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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

			edar year 2015 or tax year beginning		, and ending	o ponto i abile inspe	CHOIL
			foundation	A Employer identification number			
			UELS FAMILY FOUNDATION		81-0823589		
			and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
			5 TIMMONS LANE	1400	713-961-3299		
			own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pending, check here	X
			STON, TX 77027	rmer public charity		$\overline{}$	
	Gi U	песк	all that apply: X Initial return Final return	D 1. Foreign organizations, check here	LJ		
			Address change	Foreign organizations meeting the 85% test, check here and attach computation	\Box		
	H C	heck	type of organization: X Section 501(c)(3) ex	Name change			
		-		Other taxable private founda	ition	E If private foundation status was terminated under section 507(b)(1)(A), check here ▶	
	l Fa			ng method: X Cash	Accrual	F If the foundation is in a 60-month termination	
	(fr	om I		ther (specify)		under section 507(b)(1)(B), check here	
	_	_	35,001,178. (Part I, colu	mn (d) must be on cash t	pasis)		
	Pa	rt i	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment	(c) Adjusted net (d) Disbursements for charitable purpos	s es
			necessarily equal the amounts in column (a))	· · ·	income	INCOME (cash basis only)	
		1	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B	35,000,000.			
		2	Interest on savings and temporary				<u>.</u>
		4	cash investments Dividends and interest from securities	5,601.	4,912.	5,601.STATEMENT	1
000		•	Gross rents	3,001.	4,712	3,001.SIAILMENI	
2016			Net rental income or (loss)				•
<u> </u>	m	6a	Net gain or (loss) from sale of assets not on line 10			G	
	'n	b	Gross sales price for all assets on line 6a			! RECEIVE	\bigcirc
JON (I	Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
$\stackrel{\bullet}{\Longrightarrow}$	<u> </u>	8	Net short-term capital gain			S MAY 1 0 201	E
<u></u>		9	Income modifications Gross sales less returns				
SCANNED		10a	and allowances			DGDEN. U	1
尝			Gross profit or (loss)				0
N.		11	Other income				
		12	Total, Add lines 1 through 11	35,005,601.	4,912	5,601.	***************************************
		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14	Other employee salaries and wages				
	S	15	Pension plans, employee benefits				
	Se		Legal fees				
	Expenses		Accounting fees	4 024	2 207	2 207	
	E E		Other professional fees STMT 2	4,234.	3,387	3,387.	0.
	aţ;	17	Interest Taxes				
	str	19	Depreciation and depletion			 	
	ij	20	Occupancy		 		
	and Administrative	21	Travel, conferences, and meetings				
	and	22	Printing and publications				
	ng 8	23	Other expenses				
	Operating	24	Total operating and administrative				
	ğ		expenses. Add lines 13 through 23	4,234.	3,387	3,387.	0.
	J		Contributions, gifts, grants paid	0.		_	0.
		26	Total expenses and disbursements.	4 024	2 205	2 207	Λ
		27	Add lines 24 and 25 Subtract line 26 from line 12:	4,234.	3,387	3,387.	0.
			SUBTRACT line 20 from line 12: Excess of revenue over expenses and disbursements	35,001,367.			
			Net investment income (if negative, enter -0-)	33,001,301	1,525		

LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

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2,214.

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SAMUELS FAMILY

Capital gain net income or (net capital loss	If (loss), enter -0- in Part I, line			
Net short-term capital gain or (loss) as defi f gain, also enter in Part I, line 8, column (f (loss), enter -0- in Part I, line 8	· · · · · · · · · · · · · · · · · · ·	}		
art V Qualification Under S	section 4940(e) for Reduced	d Tax on Net Investment Inco	me	
optional use by domestic private foundati	· · · · · · · · · · · · · · · · · · ·			N/A
		,		
ection 4940(d)(2) applies, leave this part bl	dik.			
the foundation liable for the section 4942	• •	-		Yes No
es," the foundation does not qualify under				
Enter the appropriate amount in each colu			ı	(4)
(a) Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(0	(d) Distribution ratio ol. (b) divided by col. (c))
2014				
2013			ļ	
2012			ļ	
2011				
2010		<u> </u>	 	
Fotal of line 1, column (d) Average distribution ratio for the 5-year ba the foundation has been in existence if less Enter the net value of noncharitable-use as	s than 5 years	, or by the number of years	3 4	
Multiply line 4 by line 3			5	
Enter 1% of net investment income (1% of	Part I, line 27b)		6	
Add lines 5 and 6			7	
Enter qualifying distributions from Part XII	, line 4		8	
If line 8 is equal to or greater than line 7, cl See the Part VI instructions.	neck the box in Part VI, line 1b, and com	plete that part using a 1% tax rate.		
521 11-24-15		3		Form 990-PF (2015)

