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EXTENDED TO NOVEMBER 15, 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.

Internal Revenue Service For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation THE MEDALLION FOUNDATION, INC 76-0141071 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1407 FANNIN STREET 7136291381 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here HOUSTON, TX 77002 G Check all that apply 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 computation Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization: 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 1 Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col (c), line 16) 43,570,149. (Part I, column (d) must be on cash basis.) ▶\$ 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)) (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment charitable purposes expenses per books ілсоте income (cash bas 12,470,592 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. 8 Interest on savings and temporary cash investments 869,753. 817,699. STATEMENT 219,642. 219,642. STATEMENT Dividends and interest from securities 867,201. 5a Gross rents 867,201. STATEMENT 435,030. STATEMENT b Net rental income or (loss) 表示, 光水学 549,736. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 949,568. ,736. Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less retu 10a and allowances b Less Cost of goods sold K MEAN. c Gross profit or (loss) -2,119,145119,145. STATEMENT 11 Other income 12,857,779. 335,133.Total. Add lines 1 through 11 36,000. 18,000. 18,000. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 38,289. 38,289. Ō. 16a Legal fees STMT 6 STMT 7 13,095. 13,095. Ó. **b** Accounting fees 47,976. 47,976. c Other professional fees STMT 8 Ο. 17 Interest Administrative STMT 9 640,786. 640,786. 0. 18 Taxes 288,426. 248,049. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Operating and 22 Printing and publications STMT 10 366,169 327,413 Ō. 23 Other expenses 24 Total operating and administrative 1,430,741. 1,333,608 18,000. expenses Add lines 13 through 23 571,006. 571,006. 25 Contributions, gifts, grants paid Total expenses and disbursements. 2,001,747. 1,333,608 589,006. Add lines 24 and 25 27 Subtract line 26 from line 12; 10,856,032. 8 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2015)

Form **990-PF**

			0141071 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	151,621.	228,944.	228,944.
2 Savings and temporary cash investments	641,063.	800,161.	800,161.
3 Accounts receivable ► 18,759,301			()
Less; allowance for doubtful accounts	8,026,168.	18,759,301.	18,759,301.
4 Pledges receivable ►		28	
Less: allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable		} _ ` _ ` _	
Less: allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges 10 Investments - U.S. and state government obligations			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis 6,337,652		4.12	
Less accumulated depreciation STMT 11 1,207,255	6,890,164.	5,130,397.	5,130,397.
12 Investments - mortgage loans			
13 Investments - other STMT 12		41,511,929.	16,788,755.
14 Land, buildings, and equipment basis ► 1,596,412		强力的 激烈	
Less accumulated depreciation	0.	1,596,412.	1,596,412.
15 Other assets (describe ► STATEMENT 13	111,318.	266,179.	266,179.
16 Total assets (to be completed by all filers - see the	60 - 4- 054		40 550 440
	62,547,864.	68,293,323.	43,570,149.
17 Accounts payable and accrued expenses	1,343.		
18 Grants payable			
19 Deferred revenue			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe STATEMENT 14			, , , , , , , , , , , , , , , , , , , ,
A 21 Mortgages and other notes payable	710 000	020 011	
22 Other liabilities (describe STATEMENT 14	719,089.	838,911.	
On Tablibilities (add lines 47 through 00)	720,432.	838,911.	,
23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	120,432.	030,911.	· ·
and complete lines 24 through 26 and lines 30 and 31.			•
			` ']
25 Temporarily restricted			Ì
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31			
27 Capital stock, trust principal, or current funds	1,774,205.	1,774,205.	,
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	60,053,227.	65,680,207.	
30 Total net assets or fund balances	61,827,432.	67,454,412.	
2			
31 Total liabilities and net assets/fund balances	62,547,864.	68,293,323.	
Part III Analysis of Changes in Net Assets or Fund I	Balances		
		- 	
1 Total net assets or fund balances at beginning of year - Part II, column (a), li	ne 30	} .	C1 007 400
(must agree with end-of-year figure reported on prior year's return)		1	61,827,432.
2 Enter amount from Part I, line 27a		2	10,856,032.
Other increases not included in line 2 (itemize) Add lines 1, 2, and 3			72,683,464.
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► PRIOR YEAR AD	THETMENTE	5	5,229,052.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II,			67,454,412.
V TOTAL THE USSUES OF THIS DEMENDES AT CITY OF YEAR THIS HITE STOP FAIL (1),	COLORINA TO V. IIII COO	1.0	Form 990-PF (2015)

