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DLN: 93491266002056

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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 instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2015, or tax y	ear beginning 05-0	01-2015	, and ending (04-30-2016			
Name of foundation DR LEON BROMBERG CHARITABLE TRUST					A Employer ic	A Employer identification number			
DR	LEON D	ROMDERG CHARTIADLE TRUST			76-0193007				
Num	ber and	street (or P O box number if mail is n	ot delivered to street address)	Room/suite	B Telephone nu	mber (see instruction	s)		
22	00 MARK	KET STREET RM/STE 710			(409) 762-589	0			
		state or province, country, and ZIP or TX 775501532	foreign postal code		C If exemption	application is pendin	g, check here 🕨 🦵		
G CI	neck al	l that apply Initial return Final return Address chang	☐ Initial return of a fo ☐ A mended return e ☐ Name change	ormer public charity	2. Foreign o	rganizations, check h irganizations meeting ck here and attach co	the 85%		
		pe of organization				undation status was i in 507(b)(1)(A), chec	. —		
I Fair	r marke year <i>(fi</i>	et value of all assets at end rom Part II, col. (c), \$ 10,442,313	JAccounting method Other (specify) (Part I, column (d) must	▼ Cash	F II the lound	ation is in a 60-mont in 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (I necessarily equal the amounts in co instructions)	b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)		
	1	Contributions, gifts, grants, et	cc , received (attach						
	2	schedule)	s not required to attach						
	3	Interest on savings and temp	orary cash investments	4	4				
	4	Dividends and interest from s	•	293,688	293,688				
	5a	Gross rents		37,588	37,588	,			
	ь	Net rental income or (loss)	33,357						
Φ	6a	Net gain or (loss) from sale of	assets not on line 10	47,331					
Revenue	ь	Gross sales price for all asset	s on line 6a						
œ	7	Capital gain net income (from	Part IV, line 2)		47,33	1_			
	8	Net short-term capital gain .							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold Gross profit or (loss) (attach s							
	C	, , , ,	•	47,319	47,319				
	11	Other income (attach schedul			,				
	12	Total. Add lines 1 through 11 Compensation of officers, dire		425,930 36,000	•	+	12,000		
	13 14	Other employee salaries and		66,750	44,500		22,250		
un.	15	Pension plans, employee bene		30,730	,555		22,233		
Š	16a	Legal fees (attach schedule).							
Expenses	Ь	Accounting fees (attach sche		17,000	8,500		8,500		
	c	O ther professional fees (attac		7 3,398	73,398				
and Administrative	17	Interest			,				
rat	18	Taxes (attach schedule) (see		95 40,084	4,048		1,745		
2	19	Depreciation (attach schedule	•	_					
Ē	20	Occupancy		23,770	15,847		7,923		
Ă	21	Travel, conferences, and mee		716	477		239		
pue	22	Printing and publications	-						
	23	Other expenses (attach sched	dule)	% 11,350	8,982		2,368		
Operating	24	Total operating and administr	ative expenses.						
ž		Add lines 13 through 23		269,068	179,752		55,025		
O	25	Contributions, gifts, grants pa	ıd	499,200			499,200		
	26	Total expenses and disbursem 25	ents.Add lines 24 and	768,268	179,752		554,225		
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expen		-342,338					
	b	Net investment income (if neg			246,178				
	С	Adjusted net income(If negati	ve, enter -0 -)						

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(4) 20011 101111	(2) 22311 241112	(-)
	2	Savings and temporary cash investments	230,983	664,937	664,937
	3	Accounts receivable -			
		Less allowance for doubtful accounts 🕨			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts 🕨			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts 🟲			
	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges	14,800	25,500	25,500
ASS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨410,210			
		Less accumulated depreciation (attach schedule) ▶	410,210	410,210	850,000
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	9,411,978	8,625,340	8,901,876
	14	Land, buildings, and equipment basis 🕨3,235			
		Less accumulated depreciation (attach schedule) ▶ 3,235			
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	10,067,971	9,725,987	10,442,313
	17	Accounts payable and accrued expenses			
۰.	18	Grants payable			
ě	19	Deferred revenue			
bilities	20	Loans from officers, directors, trustees, and other disqualified persons			
е П	21	Mortgages and other notes payable (attach schedule)			
	22	· ————————————————————————————————————	2,065	2,419	
	23	Total liabilities(add lines 17 through 22)	2,065	2,419	
'n		Foundations that follow SFAS 117, check here 🕨 🦵			
₽		and complete lines 24 through 26 and lines 30 and 31.			
ם	24	Unrestricted			
Ba	25	Temporarily restricted			
ĭ	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
Assets	27	Capital stock, trust principal, or current funds	6,404,496	6,404,496	
Š	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
d d	29	Retained earnings, accumulated income, endowment, or other funds	3,661,410		
Net	30	Total net assets or fund balances(see instructions)	10,065,906	9,723,568	
	31	Total liabilities and net assets/fund balances(see instructions)	10,067,971	9,725,987	
Pa	rt III	<u>, , , , , , , , , , , , , , , , , , , </u>		, ,	
1		Total net assets or fund balances at beginning of year—Part II, column (· I I	
		with end-of-year figure reported on prior year's return)		- t	10,065,906
2		Enter amount from Part I, line 27a		 	-342,338
3		Other increases not included in line 2 (itemize)			
4		Add lines 1, 2, and 3		4	9,723,568
5		Decreases not included in line 2 (itemize)		_ 5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—Pa	art II, column (b), lı	ne 30 . 6 	9,723,568