	m 990-PF (2015) SAMUELS FAMILY FOUNDATION		<u>0823</u>			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ir	istru	ctio	ns)
18	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 instructions)					
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here I and enter 1%	1_1				<u>31.</u>
	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).		1			_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ			0.
3	Add lines 1 and 2	3	ļ			<u>31.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				<u>31.</u>
6	4 1					
	a 2015 estimated tax payments and 2014 overpayment credited to 2015	4				
	b Exempt foreign organizations - tax withheld at source	-{				
	c Tax paid with application for extension of time to file (Form 8868)	4				
	d Backup withholding erroneously withheld 6d 6	┨ _	ŀ			^
_	Total credits and payments. Add lines 6a through 6d	7	<u> </u>			<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	-			<u>31.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ art VII-A Statements Regarding Activities	11				
	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver				Yes	No
10	any political campaign?	5 III	ŀ	1a	103	X
h	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n\2	ŀ	1b		$\frac{\mathbf{x}}{\mathbf{x}}$
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	•	ŀ	- ''		
	distributed by the foundation in connection with the activities.	ieu oi				
c	c Did the foundation file Form 1120-POL for this year?			10		x
	f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ		-	
	(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		Х
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or	İ			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		L	3		X
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u> </u>	4a		_X_
t	b If "Yes," has it filed a tax return on Form 990-T for this year?	N	[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		ļ	5		_X_
	If "Yes," attach the statement required by General Instruction T.		ĺ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ĺ		ļ	
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	te law				
_	remain in the governing instrument?			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 X	V	}	7	<u> </u>	
۸.	Fate-the state to this the foundation which the first state of the sta					
ъa	a Enter the states to which the foundation reports or with which it is registered (see instructions)		I			
	TX If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_				
0						
9	of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				X	
3	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	ciiuai	1	9		Χ
10		TMT	4	10	х	
	A 1					

		82358	39_	P	age <u>5</u>
Pa	rt·VII-A Statements Regarding Activities (continued)				
			Y	es	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		ı		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		1		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges'	'			
	If "Yes," attach statement (see instructions)	1	2		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		3	X	
	Website address ► N/A				
14	The books are in care of ► HARRIS BENJAMIN SAMUELS Telephone no. ► 713			99	
	Located at ► 3555 TIMMONS LANE, SUITE 1400, HOUSTON, TX ZIP+4	<u> 7702</u>	27		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
	and enter the amount of tax-exempt interest received or accrued during the year		N/		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	_	Y	es	No
	securities, or other financial account in a foreign country?		6		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				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	L	Y	es	No
1a	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?	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	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)?	No			
	(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			1	
	termination of government service, if terminating within 90 days.)	No	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	A 1	ь		
	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 acts, that were not corrected			- 1	
	before the first day of the tax year beginning in 2015?	1	c		X
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)):				
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?	No			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,				
b	If "Yes," list the years \(\bigs_{				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
	statement - see instructions.)	'A 2	26		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	ŀ			
	during the year?	No			
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,				
	Form 4720, to determine if the foundation had excess business holdings in 2015)	Ά [:	3 b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		ia		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		T		
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?		1b		X

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?		Ye	s X No		-
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				1
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or	1		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	•		▶		<u> </u>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		//A	s No		
If "Yes," attach the statement required by Regulations section 53.4945		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •				
a personal benefit contract?	dy promiumo on	□ v _a	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arconal hanafit contract?		is LaL NU	6ь	X
If "Yes" to 6b, file Form 8870	cisonal penent contract.		 	00	 ^ -
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		s X No	1	
		re	N/A	7b	
Part VIII Information About Officers, Directors, Truste		nagore Highly		70	
Paid Employees, and Contractors	oo, i oanaation ma	inagers, riigini	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accou	ınt, other wances
	to position	Citter 0)	Compensacion	40	
SEE STATEMENT 5		0.	0.		0.
722 V 22222217 V	·			`	
	· · · · · · · · · · · · · · · · · · ·			1	
		1			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou	ınt, other wances
NONE	dovoted to position		compensation	1 4.10	***************************************
NONE					
		-		<u> </u>	
				 	
· · ·		[
				 	
				+	
Total number of other amployage paid over \$50,000		<u>. </u>	L	<u> </u>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(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 IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers product		Expenses
1 N/A		-
2		
3		
4		
Part IX-B Summary of Program-Related Investments		A
Describe the two largest program-related investments made by the foundation during the tax year on line 1 N/A	es 1 and 2.	Amount
1 N/A		
2	•	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.