	MEDALLION FOUNDA		INC	~~-			6-014		Page 3
ANDRE BRANCHE			income		ATTACH		PATEME		1 -
 (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) 				(b) How acquired P - Purchase D - Donation		(c) Date acquired (d) (mo., day, yr.)		(d) Date (mo., da	e sola 3y, yr.)
1a				D-00	niation				
b									
С									
<u>d</u>		· · · - · -							
<u>e</u>	(A) Depresenting allowed	(=) Co.	ot ou other bears	! 		/L) C			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a									
Ь									
С									
d 949,568.			200 02	<u>- - </u>				E 4.0	726
	g gain in column (h) and owned by the	he foundation	399,83	4.		Coupe (C	ol (h) gain		736.
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	ccess of col. (1)			(k), but n	ol. (h) gain iot less than (from col. (f	-0-) or	
a									
b									
<u>c</u>									
_d	,		 					F40	726
<u>e</u>	<u> </u>			$\overline{}$	1			549,	736.
2 Capital gain net income or (net cap	oital loss) $ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0-} \end{cases} $) 2				549,	736.
 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, or 		d (6):		}					
If (loss), enter -0- in Part I, line 8 Part V* Qualification Ur	der Section 4040/ol for	Paduoad	Tay on Not	3	aont Inco		N/A		
						1116			
(For optional use by domestic private		940(a) tax on	net investment ind	come.)					
If section 4940(d)(2) applies, leave the	ıs part blank.								
Was the foundation liable for the secti	on 4942 tax on the distributable amo	ount of any ye	ar in the base peri	ods				Yes [X No
If "Yes," the foundation does not qualif									
1 Enter the appropriate amount in ea		structions bet	ore making any er			1		(d)	
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying distr	ributions	Net value of no	(c) ncharitabli	e-use assets	1 ,	Distribi	ìtión ratio ded by col. ((c))
2014	<u> </u>	1,652.		17,04	12,085		(2)		0610
2013		5,016.		17,3	77,294	•			6383
2012		3,423.		14,8	L3,560	·			9510
2011		1,422.			0,638				8039
2010		2,550.		20,9	5,847	+		.00	2847
2 Total of line 1, column (d)						2		.18	7389
3 Average distribution ratio for the 5 the foundation has been in existen-		n line 2 by 5, 1	or by the number	or years		3		.03	7478
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X, III	ne 5				4	25	,833,	669.
5 Multiply line 4 by line 3						5		968,	194.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6	·		0.
7 Add lines 5 and 6						7		968,	194.
8 Enter qualifying distributions from	•					8		589,	006.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 1% tax	rate.			vm 990-E)E 100 101

	n 990-PF (2015) THE MEDALLION FOUNDATION, INC Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	76- 48 -	01410 see ins	71 truction	Page 4
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		ì	<i>/</i> -	, ,
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	<i>′</i>			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲 and enter 1%	_1			0.
	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			0.
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			0.
6	Credits/Payments:		1.	× × .	. ,
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 50,844.	, ,	,	^	
b	Exempt foreign organizations - tax withheld at source	(-	1 1		1
C	Tax paid with application for extension of time to file (Form 8868)		, , ,	2	25(4)
d	Backup withholding erroneously withheld 6d 6d	. 3.4	, ,	· · ·	ζ.
7	Total credits and payments. Add lines 6a through 6d	7		50,8	344.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		50,8	344.
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax 50,844. Refunded	11			0.
Pa	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 participate or intervene	ก		Yes	
	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		3 183	\$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	distributed by the foundation in connection with the activities.		Ŀ	· · · · · · · · · · · · · · · · · · ·	
C	Did the foundation file Form 1120-POL for this year?		L	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1.		4
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers ▶ \$			54	1. 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ì	33)	
	managers. ► \$ 0 .		L	<u>', ' </u>	***
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.			") .	133
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		L	: `	. ^
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		L	4a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b	ļ <u> </u>
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:				
	By language in the governing instrument, or		1		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw	L		
	remain in the governing instrument?		L	6	X
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	↓
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	TX			1	
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 X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar	Γ		
	year 2015 or the taxable year beginning in 2015 (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			10	X
			Form	990-PF	(2015)

 $\bar{\mathbf{X}}$

3b

4a

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

during the year?

Yes X No

N/A

Form 990-PF (2015) THE MEDALLION FOUNDATION			76-01410	71 Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be R	equired (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				31. 48.4
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	□ Y	es 🗓 No 🗟	
(2) Influence the outcome of any specific public election (see section 4955); (• • •			(325)
any voter registration drive?	or to ourly on, andony or mon		es X No	1
(3) Provide a grant to an individual for travel, study, or other similar purposes	20		es X No	
• • • • • • • • • • • • • • • • • • • •		الم الما	es A NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	·	(32) ('.	自然地。外
4945(d)(4)(A)? (see instructions)			es 🗓 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or			
the prevention of cruelty to children or animals?		Y	es 🗓 No 🕌	宝袋 杨泽
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	nder the exceptions described	ın Regulatıons		
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check t	nere		▶ □ 3	1.4度が形で対
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	from the tax because it mainta	ined	*******************	逐群当代计
expenditure responsibility for the grant?	1	1/A 🗀 Y	es 🔲 No 🗀	
If "Yes," attach the statement required by Regulations section 53.4945	5-5/d)		·	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	* *		\	
a personal benefit contract?	F=) krommerne on	[v.	es X No	P. (1) (1) (1)
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	narennal hanafit onstruct?	۱۱ لیا	<u> </u>	6b X
	Der Sonai Denemi Comilaci			22 × 15 3
If "Yes" to 6b, file Form 8870.		·	्चित्र	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y	es 🗓 No 🖺	
b If "Yes," did the foundation receive any proceeds or have any net income attribute			N/A	7b
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Mai	nagers, Highly		
_ 				
1 List all officers, directors, trustees, foundation managers and their	,	1	140	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	enter -0-)	compensation	allowances
ROBERT J PILEGGE	DIRECTOR			
1407 FANNIN ST				
HOUSTON, TX 77002	4.00	12,000.	0.1	0.
JERELD E MCQUEEN	DIRECTOR			
1407 FANNIN ST	1			
HOUSTON, TX 77002	3.00	12,000.	0.	0.
MARK L ENTMANN	DIRECTOR	12,000.		
4849 DUMFRIES	T	,		
HOUSTON, TX 77096	2.00	12,000.	0.	
HOUSTON, TA 77096	2.00	12,000.		0.
	4			
	-			
	luded a St. Al M		لــــــل	
2 Compensation of five highest-paid employees (other than those inc	~	enter "NONE."	(d) Contributions to	/-> Cu
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	(c) componedion	compensation	allowances
NONE	}			
]			
	1			
	1]		
	 	 	 	
	1	1		
	 	 	 	
	4	1		
		<u> </u>	L	
Total number of other employees paid over \$50,000		·		0
			Form	990-PF ₍₂₀₁₅₎