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) 2-story brick ware	the kınd(s) of property sold (e g , re house, or common stock, 200 shs		P—Purchase	1/63	Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	WELLS FARGO - NO		,	(b) D—Donation	+	. , , , ,	
b	WEELS TARGO NOT	111422		'	+		
С					+		
d					+		
					+		
е		Depreciation allowe	d Coc	<u> </u> t or other basıs	+	Cour	or (loss)
(e)	Gross sales price	(f) (or allowable)		expense of sale			(f) minus (g)
а	3,32	20,253	(3)	3,272,92	2		47,331
b							
С							
d							
<u>-</u> е					+		
	nnlete only for assets s	howing gain in column (h) and owne	d by the foundation	n on 12/31/69	+	Cauna (Cal	(h) gain minus
		A drusted basis		cess of col (ı)	┪,	•	t less than -0-) or
(i) F	FM V as of 12/31/69	(j) as of 12/31/69		rcol (j), if any	(I) Losses (from col (h))		
а							47,331
b							
С							
d							
e							
2	Capital gain net incor		If gain, also enter If (loss), enter -0-		2		47,331
3	Net short-term capita	l gain or (loss) as defined in sectio	ns 1222(5) and (6)			
	If gain, also enter in F in Part I, line 8	Part I , line 8 , column (c) (see instru	ctions) If(loss), e	nter -0-	. 3		47,331
Part V	Qualification I	Inder Section 4940(e) for R	educed Tax or	Net Investme		ncome	17,331
For optic	-	rivate foundations subject to the se					
		e section 4942 tax on the distribute ot qualify under section 4940(e) Do			eriod?	,	┌ Yes ┌ No
		unt in each column for each year, se			ries		
	(a)					(d)	
	period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncha	rıtable-use assets		Distributio	n ratio
year (or	r tax year beginning in) 2014	460,499		11,138,809		(col (b) divided	0 041342
	2013	396,695		9,115,772			0 043517
	2012	335,982		8,384,934			0 040070
	2011	405,392		7,668,487			0 052865
	2010	305,413		6,207,294			0 049202
2	Total of line 1, column	(d)			2		0 226996
3		ratio for the 5-year base period—div he foundation has been in existence			3		0 045399
4		noncharitable-use assets for 2015			4		10,500,778
5	Multiply line 4 by line	3		[5		476,725
6		stment income (1% of Part I, line 2		<u> -</u>	6		2,462
7	Add lines 5 and 6				7		479,187

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

the Part VI instructions

554,225

ECL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	540(E),	UI 4340—See	page	- 10 OL	the ms	LIUCLIO	115)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	• r)					
	Date of ruling or determination letter			Ţ					
	(attach copy of letter if necessary—see instructions)								
b									2,462
_	here 🟲 🔽 and enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line $27b$ Exempt foreign organiza Part I, line 12 , col (b)	itions e	nter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndations	only Others	;	2				
3	Add lines 1 and 2				3				2,462
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter -0-)	ndation	s only Other	5	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter-0			5			:	2,462
6	Credits/Payments								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	25,	500					
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6 c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7			2 !	5,500
8	Enter any penalty for underpayment of estimated tax. Check here $\ \ \ \ \ \ \ \ \ \ \ \ \ $	2220 is	attached		8				
9	$\textbf{Tax}\ \textbf{due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount}\ \textbf{owed}\ .$			۲	9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	t overp	aid	۲	10			2	3,038
11		23,038	Refunded	<u> </u>	11				
Pai	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation	or dı	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b				e In	structio	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and cop	oles of any ma	teria	ls				
	published or distributed by the foundation in connection with the activities.								
С	Did the foundation file Form 1120-POL for this year?	• • •		•		•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos		ing the year						
	(1) On the foundation \$ (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical ex	(penditure ta)	ımp	osed				
_	on foundation managers 🕨 \$		- +b - IDC2						NI-
2	Has the foundation engaged in any activities that have not previously been rep	portea t	o the IKS?	•			2		No
_	If "Yes," attach a detailed description of the activities.	.			4				
3	Has the foundation made any changes, not previously reported to the IRS, in it	_	_	•		•	2		No
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf			_			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d If "Yes," has it filed a tax return on Form 990-T for this year?	_					4a 4b		No
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction du								No
3	If "Yes," attach the statement required by General Instruction T.	illig tile	year	•			3		NO
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45 \ c a t	uction outhor						
Ü	By language in the governing instrument, or	73)3al	isiled eltilel						
	 By state legislation that effectively amends the governing instrument so th 	at no m	andatory dire	ctio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?),			
-	and Part XV.				• •	, 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see ins	tructions)						
	►TX		<u> </u>	_					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF t	o the Attorne	y					
	General (or designate) of each state as required by General Instruction G? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r				(j)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee ınstı	ructions for P	art X	IV)?				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? If "Yes,	" attach	a schedule lis	tıng	their na	ames			
	and addresses.						10		No

