N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authoribank, securities, or other financial account in a foreign country?	ty over a	•	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country					
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
1	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			<u> </u>	Yes	No
	a During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	∐Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	X			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No			~
	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instruction	ın 1s)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	. 🔲			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted ac that were not corrected before the first day of the tax year beginning in 2015?	ts,		1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)					
i	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20		_			
١	Are there any years listed in 2a for which the foundation is not applying the provisions of section 49 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 49 of the provisions of assets) to the year's undistributed income?	42(a)(2) 12(a)(2) to				
	all years listed, answer 'No' and attach statement — see instructions).			2 b	N,	/ <u>A</u>
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year ▶ 20 , 20 , 20 , 20	s nere			İ	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No		,	
1	b If 'Yes,' did it have excess business holdings in 2015 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 appropriate Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	on ved r				
	determine if the foundation had excess business holdings in 2015.)			3 b	N	/A

BAA

Form 990-PF (2015)

X

4 a

4 a 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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

orm 990-PF (20 <u>15) SAMUEL HONIGBERG</u> F	FOUNDATION INC		43-604	49920 Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	1 4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incu	r any amount to			
(1) Carry on propaganda, or otherwise attemp	ot to influence legislatio	n (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	1 4955); or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	•		Yes X	No
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	nan a charitable, etc, or i)	ganization described	Yes X	No :
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No Control of the con
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ []	JU NA
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?	•	N/A Yes	No
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	5-5(d)		
6a Did the foundation, during the year, receive ar on a personal benefit contract?	ny funds, directly or ind	irectly, to pay premium:	S Yes X	No
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b X
·	dation a norti, to a nuclei	.h.tad tau ahaltau tuana		la
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee				No
Part VIII Information About Officers, Diand Contractors	irectors, Trustees,	Foundation Manag		
1 List all officers, directors, trustees, foundatio	n managers and their	compensation (see inst	ructions).	
(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
JOEL HONIGBERG	PRESIDENT	0.	0.	0.
805 MOSELEY RD	0			
HIGHLAND PARK, IL 60035-4635	V			
LAWRENCE SAMUELS	DIRECTOR	0.	0.	0.
11 WESTWOOD COUNTRY CLUB		0.	0.	0.
	0			
SAINT LOUIS, MO 63131-2427	454005m3011/m0			
ELLEN_SABIN	SECRETARY/TR	0.	0.	0.
3 ALMONT ACRES	0			
SAINT LOUIS, MO 63124-1727				
DAVID SAMUELS	DIRECTOR	0.	0.	0.
1 NEW BALLAS PLACE #221	0			
SAINT LOUIS, MO 63141				
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instructio	ns). If none, enter 'NONE	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	, ,, , ,, ,			

Form 990-PF (2015) SAMUEL HONIGBERG FOUNDATION INC Part VIII Information About Officers, Directors, Trustees, Found	43-604 ation Managers, Highly Paid E	
and Contractors (continued)		·
3 Five highest-paid independent contractors for professional services (see ins		· · · · · · · · · · · · · · · · · · ·
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	ļ	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc	Amorniation Such as the number of	Expenses
1 N/A		
2		
3		
4		
		
Part IX-B Summary of Program-Related Investments (see Instruc		
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1		
<u>N/A</u>		
2		
All other program-related investments. See instructions		
3		
		1
Total. Add lines 1 through 3		0.
BAA		Form 990-PF (2015)

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Form **990-PF** (2015)