Part IX-B. Summary of Program-Related Investments Secrete the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount Amount Amount Amount Amount Amount Amount I other program-related investments. See instructions.	Form 990-PF (2015)	THE MEDALLION FOUNDATION, INC	76-	0141071 Page 7
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE total number of others receiving over \$50,000 for professional services	Part VIII	ormation About Officers, Directors, Trustees, Foundation d Employees, and Contractors (continued)		
NONE Start None Direct Charitable Activities			NE."	
Stati number of others receiving over \$50,000 for professional services District Summary of Direct Charitable Activities	(3	Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Summary of Direct Charitable Activities Ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the umber of organizations and other beneficianes served, conferences convened, research papers produced, etc. N/A Sert IX-B: Summary of Program-Related Investments escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A II other program-related investments. See instructions.	NONE			
Summary of Direct Charitable Activities Ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the umber of organizations and other beneficianes served, conferences convened, research papers produced, etc. N/A Sert IX-B: Summary of Program-Related Investments escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A II other program-related investments. See instructions.				
Summary of Direct Charitable Activities Ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the umber of organizations and other beneficianes served, conferences convened, research papers produced, etc. N/A Sert IX-B: Summary of Program-Related Investments escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A II other program-related investments. See instructions.				
Is the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the umber of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Expenses Expenses Expenses	Total number of other	s receiving over \$50,000 for professional services		▶ 0
umber of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B: Summary of Program-Related Investments secribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A Ill other program-related investments. See instructions.	3 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			г
N/A Part IX-B: Summary of Program-Related Investments escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A Ill other program-related investments. See instructions.				Expenses
Part IX-B: Summary of Program-Related Investments escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A Ill other program-related investments. See instructions.		and other periodical of total controlled controlled, total on papers produced,	010.	
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.				
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.			,	
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.	2			
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.				
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escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.				
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.				
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.	·			
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.				
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. N/A Ill other program-related investments. See instructions.	Part IY-R. Cum	many of Program Polated Investments	· · · · · · · · · · · · · · · · · · ·	L
N/A Il other program-related investments. See instructions.			1 and 2	Amount
Il other program-related investments. See instructions.		or program rolated investments made by the foundation during the tax your off miles	1 4114 2.	, who are
				
	All other program-relat	ted investments. See instructions.		
	· 			
				
And And Invest 4 th recents 0				
	otal. Add lines 1 thr	rougn 3		0 . Form 990-PF (2015)

	rm 990-PF (2015) THE MEDALLION FOUNDATION, INC	76-	-0141071	Page 8
	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)	
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		0.
b	Average of monthly cash balances	16	910,	894.
c	Fair market value of all other assets	1c	25,316,	181.
d	Total (add lines 1a, b, and c)	1d	26,227,	075.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1.12		
	1c (attach detailed explanation) SEE STATEMENT 15 1e 7,464,164.	1 m		
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	26,227,	075.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	393,	406.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25,833,	669.
6	Minimum investment return Enter 5% of line 5	6	1,291,	683.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd certain		
	foreign organizations check here and do not complete this part)			
1	Minimum investment return from Part X, line 6	1	1,291,	683.
2a	Tax on investment income for 2015 from Part VI, line 5	235		
b	Income tax for 2015. (This does not include the tax from Part VI.)] `` _{sv} .		
C	Add lines 2a and 2b	2c		0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,291,	683.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	1,291,	683.
6	Deduction from distributable amount (see instructions)	6		0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,291,	683.
,	art XIII Qualifying Distributions (see instructions)			
 1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	· 5%		
١	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	589	006.
a	Program-related investments - total from Part IX-B	1b	3031	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
2 3	Amounts set aside for specific charitable projects that satisfy the:	~		
	Suitability test (prior IRS approval required)	3a		
a	Cash distribution test (attach the required schedule)	3b		
ь 4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	589,	006-
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-		

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

		(a)	(b)	(c)	(d)
. D	D+ VI	Corpus	Years prior to 2014	2014	2015
1 Distributable amount for 2015 from line 7	m Part XI,				1,291,683.
2 Undistributed income, if any, as of the er	nd of 2015			· · · · · · · · · · · · · · · · · · ·	
a Enter amount for 2014 only	10 01 20 10	,	Ť	0.	,
b Total for prior years:					
g rotal for prior your or		, ,	0.	, , , , , , , , , , , , , , , , , , ,	
3 Excess distributions carryover, if a	any, to 2015:		, ,		
a From 2010	0.	,	* 7	٠.	* *
b From 2011 8	0,274.		*	, , ,	;
	8,845.		,	. *	
d From 2013 3	9,267.				. ,
e From 2014	0.	/ \			, , ,
f Total of lines 3a through e		138,386.		- (``````````````````````````````````````
4 Qualifying distributions for 2015 f					
Part XII, line 4: ► \$58	9,006.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
a Applied to 2014, but not more tha				0.	
b Applied to undistributed income of		and the said of the	_	The second section of	
years (Election required - see insti	•	x - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	0.		** _ \$ _ \$ _ \$ _ \$
c Treated as distributions out of cor	•		A STATE OF THE STA	2 40 3 2 3 3 3 3	
(Election required - see instruction		0.			500 006
d Applied to 2015 distributable amo		<u> </u>			589,006.
e Remaining amount distributed out		130 306			138,386.
5 Excess distributions carryover applied to (If an amount appears in column (d), the		138,386.			130,300.
must be shown in column (a))					
6 Enter the net total of each colum indicated below	n as				
2 Corpus Add lines 3f, 4c, and 4e Subtrac	at line 6	0.			
b Prior years' undistributed income.			<u> </u>		
line 4b from line 2b	. Oublidot		0.		(, ()
c Enter the amount of prior years'		S S S			
undistributed income for which a		,		· "	-
deficiency has been issued, or on the section 4942(a) tax has been i		,		, "	· ,
assessed	previousry		0.	\\	
d Subtract line 6c from line 6b. Taxa	able		, . <u> </u>	,	,
amount - see instructions			0.		
e Undistributed income for 2014. Si	ubtract line		,		
4a from line 2a Taxable amount -	see instr.			0.	``
f Undistributed income for 2015. Se	ubtract				
lines 4d and 5 from line 1. This ar	nount must				564 001
be distributed in 2016			 		564,291.
7 Amounts treated as distributions					
corpus to satisfy requirements im					
section 170(b)(1)(F) or 4942(g)(3					
may be required - see instructions	•	0.			
8 Excess distributions carryover fro	m 2010	0.			
not applied on line 5 or line 7	0040	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
9 Excess distributions carryover to		0.			
Subtract lines 7 and 8 from line 6	à.				
10 Analysis of line 9: a Excess from 2011					
b Excess from 2012		1			
c Excess from 2013		1	[
d Excess from 2014		1	1		
e Excess from 2015		1			
523581 11-24-15		<u></u>			Form 990-PF (2015)