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
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)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>N/A</u>			
14	The books are in care of ►VIDA RECTOR Telephone no ►(409)762	-5890	
	Located at ►2200 MARKET STREET STE 710 GALVESTON TX ZIP+4 ►77550			
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	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			т
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			
ь	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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
•	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes V			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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.)	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

		3	r Which Form 4720						
5a	During the year did the foundation	on pay or incurany amou	nt to						
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry								
	(2) Influence the outcome of any								
	on, directly or indirectly, any	✓ No							
	(3) Provide a grant to an individ	✓ No							
	(4) Provide a grant to an organiz								
	ın section 4945(d)(4)(A)? (s	No							
	(5) Provide for any purpose other	er than religious, charitat	ole, scientific, literary, or						
	educational purposes, or for the prevention of cruelty to children or animals? Yes Y b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in								
b									
	Regulations section 53 4945 or	in a current notice regai	rrent notice regarding disaster assistance (see instructions)?						
	Organizations relying on a curre								
С	If the answer is "Yes" to question								
	tax because it maintained exper	iditure responsibility for	the grant?	· · · · · · · · · Yes 「	No				
	If "Yes," attach the statement req	uired by Regulations secti	on 53.4945–5(d).						
6a	Did the foundation, during the ye			·					
	a personal benefit contract?			·					
b	Did the foundation, during the ye	ear, pay premiums, direct	ly or indirectly, on a perso	onal benefit contract?	. 6b No				
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year,	·							
ь	If yes, did the foundation receive								
Pai	3 3 V	ut Officers, Director	rs, Trustees, Founda	ation Managers, Highly	Paid Employees,				
	and Contractors List all officers, directors, trustee	es foundation managers							
_			and their compensation (SEE INSTRUCTIONS I					
	List all officers, unectors, trusted								
		Title, and average	(c) Compensation(If	(d) Contributions to	Expense account,				
	(a) Name and address		(c) Compensation(If not paid, enter	(d) Contributions to employee benefit plans	(e) other allowances				
	(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances				
CHAR	(a) Name and address	Title, and average hours per week	(c) Compensation(If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances				
CHAR	(a) Name and address	Title, and average hours per week (b) devoted to position CHAIRMAN	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) other allowances				
CHAR 220 GAL	(a) Name and address LLES G DIBRELL III O MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0	(e) other allowances				
CHAR 220 GAL	(a) Name and address LES G DIBRELL III O MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pai	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than	(c) Compensation(If not paid, enter -0-) 36,000	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, en	(e) other allowances 0 nter "NONE."				
CHAR 2 2 0 0 GA L 2	(a) Name and address LES G DIBRELL III O MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than title, and average) paid hours per week	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- arage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, end Contributions to employee benefit	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GA L 2	(a) Name and address LES G DIBRELL III O MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- arage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, en	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2200 GAL 2	(a) Name and address LES G DIBRELL III O MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than title, and average) paid hours per week	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation 0 -see instructions). If none, end employee benefit plans and deferred	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 220 GAL 2 Nar	(a) Name and address LES G DIBRELL III O MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pai (a) ne and address of each employee more than \$50,000	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pai (a) me and address of each employee more than \$50,000 A RECTOR	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 2 2 0 0 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				
CHAR 220 GAL 2 Nar	(a) Name and address ELES G DIBRELL III 0 MARKET STREET SUITE 710 VESTON,TX 77550 Compensation of five highest-pair (a) me and address of each employee more than \$50,000 A RECTOR 0 MARKET STREET SUITE 710	Title, and average hours per week (b) devoted to position CHAIRMAN 10 00 id employees (other than paid hours per week) (b) devoted to position	(c) Compensation(If not paid, enter -0-) 36,000 1 those included on line 1- trage eek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation o -see instructions). If none, en Contributions to employee benefit plans and deferred (d) compensation	(e) other allowances 0 nter "NONE." Expense account,				