Par	TX Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities.	1 a	104 006
	Average monthly cash balances	1 b	184,006. 44,572.
	Fair market value of all other assets (see instructions)	1 c	44,572.
		1 d	220 570
	d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 1c	10	228,578.
2	(attach detailed explanation) Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0.
3		3	228,578.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	3,429.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	225,149.
6	Minimum investment return. Enter 5% of line 5	6	11,257.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	iting four	ndations
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	11,257.
	a Tax on investment income for 2015 from Part VI, line 5	1 1	
	n Income tax for 2015 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2 c	1,953.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	9,304.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,304.
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	9,304.
Par	TXII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	12 700
	Program-related investments – total from Part IX-B	1 b	12,700.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
Z	Amounts paid to acquire assets used (or field for use) directly in carrying out charitable, etc., purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	12,700.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	-
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12,700.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ındation	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				9,304.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010 954.				
b From 2011 291.				
c From 2012 99.				
d From 2013 1, 646.				
e From 2014 1,755.				
f Total of lines 3a through e	4,745.			
4 Qualifying distributions for 2015 from Part				
XII, line 4 ► \$ 12,700.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			0.204
d Applied to 2015 distributable amount				9,304.
e Remaining amount distributed out of corpus	3,396.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:	8,141.	-		
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0,141			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016.				0.
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)	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	954			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	7,187			
10 Analysis of line 9				
a Excess from 2011 291.				
b Excess from 2012 99.				
c Excess from 2013 1,646.				
d Excess from 2014 1,755.				
e Excess from 2015 3,396.				Form 990-PF (201

Form 990-PF (2015) SAMUEL HONIGBERG	FOUNDATION	INC		43-604992) Page 10
Part XIV Private Operating Foundat	tions (see instr	ructions and Par			N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the	ruling		_	•	
b Check box to indicate whether the foundat	~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	erating foundation	described in section	4942(J)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					· · · · · · · · · · · · · · · · · · ·
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV. Supplementary Information assets at any time during the	(Complete this	s part only if the	foundation had	d \$5,000 or more	in
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have NONE)	gers: e contributed more	than 2% of the total of	contributions received e section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a	e stock of a corporation in the stock or greater inter	on (or an equally larg rest	e portion of the owner	ship of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only ma requests for funds If the foundation makes complete items 2a, b, c, and d	kes contributions to s gifts, grants, etc	preselected charitate (see instructions) t	ole organizations and to individuals or org	anizations under oth	licited er conditions,
a The name, address, and telephone number or	e-mail address of	the person to whom a	applications should be	e addressed	
b The form in which applications should be s	submitted and info	rmation and materi	als they should incl	ude	
c Any submission deadlines					
d Any restrictions or limitations on awards, s	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	factors
BAA		EEA0310L 10/13/15		F	orm 990-PF (2015)

3 Grants and Contributions Paid During the	Year or Approved for Fut	ure Paymen	t	
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)	substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year SEE STATEMENT 3	substantial contributor	recipient	CONTIDUTION	
Total b Approved for future payment			► 3a	12,700.
Total			> 31	
		<u> </u>		Form 900 PE (2015)
DAA	TEE 405011			Earm 990 DE (2016)

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
•		(a) Business	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Progr	ram service revenue	0000		code		
a				ļ		
b						
c						
d						
e						
f						
-	and contracts from government agencies			ļ		
	bership dues and assessments		<u> </u>			
	st on savings and temporary cash investments			<u> </u>		4.
	ends and interest from securities		 			2,669.
	ental income or (loss) from real estate					
	financed property					
	lebt-financed property					
	ntal income or (loss) from personal property					
	r investment income					
	r (loss) from sales of assets other than inventory					95,591.
	ncome or (loss) from special events			1		
	s profit or (loss) from sales of inventory					
11 Other	r revenue					
a <u>ENL</u>	INK MIDSTREAM PTNRS LP					-612.
b						
c						
d						
е						
				1 1		07 652
	otal. Add columns (b), (d), and (e)	LL				97,652.
13 Total	. Add line 12, columns (b), (d), and (e)				13	97,652.
13 Total		ons)			13	97,652.
13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations		hment of Exem	pt Purpos		97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the	Accomplis			es	97,652.