Form 990-PF (2015) THE MED	ALLION FOUN	DATION, INC			41071 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o			-		
foundation, and the ruling is effective for			▶ └		
b Check box to indicate whether the found		ng foundation described ii		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	45.0044	Prior 3 years	(4) 0010	(1) 7 . 4.1
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for			ĺ		
each year listed		ļ			<u> </u>
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			<u> </u>		
d Amounts included in line 2c not				1	}
used directly for active conduct of	:				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.				Í	
Subtract line 2d from line 2c 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 royalties) (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					1
an exempt organization					
(4) Gross investment income		<u> </u>		<u> </u>	
Part XV Supplementary Information Regarding Foundation a List any managers of the foundation who	ne year-see instrum Managers: o have contributed more to	than 2% of the total contr		· · · · · · · · · · · · · · · · · · ·	
year (but only if they have contributed m NONE	ore than \$5,000). (See so	ection 507(d)(2).)			
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a pa	artnership or
NONE					
2 Information Regarding Contribute	on Grant Gift Loan	Scholarehin etc. Pro	ograms.		
Check here ► if the foundation o the foundation makes gifts, grants, etc. (nly makes contributions t	o preselected charitable o	organizations and does		
a The name, address, and telephone numb					
THE MEDALLION FOUNDAT	TION INC, 71	L36540144	2.5		
1407 FANNIN ST, HOUS	TON, TX 7700)2			
b The form in which applications should b PRESCRIBED INFORMATION				S	
c Any submission deadlines: NONE					
d Any restrictions or limitations on awards NONE	, such as by geographica	l areas, charitable fields, l	kinds of institutions, or	other factors:	
				· · - · · · · · · · · · · · · · · · · · · ·	5 900 DE (0045)

523811

Total

Form 990-PF (2015)

▶ 3b

Part XVI-A	Analysis	of Income	-Producina	Activities
AB MARKADA MANAGA M	/ WIGHT 9 10	, 01 111001110		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

ter gross amounts unless otherwise indicated.	Unrelated bu	isiness income		ed by section 512, 513, or 514	(e)
g	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion	Amount	function income
1					
					
0			1		
1					
B			1		<u> </u>
			1		
Fees and contracts from government agencies			1		· · · · · · · · · · · · · · · · · · ·
Membership dues and assessments		· · · · · · · · · · · · · · · · · · ·	\top		
nterest on savings and temporary cash			+ +		
nvestments			14	869,753.	
Dividends and interest from securities		<u> </u>	14	219,642.	
Net rental income or (loss) from real estate:	Marie Marie Carlo		9 9 0	A MARKET AND A STREET	384 - 8 757
Debt-financed property	531120	296,312	. 16	138,718.	
Not debt-financed property				· ·	
let rental income or (loss) from personal					
property			1 1		
Other investment income			01	-2,119,145.	
Gain or (loss) from sales of assets other					
han inventory			18	549,736.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
·					
					·
Subtotal. Add columns (b), (d), and (e)	A ST The ST	296,312	• []	-341,296.	0
otal. Add line 12, columns (b), (d), and (e)				13	-44,984
worksheet in line 13 instructions to verify calculations]				
Relationship of Activities		lishment of F	xemnt E	Purnoses	
Totationship of Activities	s to the Accomp	monnicint of L	ZOMPE	a. podco	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	
	NONE	
		
		
		
		
	 	
		
	 	
	 	
523821 11-	<u>1</u> 24-15	Form 990-PF (2015)

Form 99			EDALLION	_FOUNDA	TION, INC		76-	0141071	Pa	age 13
Part	XVII			nsfers To a	and Transactions a	ind Relationsl	hips With Nor	charitable		
	<u> </u>	Exempt Organ							Vaa	Na
			-		ng with any other organization		tion 501(c) of	 	Yes	No
		from the reporting found			27, relating to political organ	iizations?		.	(
	Cash	iron the reporting tound	ation to a nonchair	itable exempt or	yanızatıdır di.			1a(1)	<u></u>	X
		assets						1a(2)		X
		sactions:						19,27	;	
		of assets to a noncharita	able exempt organiz	zation				1b(1)	:	X
٠.		ases of assets from a no	· -					1b(2)		X
(3)	Renta	l of facilities, equipment,	or other assets					1b(3)		X
(4)	Reim	bursement arrangements	i					1b(4)		X
(5)	Loans	s or loan guarantees						1b(5)		X
٠,		rmance of services or me	•	_				1b(6)		X
		facilities, equipment, ma			· ·			1c		X
		-		-	dule. Column (b) should al	=		= :	ets,	
		s given by the reporting i) the value of the goods,			ed less than fair market valu	ie in any transaction	ror snaring arrange	ment, snow in		
(a) Line no	<u>-</u> -	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	ons, and sharing arra	ngemen	ıts
<u>,</u>	†	(~)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A			· · · · · · · · · · · · · · · · · · ·			
	1			•						
	1_	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
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	+-		 							
	 		 					 		