Form 990-PF (2015) SAMUELS FAMILY FOUNDATION 81-0823589 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) 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 377,701. 1a 1,080,682. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 1,458,383. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 1.458,383. 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 21,876. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 436,507. Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 71,825. Minimum investment return from Part X, line 6 Tax on investment income for 2015 from Part VI, line 5 2a 31 Income tax for 2015. (This does not include the tax from Part VI.) Add lines 2a and 2b 2c C 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 .794 Deduction from distributable amount (see instructions) 6 794 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.

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 4940(e) reduction of tax in those years.

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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,	00/pub	Touro prior to 2011	2017	2010
line 7				71,794.
2 Undistributed income, if any, as of the end of 2015				11,15=
a Enter amount for 2014 only			0.	
b Total for prior years:			0.	
g rotal to prior yours.		0.		
3 Excess distributions carryover, if any, to 2015:		· · · · · · · · · · · · · · · · · · ·		
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
	0.			
f Total of lines 3a through e	<u> </u>			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 0.			•	
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.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
	0.			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5		<u> </u>		
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
		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 instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				71,794.
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	0.			
9 Excess distributions carryover to 2016.	· ·			
Subtract lines 7 and 8 from line 6a	0.			
				
10 Analysis of line 9: a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				<u> </u>

Form 990-PF (2015) SAMUELS Part XIV Private Operating F	FAMILY FOU	NDATION	I.A. question (1)		823589 Page 10
			i-A, question a)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-	ın asatıan ▶	4040(3)(2) 05	1040(4)(5)
b Check box to indicate whether the found		lg roundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
income from Part I or the minimum	(4) 2013	(0) 2014	(6) 2010	(0) 2012	(6) 10(2)
investment return from Part X for					
each year listed					
b 85% of line 2a					
c 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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
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					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
List any managers of the foundation wh year (but only if they have contributed in	o have contributed more		tributions received by the	e foundation before the cl	ose of any tax
SEE STATEMENT 6					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribute Check here ► X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does		
a The name, address, and telephone num	`		 		
a The name, address, and telephone num	Der or e-mail address of t	me person to whom app	ilications should be addre	sseu.	
b The form in which applications should b	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	s, kınds of institutions, or	other factors:	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) a Paid during the year NONE ▶ 3a Total b Approved for future payment NONE

▶ 3b

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	, another	
å					
b			 		
·	-		-		
d	-	-	1		
e	-		+		
	-		-		
g Fees and contracts from government agencies	 		 		
2 Membership dues and assessments	-		 		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash					
Investments 4 Dividends and interest from securities	<u> </u>		14	5,601.	
5 Net rental income or (loss) from real estate:			1.4	3,001.	·-· ·
	<u> </u>		 		
a Debt-financed propertyb Not debt-financed property	· - -		+		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			+		
8 Gain or (loss) from sales of assets other		······	1		
than inventory			1		
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	 		
11 Other revenue:		···	 		
a					
b	1 1				
c			1		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	-	0.		5,601.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc		-			phohmont of
Explain below how each activity for which inc the foundation's exempt purposes (other that					ipiisiinient oi
					
					
					
		-			

Form **990-PF** (2015)

Part	XVII	Information Re Exempt Organ		sfers To a	and Trans	actions a	nd Relations	hips With No	ncharitable	Э	
1 Did	the ord	ganization directly or indi		of the followin	na with any oth	er organizatio	n described in sect	uon 501(c) of		Yes	No
		•		1011 30 1(0) 01							
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:										
	Cash			·					1a(1)		X
(2)	Other	assets							1a(2)		X
b Oth	er trans	sactions:									
(1)	Sales	of assets to a noncharita	ble exempt organizat	tion					1b(1)		<u>X</u>
(2)	Purch	ases of assets from a no	ncharitable exempt o	organization					1b(2)		<u>X</u>
		l of facilities, equipment,							1b(3)	<u> </u>	X
		oursement arrangements							1b(4)		X
		or loan guarantees							1b(5)		<u>X</u>
		rmance of services or me		=					1b(6)		X
		facilities, equipment, ma	-			(h) abould alu	rova about the four m	nortest volve of the	1c		X
		ver to any of the above is s given by the reporting fo								seis,	
) the value of the goods,				ii iiidiket valu	c in any transaction	or sharing arrange	1110115 311044 111		
(a) Line r		(b) Amount involved	1		e exempt organ	ıızatıon	(d) Description	of transfers, transaction	ons, and sharing ar	тапдете	nts
			, ,	N/A			1		<u> </u>	_	
				· · · · ·							
								- · · · - ·			
	_										
							 				
				······································							
											
								· · · · · · · · · · · · · · · · · · ·			
2a Is	the foun	idation directly or indirec	tly affiliated with, or i	related to, one	or more tax-e	xempt organiz	ations described				
		501(c) of the Code (other		(3)) or in sect	tion 527?				T Yes	X] No
<u>b lf"</u>	Yes," co	mplete the following sch			1 =					-	
		(a) Name of org	janization		(b) Type of o	organization		(c) Description of re	elationship		
		N/A									
											