Form 990-PF (2015) SAMUEL HONIGBERG FOUNDATION INC 43-6049920 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

						i l	res	NO
de	ld the organization direct escribed in section 501(lating to political organ	c) of the Code (o	engage in any of the following wither than section 501(c)(3) orga	ith any other organiza nizations) or in sectio	ition on 527,			
			a noncharitable exempt organiz	zation of				. 1
) Cash	3				1 a (1)		X
•) Other assets					1 a (2)		X
	ther transactions						~	
(1) Sales of assets to a i	noncharitable exe	empt organization			1 b (1)		X
-) Purchases of assets			1 b (2)		X		
•	Rental of facilities, ed		, 5			1 b (3)		X
•) Reimbursement arrar					1 b (4)		X
•) Loans or loan guaran	3				1 b (5)		X
•	,		nip or fundraising solicitations			1 b (6)		X
•	•		sts, other assets, or paid employ	vees		1 c		X
		, ,,	,	,		L		
d If th ar	the answer to any of the goods, other assets, or ny transaction or sharing	e above is 'Yes,' services given by g arrangement, s	complete the following schedule the reporting foundation. If the foundation in column (d) the value of the schedule of the sch	e Column (b) should andation received less the goods, other asset	always show the fair han fair market value i ts, or services receiv	market val n ed	ue of	
(a) Line	no (b) Amount involved	(c) Name	of noncharitable exempt organization	(d) Description of t	transfers, transactions, and	sharing arrai	ngement	.s
N/A								
								
	- 							
				 				
								
				 				
								
			 					
				·				
2 a is	the foundation directly of escribed in section 501((c) of the Code (c	d with, or related to, one or more to ther than section 501(c)(3)) or i	ax-exempt organization n section 527?	15	Yes	X	No
b lf	'Yes,' complete the foll							
	(a) Name of organi	zation	(b) Type of organization	1	(c) Description of re	lationship		
N/A					. — . — . — . — . — . — . — . — . — . —			
			<u> </u>					
	Under penalties of perjury, I d	eclare that I have exam	nined this return, including accompanying a than taxpayer) is based on all information	schedules and statements, and	nd to the best of my knowled	ige and belief,	it is true	2 ,
Sign	correct, and complete booldre	Another property (ourse	with taxpayory is based on all illionnation	or miles propares need any m		May the	IRS disc	uss
Here	NEW.	Sali:	1411.15	11 X Soc	0071011	this retur	n with th	ne
	Signature of officer or truste	icción_	Male To T		KEIHK A	(see ipst	[uctions]	"
	Print/Type preparer:	 _	Preparer's Augusture/11/1.//	/ Od Date		PTIN	Yes	No
	[CAMO WWW	OCHA .	Checkif	l		
Paid		RIGHT	JAMES W WRIGHT	11/11/1		[P0056	<u>808</u>	
Prepa	l l		RISCIONE & CO., LLC		Firm's EIN • 43-	<u> 1849238</u>		
Use C	nly Firm's address	2388 SCHU						
		ST LOUIS,	MO 63146-3434		Phone no (31	<u>4) 878-</u>	0212	
BAA						Form 99	0-PF	2015)

2015	FEDERAL STA	TEMENT	S	PAGE 1	
CLIENT 53608 SA	SAMUEL HONIGBERG FOUNDATION INC			43-6049920	
11/11/16				1 1 25AI	
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME					
		(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
ENLINK MIDSTREAM PTNRS LP	TOTAL	\$ -61 \$ -61	2. \$ -612. \$ 2. \$ -612. \$	-612. -612.	
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES	(A) EXPENSES PER BOOK	S INCO	MENT ADJUSTED	(D) CHARITABLE PURPOSES	
EXCISE TAX ON INVESTMENT INFOREIGN TAXES	11		0. \$ 0.	\$ O.	
STATEMENT 3 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA NAME AND ADDRESS	AR DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT	
AISH HATORAH	NONE	N/A	JEWISH OUTREACH & EDUCATION	\$ 700	
DIABETES RESEARCH & WELLNESS FOUNDATION	NONE	N/A	RESEARCH A CURE FOR DIABETES	300	
AMERICAN FOUNDATION FOR THE BLIND	NONE	N/A	ASSIST VISUALLY IMPAIRED PEOPLE	200	
ALZHEIMERS ASSOCIATION	NONE	N/A	RESEARCH A CURE FOR ALZHEIMER'S DISEASE	1,000	
AMERICAN HEART ASSOCIATION	NONE	N/A	PREVENT CARDIOVASCULAR DISEASE	200	