	+-					1				
	7-									
		•	•	•	or more tax-exempt organi	zations described		·		7
		501(c) of the Code (other		(c)(3)) or in sect	ion 527?			Yes	X] No
b if "	es," co	mplete the following sch			(h) Tune of example tion	Τ	(a) Department of r	alationahia		
		(a) Name of org	Janizanon		(b) Type of organization	 	(c) Description of re	elationship		
		N/A				 				
										
					accompanying schedules and st			May the IRS di	scuss ti	nis
Sign		per, it is tode, correct, and com	aplete Declaration of p	oreparer (other than	taxpayer) is based on all informa	.		return with the shown below (prepare	≅r
Here	1 E_	rowy	1(1)		11-14-16	DIRECT	ror	X Yes		No
	Sign	ature of officer or trustee		T=	Date	Title	Obsel C	DTIN		
		Print/Type preparer s na	ime	Preparer's s	ignature	Date	Check if	PTIN		
Paid		TOTAL MILLION	vD.	Elm	fra CPH	11/12/16	self- employed	DOGGGG	100	
Prepa	arer	JOHN THAYE		AL COMP.	ANY LLC	<u> </u>	Fırm's EIN ▶ 4	P002234		
Use C		Firm's name ► THA	.iek o ne.	AL COMP.	אוון אינוא		FIRM'S EIN - 4	1-200220	0	
Firm's address > 101 DARKLAND BLVD #201										

523822 11-24-15

SUGAR LAND, TX 77478

Phone no. 281-552-8430

Form **990-PF** (2015)

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.

THE MEDALLION FOUNDATION, INC

OMB No 1545-0047

2015

Name of the organization

Employer identification number

76-0141071

Organiz	ation type (check or	ne)
Filers o	f:	Section:
Form 99	00 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II See instructions for determining a contributor's total contributions
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 fouring 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, line 1. Complete Parts I and II
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III
	year, contributions is checked, enter he purpose Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box ere the total contributions that were received during the year for an exclusively religious, chantable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.
but it mi	ust answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA 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) (2015)

Name of organization'

Employer identification number

THE MEDALLION FOUNDATION.	Γ እ ፓረ

76-0141071

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF HUBERT S. FINKELSTEIN 1407 FANNIN HOUSTON, TX 77002	\$1,596,412.	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	ESTATE OF HUBERT S. FINKELSTEIN 1407 FANNIN HOUSTON, TX 77002	\$ 10,774,180.	Person Payroll Moncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESTATE OF HUBERT S. FINKELSTEIN 1407 FANNIN HOUSTON, TX 77002	s100,000.	Person X 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 Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Occash Complete Part II for noncash contributions)

Name of organization'

Employer identification number

THE MEDALLION FOUNDATION, INC

76-0141071

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	LOT 1,3,4,5,6,9,10,13,14,15 BLOCK 6, IN LA VENTANA, PHASE 6A, A SUBDIVISION	1 505 410	10/21/15
		\$ 1,596,412.	10/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FINKELSTEIN PARTNERSHIP PROPERTY		
		\$ <u>10,774,180</u> .	10/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			<u>-</u>
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
}		\ \ \	
453 10-28			90, 990-EZ, or 990-PF) (2

Name of org	anization'		Employer identification number					
THE ME	DALLION FOUNDATION, INC	2	76-0141071					
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	ributions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or less for	or the year (Enter this info once)					
(a) No.	Use duplicate copies of Part III if addition	al space is needed						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
raiti								
-								
-		() T						
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) r drpose or gin	(c) osc or girt	(d) Description of now give to note					
_								
1		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Furpose of gift	(c) Ose of gift	(d) Description of now gift is field					
<u> </u>								
	(e) Transfer of gift							
ĺ	Transferee's name, address, a	nd 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					
Part I	(b) ruipose oi giit	(c) Ose of gift	(d) Description of now girt is field					
ŀ								
	·							
[(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
(a) List and 2-story bi	d describe the kind(s) of property sold rick warehouse; or common stock, 20	d, e.g., real estate, 10 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr)
	FROM FINKLESTEIN		P	-	
	FROM FINKELSTEIN		P		
	FROM FINKELSTEIN		P		
		HEDGED EQUITY ET		10/03/14	09/29/15
e AT&T INC GLOBA				08/16/10	
	AP CORP MEDIUM TE	RM NTS FIXED RATE	P		06/29/15
g MORGAN STANLEY	NT FL TG RATE		P	08/22/12	10/15/15
h LT PASSTHROUGH	FROM BARCLAYS		P		
1					
1				_	
k					
<u> </u>					
m					
<u>n</u>					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 98,843.					98,843.
b 442,827.					442,827.
c 15,623.					15,623.
d 125,073.		136,969.			-11,896.
e 67,000.		67,596.			-596.
f 100,000.		102,405.			-2,405.
g 100,000.		92,862.			7,138.
h 202.					202.
<u> </u>			 ,		
	<u> </u>				
k					
1					
m					
<u>n</u>			· · · · · · · · · · · · · · · · · · ·		
Complete only for accets showin	Ig gain in column (h) and owned by th	ne foundation on 12/31/60	(I) L aa	and (from and (h))	
Complete only for assets showing	· · · · · · · · · · · · · · · · · · ·	(k) Excess of col. (i)	Gains (excess o	ses (from col. (h)) of col. (h) gaın over	col. (k).
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col. (j), if any	but n	ot less than "-0-")	
a					98,843.
b					442,827.
С	<u> </u>		···		15,623.
d					-11,896.
<u>e</u>					-596.
1	·····		 _		-2,405.
9					7,138.
<u>h</u>					202.
<u></u>	-				
k I					
m					
n					
0					
<u> </u>					
2 Capital gain net income or (net ca	11 (1003); 01101 0	\			549,736.
If gain, also enter in Part I, line 8,) (6): }			
If (loss), enter "-0-" in Part I, line 8	3		<u> </u>	N/A	