		·····									
	Under	penalties of perjury, I declare	that I have examined thi	s return, includir	ng accompanying	schedules and	statements, and to the	best of my knowledge		, <u>.</u>	_
Sign	and be	fiel, it is true, correct, and cor	nplete Deeleration of pr	eparer (other tha		4	ation of which prepare	has any knowledge	May the IRS return with th	e prepar	er 📗
Slown del								_ Shown below]″ _{No}	
	Sign	ature of officer or trustee			Date		Title				
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if	PTIN		
							1	self- employed			
Paid		LISA CHAND		L			05/11/16		P00288		
Prep		Firm's name ► WEI	NSTEIN SP	IRA &	COMPAN	Y, P.C	•	Firm's EIN ► 7	4-21816	16	
Use	Unly	Eumin address 5 ====	nnn		3.003						
Firm's address ► THREE GREENWAY PLAZA, SUITE 1700 HOUSTON, TX 77046 Phone							Phone no. (7	121600		^	

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.lrs.gov/form990.

OMB No 1545-0047

Name of the organization

Employer identification number

S	SAMUELS FAMILY FOUNDATION	81-0823589				
Organization type (check	cone).					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-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					
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amor EZ, line 1. Complete Parts I and II.	a, or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No" of certify that it does not me	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990-PF, Part I, line 2, to				
∟HA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	3 B (rorm 990, 990-EZ, or 990-PF) (2015)				

Name of organization

Employer identification number

SAMUELS FAMILY FOUNDATION

81-0823589

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES VICTOR & BARBARA SAMUELS 5 WAVERLY COURT HOUSTON, TX 77005	\$ 35,000,000.	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 Noncash (Complete Part II for noncash contributions)
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	t .	\$	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

, Name of organization

Employer identification number

SAMUELS FAMILY FOUNDATION

81-0823589

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		 \$		
(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	
		\$		
(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	
		 \$		

Name of organization **Employer identification number** FAMILY FOUNDATION 81-0823589 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES	ST.	ATEMENT	1
GROSS AMOUNT		CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME			
MERRILL LYNCH MERRILL LYNCH MERRILL LYNCH	54. 4,912. 635.	•	0. 0. 0.	54. 4,912. 635.	4 ,85	34. 8. 0.	4,91	54. L2. 35.
TO PART I, LINE 4	5,601	•	0 · ====================================	5,601.	4,91	.2.	5,60)1.
FORM 990-PF	Oʻ	THER PROFES	SION	IAL FEES		ST	ATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) ! INVEST- IT INCOME	(C) ADJUSTEI NET INCOM		(D) CHARITAE PURPOSE	
INVESTMENT MANAGEMENT FEES		4,234.		3,387.	3,387.			0.
TO FORM 990-PF, PG 1	, LN 16C	4,234.		3,387.	3,38	37.		0.
FORM 990-PF		CORPORAT	E SI	OCK		ST	ATEMENT	3
DESCRIPTION				воо	K VALUE	FA	IR MARKET	r
MUTUAL FUNDS			9	9,065,000.			<u> </u>	
TOTAL TO FORM 990-PF	, LINE 10B		9	9,065,000. 9,064,811.			<u> </u>	

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF LIST OF SUI PART	STATEMENT			
NAME OF CONTRIBUTOR	ADDRESS			
JAMES VICTOR SAMUELS	5 WAVERLY COU HOUSTON , TX			
	ST OF OFFICERS, D D FOUNDATION MANA		STATI	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JAMES VICTOR SAMUELS 3555 TIMMONS LANE, SUITE 1400 HOUSTON, TX 77027	DIRECTOR 1.00	0.	0.	0.
BARBARA SAMUELS 3555 TIMMONS LANE, SUITE 1400 HOUSTON, TX 77027	DIRECTOR 1.00	0.	0.	0.
HARRIS BENJAMIN SAMUELS 3555 TIMMONS LANE, SUITE 1400 HOUSTON, TX 77027	DIRECTOR 2.00	0.	0.	0.
JOSHUA ALEX SAMUELS 3555 TIMMONS LANE, SUITE 1400 HOUSTON, TX 77027	DIRECTOR 1.00	0.	0.	0.
JEREMY GREENFIELD SAMUELS 3555 TIMMONS LANE, SUITE 1400 HOUSTON, TX 77027	DIRECTOR 1.00	0.	0.	0.

0.

0.

0.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 6

NAME OF MANAGER

JAMES VICTOR SAMUELS BARBARA SAMUELS