AMERICAN INSTITUTE FOR CANCER RESEARCH

ARTHRITIS FOUNDATION

NONE

NONE

DISEASE

RESEARCH ARTHRITIS TREATMENTS

PREVENT CANCER

N/A

N/A

300.

300.

2015	FEDERAL STA	TEMENT	S	PAGE 1	
Client 53608 sa	SAMUEL HONIGBERG FOUNDATION INC			43-6049920	
11/11/16				11 25AM	
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME					
		(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
ENLINK MIDSTREAM PTNRS LP	TOTAL	\$ -61 \$ -61	2. \$ -612. \$ 2. \$ -612. \$	-612. -612.	
STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES					
EXCISE TAX ON INVESTMENT INC FOREIGN TAXES		<u>S INCO</u> 57. 9.	MENT ADJUSTED ME NET INCOME	(D) CHARITABLE PURPOSES \$ 0.	
STATEMENT 3 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA	.R				
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT	
AISH HATORAH	NONE	N/A	JEWISH OUTREACH & EDUCATION	\$ 700.	
DIABETES RESEARCH & WELLNESS FOUNDATION	NONE	N/A	RESEARCH A CURE FOR DIABETES	300.	
AMERICAN FOUNDATION FOR THE BLIND	NONE	N/A	ASSIST VISUALLY IMPAIRED PEOPLE	200.	
ALZHEIMERS ASSOCIATION	NONE	N/A	RESEARCH A CURE FOR ALZHEIMER'S DISEASE	1,000.	

N/A

N/A

 $A \setminus N$

AMERICAN HEART ASSOCIATION

AMERICAN INSTITUTE FOR

ARTHRITIS FOUNDATION

CANCER RESEARCH

NONE

NONE

NONE

PREVENT CARDIOVASCULAR

PREVENT CANCER

DISEASE

RESEARCH

ARTHRITIS TREATMENTS 200.

300.

300.

2015

FEDERAL STATEMENTS

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CLIENT 53608

SAMUEL HONIGBERG FOUNDATION INC

43-6049920

11/11/16

11 25AM

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CARE	NONE	N/A	ASSIST WOMEN LIVING IN POVERTY	\$ 100.
CATHOLIC CHARITIES	NONE	N/A	REDUCE POVERTY	100.
EPSTEIN HEBREW ACADEMY	NONE	N/A	PROVIDE JEWISH EDUCATION	600.
HEBREW IMMIGRANT AID SOCIETY	NONE	N/A	ADVOCATE FOR AND ASSIST REFUGEES	100.
HABITAT FOR HUMANITY	NONE	N/A	BUILD HOMES FOR LOW INCOME FAMILIES	100.
ISRAEL CANCER RESEARCH FUND	NONE	N/A	CANCER RESEARCH	200.
JUVENILE DIABETES RESEARCH FOUNDATION	NONE	N/A	RESEARCH TYPE I DIABETES TREATMENTS	100.
JEWISH FEDERATION OF ST LOUIS	NONE	N/A	ASSIST JEWISH FAMILIES AND LOCAL COMMUNITY	500.
MADD	NONE	N/A	PREVENT DRUNK DRIVING	100.
MARCH OF DIMES	NONE	N/A	PREVENT BIRTH DEFECTS	100.
NATIONAL INSTITUTE FOR JEWISH HOSPICE	NONE	N/A	PROVIDE COUNSEL AND ASSISTANCE TO THE TERMINALLY ILL	100.
NATIONAL GLAUCOMA RESEARCH	NONE	N/A	RESEARCH TREATMENTS FOR GLAUCOMA	200.
NATIONAL JEWISH HEALTH	NONE	N/A	RESEARCH & TREATMENT OF RESPIRATORY ILLNESSES	100.
MULTIPLE SCLEROSIS ASSOC OF AMERICA	NONE	N/A	PROVIDE SERVICES TO PEOPLE LIVING WITH MS	100.
NATIONAL OSTEOPOROSIS FOUNDATION	NONE	N/A	PREVENT OSTEOPOROSIS	100.