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
BAYLOR COLLEGE	NONE	OPC	BIOMEDICAL RESEARCH	
6620 MAIN ST HOUSTON, TX 77030				47,96
BE AN ANGEL	NONE	DPC	HEARING AIDS FOR	
2003 ALDINE BENDER RD HOUSTON, TX 77032			CHILDREN	5,00
BOYS AND GIRLS HARBOR INC 8100 WASHINGTON AVE HOUSTON, TX 77007	NONE	OPC	PURCHASE OF VAN AND REAPHOLSTERING	26,53
BRAZOS EDUCATION FOUNDATION	NONE	орс	ENDOWED SCHOLARSHIP	
WACO, TX 76701				10,00
CAMP HOPE 9724 DERRINGTON RD HOUSTON, TX 77064	NONE	DPC	CABIN REPAIRS	8,00
CARING CRITTERS 3617C WEST HOLCOMBE BLVD BOX 265 HOUSTON, TX 77025	NONE	OPC	RECRUIT/TRAIN 10 PET PAL VOLUNTEERS	5,00
CASA DE ESPERANZA 407 WICHITA ST MOUSTON, TX 77054	NONE	DPC	TECHNOLOGY UPGRADES FOR PROGRAM CENTER	26,68
CHRISTUS FOUNDATION FOR HEALTHCARE 1615 FANNIN AT MCGOWEN 10USTON, TX 77002	NONE	DPC	NEW MOBILE MEDICAL	10,00
DANCE HOUSTON 2450 LOUISIANA SUITE 400 COUSTON, TX 77006	NONE	OPC	KEEP FIT	5,00
CAST CAROLINA UNIVERSITY	NONE	OPC	EMPLOYEE MATCH GRANT	
GREENVILLE, NC 27858			1	20

3 Grants and Contributions Paid During the	Year (Continuation)	· =		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
EL CENTRO DE CORAZON	NONE	OPC	DIABETES SELF	
412 TELEPHONE RD HOUSTON, TX 77023			MANAGEMENT PROGRAM	5,000
10001011, 111 1/1020				
HABITAT FOR HUMANITY	NONE	OPC	HOME CONSTRUCTION	
5161 SOUTH LOOP E HOUSTON, TX 77087				10,000
HOUSTON, IX //00/				10,000
HOMEAID HOUSTON	NONE	OPC .	HOUSING DEVELOPMENT	
9511 WEST SAM HOUSTON PARKWAY NORTH			PROGRAM	10,000
HOUSTON, TX 77064				10,000
HOUSTON COUTNY MEDICAL CENTER	NONE	OPC	PRIMARY CARE FOR	
1100 LOOP 304E			UNINSURED PATIENTS	
CROCKETT, TX 75835				7,500
HOUSTON HOSPITAL SERVICES INC	NONE	OPC	CHARITY CARE PROGRAM	
6909 GRAND BLVD				
HOUSTON, TX 77054				5,000
T AM MANUED C POLITIDATION	NONE	OPC	HOUSTON SUMMER WATER	
I AM WATERS FOUNDATION 3262 WESTHEIMER RD BOX 229	NONE		PROGRAM	
HOUSTON, TX 77098				15,000
KHCB 2424 SOUTH BLVD	NONE	DPC	EMPLOYEE MATCH GRANT	
HOUSTON, TX 77098		ļ		400
LA PORTE INDEPENDENT SCHOOL DISTRICT 1002 SAN JACINTO BLVD	NONE	OPC	READING PROGRAM FOR DYSLEXIC STUDENTS	
LA PORTE, TX 77571				1,000
LONE STAR FAMILY HEALTH CENTER	NONE	DPC	DENTAL SERVICES FOR 100 CHILDREN	
605 SOUTH CONROE MEDICAL DRIVE CONROE, TX 77304			200 CHIDDIDI	5,000
N.E. MILES JEWISH DAY SCHOOL	NONE	OPC	30 SURFACE PRO 3	
4000 MONTCLAIRE ROAD BIRMINGHAM, AL 35213			TABLETS	30,840
Total from continuation sheets				

3 Grants and Contributions Paid During the Y		,		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NORTHWEST ASSISTANCE MINISTRIES	NONE	DPC	CAPITAL CAMPAIGN FOR	
15555 KUYKENDAHL RD			NEW RETAIL AND	
HOUSTON, TX 77090			TRAINING CENTER	30,000
SPAULDING FOR CHILDREN	NONE	OPC	PHASE 2 OF IT	
6925 PORTWEST DRIVE SUITE 110			IMPROVEMENT PROJECT	
HOUSTON, TX 77024		1		5,000
SPRING SPIRITS SPORTS AND EDUCATION	NONE	OPC	CAPITAL IMPROVEMENTS	
COMPLEX			FOR SPORTS AND	
8526 PITNER ROAD			EDUCATION COMPLEX AND	
HOUSTON, TX 77080			SAFETY PROJECTS AT	
	 		SPORTS AND EDU COMPLEX	75,000
CM ACMES ACADEMY	NONE	DPC	STUDENT LIFE CENTER	
ST. AGNES ACADEMY 9000 BELLAIRE BLVD	NONE	DFC	CONSTRUCTION	
			CONSTRUCTION	5,000
HOUSTON, TX 77036				3,000
ST. CECILIA CATHOLIC CHURCH	NONE	OPC .	MATCHING GRANT	
11720 JOAN OF ARC DRIVE				
HOUSTON, TX 77024				4,000
ST. JAMES THE APOSTLE CATHOLIC CHURCH	NONE	DPC	BEDS & MATTRESSES FOR	
22800 ALDINE WESTFIELD			NURSING CARE RESIDENTS	
SPRING, TX 77373	-			10,000
o				
ST. JUDES CHILDREN'S RESEARCH	NONE	OPC	2ND INSTALLMENT OF 3	
HOSPITAL			YEAR \$50,000 GREANT-	
262 DANNY THOMAS PLACE	}	į	PHSE II PEDIATRIC	20.000
MEMPHIS, TN 38105			CANCER	20,000
STRAKE JESUIT PREPARATORY	NONE	DPC	EMPLOYEE MATCH GRANT	
8900 BELLAIRE BLVD				
HOUSTON, TX 77036	1	}		500
THE PERIWINKLE FOUNDATION	NONE	OPC	CAMP PERIWINKLE	
3400 BISSONNET STREET SUITE 185				
HOUSTON, TX 77005				5,000
THE ROSE	NONE	DPC	EMPOWER HER	
12700 N FEATHERWOOD DR #260	1		SPNOSORSHIP PROGRAM	F 555
HOUSTON, TX 77034	<u> </u>	L		5,000

3 Grants and Contributions Paid During to					
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution		
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount	
THE SUNSHINE KIDS	NONE	DPC	ACTIVITIES FOR HOUSTON		
2814 VIRGINIA			AREA		
HOUSTON, TX 77098				10,00	
THE UNIVERSITY OF TEXAS	NONE	орс	EMPLOYEE MATCH GRANT		
23RD				40.00	
AUSTIN, TX 78759	- 	<u> </u>		40,00	
THEATRE UNDER THE STARS	NONE	OPC	2014 FINE ARTS SUMMER		
800 BAGY SUITE 200			CAMP	41 00	
HOUSTON, TX 77002		 		41,00	
UNDIES FOR EVERYONE	NONE	OPC	UNDERGARMENTS FOR		
1700 BISSONNET STREET			DISADVANTAGED STUDENTS	F 0.0	
HOUSTON, TX 77005				5,00	
VOLUNTEER HOUSTON	NONE	OPC	NEW GRANT TO UPDATE		
12425 CHINEY ROCK SUITE 250			WEBITE	1 50	
HOUSTON, TX 77035				1,50	
WELLSPRING VILLAGE INC	NONE	OPC	SUPPORITVE SERVICES		
PO BOX 311017			FOR RESIDENTS	F 00	
HOUSTON, TX 77231		<u> </u>		5,00	
PASSTHROUGH FROM FINKLESTEIN	NONE	OPC	PASSTHROUGH		
PO BOX 1101 HOUSTON, TX 77251				3,89	
				 	
			+		
Total from continuation sheets					

FORM 990-PF INTERE	ST ON SAVING	S AND TEMPOR	RARY	CASH II	NVESTMENTS	SI	PATEMENT 1
SOURCE		(A) REVENUI PER BOOK			(B) NVESTMENT NCOME		(C) ADJUSTED IET INCOME
FROST BANK TRUSTEE		4,220.		4,220.			
INTEREST FROM MEDAL		86,	751.		86,751.		
INTEREST FROM RIVER		4	104.		404.		
INTEREST FROM SILVE PASSTHROUGH FROM FI		728,4	41.		41. 726,183.		
PASSTHROUGH FROM FINKEDSTEIN PASSTHROUGH FROM SHADOW CREED CENTER, LLC STEFIL BROKERAGE STATEMENT		720,4	133.		120,103.		
		-	100.		100.		
		49,	798.		0.		
TOTAL TO PART I, LI	NE 3	869,	753.		817,699.		
FORM 990-PF	DIVIDENDS	AND INTEREST	FRO	M SECUI	RITIES		PATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
FROST BANK TRUSTEE	36,140.	0.		36,140	36,14	.0.	
PASSTHROUGH FROM							
FINKELSTEIN	183,502.	0.	1	.83,502	183,50	2.	
TO PART I, LINE 4	219,642.	0.	2	19,642	219,64	2.	
FORM 990-PF		RENTAL INCOM				Çп	'ATEMENT 3
FORM 990-FF		RENTAL INCOM					ATEMENT 5
KIND AND LOCATION O	F PROPERTY				ACTIVITY NUMBER	RE	GROSS NTAL INCOME
PASSTHROUGH FROM FINKELSTEIN					1		75,815.
PASSTHROUGH FROM FINKELSTEIN SHADOW CREEK CENTER, LLC					2		2,164.
					3		60,739.
RIVERSTONE PLAZA					4 5		578,278.
SILVERLAKE CENTER					5		150,205.
TOTAL TO FORM 990-P	F, PART I, L	INE 5A					867,201.

FORM 990-PF	RENTAL E	XPENSES		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			135,712.	
MANAGEMENT FEE OFFICE EXPENSES			17,050. 6,416.	
UTILITIES			8,884.	
REPAIRS AND MAINTENANCE			3,062.	
TAXES			96,125.	
TELEPHONE			2,737.	
INSURANCE			20,180.	
PROFESSIONAL FEES			47,976.	
LANDSCAPING			8,877.	
BANK CHARGES			32.	- 4
DEDDEGTAGE	- SUBTOTAL -	4	20.002	347,051.
DEPRECIATION			32,893.	
MANAGEMENT FEE			4,045.	
REPAIRS AND MAINTENANCE			2,100.	
UTILITIES INSURANCE			3,611. 19,743.	
TAXES			15,743.	
OFFICE EXPENSES			55.	
LANDSCAPE			6,914.	
PROFESSIONAL FEES			50.	
	- SUBTOTAL -	5		85,120.
TOTAL RENTAL EXPENSES			-	432,171.
NOW DOWN THOUSE NO TON			=	425.020
NET RENTAL INCOME TO FORI	M 990-PF, PART	1, LINE 2B	=	435,030.
FORM 990-PF	OTHER	INCOME		STATEMENT 5
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PASSTHROUGH FROM FINKELS'	DETN	705 001	785,991.	
PASSIAROUGH FROM FINKELS IRS REFUND PRIOR YEAR	T 12 T 14	785,991. 10,076.		
PASSTHROUGH FROM FINKELS	TETN		-2,637,439	
PASSTHROUGH FROM FINKELS		-277,773.		
	· · · · · · · · · · · · · · · · · · ·			
TOTAL TO FORM 990-PF, PAI		0 440 44-	-2,119,145.	