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FEDERAL STATEMENTS

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CLIENT 53608

SAMUEL HONIGBERG FOUNDATION INC

43-6049920

11/11/16

11 25AM

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
PARKINSONS DISEASE FOUNDATION	NONE	N/A	RESEARCH A CURE FOR PARKINSONS DISEASE	\$ 200.
PREVENT BLINDNESS AMERICA	NONE	N/A	SAVING EYESIGHT	200.
PROJECT HOPE	NONE	N/A	HEALTHCARE FOR THE NEEDY	100.
SAUL MIROWITZ JEWISH COMMUNITY SCHOOL	NONE	N/A	PROVIDE EDUCATION TO CHILDREN	700.
THE SALVATION ARMY	NONE	N/A	ASSIST THE NEEDY	100.
SIMON WIESENTHAL CENTER	NONE	N/A	PROMOTE HUMAN RIGHTS	100.
SUSAN G KOMEN FOR THE CURE	NONE	N/A	BREAST CANCER PREVENTION & RESEARCH	100.
US HOLOCAUST MUSEUM	NONE	N/A	PROMOTE HUMAN DIGNITY & PREVENT GENOCIDE	700.
UNICEF	NONE	N/A	CARE FOR NEEDY CHILDREN	100.
UNITED NEGRO COLLEGE FUND	NONE	N/A	COLLEGE SCHOLARSHIPS FOR MINORITIES	100.
CENTER FOR HEARING & SPEECH	NONE	N/A	EDUCATE HEARING-IMPAIRED CHILDREN	100.
DOCTORS WITHOUT BORDERS	NONE	N/A	PROVIDE MEDICAL CARE TO PEOPLE IN CRISIS	100.
MACULAR DEGENERATION RESEARCH	NONE	N/A	RESEARCH A CURE AND TREATMENT FOR MACULAR DEGENERATION	100.
ST. LOUIS JEWISH LIGHT	NONE	N/A	INFORM & EDUCATE THE JEWISH COMMUNITY	50.

_	_	_	
~	_	-	_
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FEDERAL STATEMENTS

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CLIENT 53608

SAMUEL HONIGBERG FOUNDATION INC

43-6049920

11/11/16

11 25AM

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
CYSTIC FIBROSIS FOUNDATION	NONE	N/A	RESEARCH CYSTIC FIBROSIS TREATMENTS/CURE	\$ 100.
PARALYZED VETERANS OF AMERICA	NONE	N/A	ASSIST MILITARY VETERANS LIVING WITH SPINAL CORD INJURIES	100.
PILGRIM CHAMBER PLAYERS	NONE	N/A	EDUCATE AND ENTERTAIN THE COMMUNITY	700.
ST. LOUIS ARC	NONE	N/A	PROVIDE SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES	100.
MERCY CORPS	NONE	N/A	ALLEVIATE SUFFERING, POVERTY AND OPPRESSION	100.
ACCESS INSTITUTE	NONE	N/A	PROVIDE PSYCHOLOGICAL CARE TO UNDER-SERVED PEOPLE	1,500.
KOL RINAH	NONE	N/A	PROVIDE EDUCATION TO CHILDREN	1,000.
ST LOUIS MEN'S GROUP AGAINST CANCER	NONE	N/A	RESEARCH AND SEEKING A CURE FOR CANCER	750.
			TOTAL	\$ 12,700.