FORM 990-PF	LEGAL FEES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	38,289.	38,289.		0.
TO FM 990-PF, PG 1, LN 16A	38,289.	38,289.		0.
= 				
FORM 990-PF	ACCOUNTING FEES		STATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING PROFESSIONAL FEES	13,045. 50.	13,045.		0.
TO FORM 990-PF, PG 1, LN 16B	13,095.	13,095.		0.
FORM 990-PF C	OTHER PROFES	STONAL FEES	Si	TATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	47,976.	47,976.		0.
TO FORM 990-PF, PG 1, LN 16C	47,976.	47,976.		0.

FORM 990-PF	TAXES		STATEMENT 9	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID FROM FINKELSTEIN TAXES & OPERATING EXPENSES FOREIGN TAXES PAID FROM	9,730. 518,446.	9,730. 518,446.		0.
FROST TAXES TAXES	776. 96,125. 15,709.	776. 96,125. 15,709.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	640,786.	640,786.		0.
FORM 990-PF	OTHER EXPENSES		STATEMENT 10	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LIABILITY INSURANCE INVESTMENT EXPENSES INVESTMENT EXPENSES PORTFOLIO DEDUCTIONS OFFICE EXPENSES FEDERAL TAXES' MANAGEMENT FEE OFFICE EXPENSES UTILITIES	4,067. 3,792. 38,468. 176,762. 618. 38,756. 17,050. 6,416. 8,884.	38,468. 176,762. 618. 0. 17,050. 6,416. 8,884.		0. 0. 0. 0. 0.
REPAIRS AND MAINTENANCE TELEPHONE INSURANCE LANDSCAPING BANK CHARGES MANAGEMENT FEE REPAIRS AND MAINTENANCE UTILITIES	3,062. 2,737. 20,180. 8,877. 32. 4,045. 2,100. 3,611.	2,737. 20,180. 8,877. 32. 4,045. 2,100. 3,611.		0. 0. 0. 0. 0.
INSURANCE OFFICE EXPENSES LANDSCAPE TO FORM 990-PF, PG 1, LN 23	19,743. 55. 6,914. 366,169.			0. 0. 0.

COST OR OTHER BASIS 3,498,133. 1,400,000. 1,282,835. 69,034. 5,250. 82,400. 6,337,652. R INVESTMENTS VALUATION	0. 283,635. 0. 2,756. 43,260.	1,400,000. 999,200. 69,034. 2,494. 39,140.
1,400,000. 1,282,835. 69,034. 5,250. 82,400. 6,337,652. R INVESTMENTS	0. 283,635. 0. 2,756. 43,260.	1,400,000. 999,200. 69,034. 2,494. 39,140.
1,400,000. 1,282,835. 69,034. 5,250. 82,400. 6,337,652. R INVESTMENTS	0. 283,635. 0. 2,756. 43,260.	1,400,000. 999,200. 69,034. 2,494. 39,140.
69,034. 5,250. 82,400. 6,337,652. R INVESTMENTS	2,756. 43,260.	69,034 2,494 39,140 5,173,657
5,250. 82,400. 6,337,652. R INVESTMENTS	2,756. 43,260.	2,494 39,140 5,173,657
82,400. 6,337,652. R INVESTMENTS	43,260.	39,140 5,173,657
6,337,652.		5,173,657
R INVESTMENTS	1,163,995.	
······································		STATEMENT 12
······································		STATEMENT 12
VALIJATION		
METHOD	BOOK VALUE	FAIR MARKET VALUE
		0. 2,824,217
		12,736,180
		1,028,358
COST	200,000.	200,000
13	41,511,929.	16,788,755.
THER ASSETS		STATEMENT 13
	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
750.	750.	750.
110,568.	50,844.	50,844
0.	214,585.	214,585
	COST FMV FMV FMV COST THER ASSETS BEGINNING OF R BOOK VALUE 750. 110,568.	COST 0. FMV 2,824,217. FMV 37,459,354. FMV 1,028,358. COST 200,000. 13 41,511,929. THER ASSETS BEGINNING OF END OF YEAR BOOK VALUE 750. 110,568. 750. 50,844.

111,318.

266,179.

266,179.

TO FORM 990-PF, PART II, LINE 15

FORM 990-PF OTH	ER LIABILITIES		STATEMENT 14
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
FINKELSTEIN PAYABLE - COST DEPLETION PROGRESSION PROGR	ON	493,209.	613,031.
DEPOSITS - M. RAMBIN RESERVE ESTATE OF HUBERT PAYABLE		4,640. 212,676.	4,640. 212,676.
TENANT DEPOSITS	-	8,564.	8,564.
TOTAL TO FORM 990-PF, PART II, LIN	E 22	719,089.	838,911.

FORM 990-PF

REDUCTION EXPLANATION PART X, LINE 1E

STATEMENT 15

EXPLANATION FOR REDUCTION CLAIMED FOR BLOCKAGE OR OTHER FACTORS

MINORITY LEVEL DISCOUNTS (LACK OF LIQUIDITY & LACK OF MARKETABILITY)

l.