Form 990-PF (2015)		Page 7
Part VIII Information About Officers, Directors, and Contractors (continued)	Trustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
WELLS FARGO ADVISOR	INVESTMENT ADV	72,867
455 E MEDICAL CENTER BLVD STE 115 HOUSTON,TX 77598		
Total number of others receiving over \$50,000 for professional se	ervices	L
Part IX-A Summary of Direct Charitable Activities	es	
List the foundation's four largest direct charitable activities during the tax year. I organizations and other beneficiaries served, conferences convened, research pa		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investm	nents (see instructions)	
Describe the two largest program-related investments made by the foundation	on during the tay year on lines 1 and 2	Δ mount

A mount
_

Total. Add lines 1 through 3

•

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u>.,</u>	
	purposes		
а	A verage monthly fair market value of securities	1a	9,362,242
Ь	A verage of monthly cash balances	1b	448,446
c	Fair market value of all other assets (see instructions)	1c	850,000
d	Total (add lines 1a, b, and c)	1d	10,660,688
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,660,688
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	159,910
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,500,778
6	Minimum investment return. Enter 5% of line 5	6	525,039
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Minimum investment return from Part X, line 6	1	525,039
2a	Tax on investment income for 2015 from Part VI, line 5 2a 2,462		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	2,462
3	Distributable amount before adjustments Subtract line 2c from line 1	3	522,577
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	522,577
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	522,577
	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes	-	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	554,225
	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
_	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
Ь	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	554,225
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	l .	
	income Enter 1% of Part I, line 27b (see instructions)	5	2,462
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	551,763
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	toundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				522,577
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			370,552	
ь	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
c	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part				
_	XII, line 4 > \$ 554,225				
a	Applied to 2014, but not more than line 2a			370,552	
				0.0,000	
	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2015 distributable amount		_		183,673
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable amount —see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
_	instructions				
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				338,904
7	Amounts treated as distributions out of				
-	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)				
8	Excess distributions carryover from 2010 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.				
10	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

	990-PF (2015) rt XIV Private Operating Foundat	ions (see ınstru	ıctıons and Part	VII-A, question	9)	Page 1
	f the foundation has received a ruling or determ					
	oundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		4942(j)(5)			
	Enter the lesser of the adjusted net ncome from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	nvestment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	yearlisted					
	5% of line 2a					
	Qualifying distributions from Part XII, ine 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt					
	activities					
	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	omplete 3a, b, or c for the					
	alternative test relied upon					
	'Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	`Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
	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)			<u> </u>		
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income		<u> </u>			
ì	t XV Supplementary Information (C			e organization	n had \$5,000 o	r more in
_	assets at any time during the Information Regarding Foundation Managers:	year—see ins	tructions.)			
ı l	ist any managers of the foundation who have co pefore the close of any tax year (but only if they					ation
	ıst any managers of the foundation who own 10	% or more of the	stock of a corpora	tion (or an equally	large portion of the	
	ownership of a partnership or other entity) of wh				go portion or the	=
	, , , , , , , , , , , , , , , , , , , ,		5			
-	Information Regarding Contribution, Grant, Gift	. Loan. Scholarshi	p. etc., Programs			
	Check here 🛌 if the foundation only makes co				id does not accept	
	unsolicited requests for funds. If the foundation					ns under
	other conditions, complete items 2a, b, c, and d			,	<u>.</u>	
а	The name, address, and telephone number or e-	-mail address of tl	he person to whom	n applications show	uld be addressed	
	CHARLES G DIBRELL III		F - / - / - / - / - / - / - / - / - / -			
	2200 MARKET STREET SUITE 710					
	GALVESTON,TX 77550					
	(409) 762-5890					
b	The form in which applications should be submi	tted and informati	on and materials t	they should includ	e	
	SEE ATTACHED					
	Any submission deadlines					
	GRANT APPLICATIONS ACCEPTED THROUG	SHOUT THE YEAR	R			
	Any restrictions or limitations on awards, such			e fields kinds of ir	estitutions or other	r
	factors	as by geographic	ar arcas, chantabl	e neida, kilius Ul II	isacacions, or other	

SEE ATTACHED

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 499,200 **b** Approved for future payment

Part XVI-A Analysis of Income-Produc	ing Activitie	S			Page 1 2
Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section	(e) Related or exemp function income	
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See instructions)
a b					
c					
d e					
f g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash investments			14	4	
Dividends and interest from securities Net rental income or (loss) from real estate			14	293,688	
a Debt-financed property					
b Not debt-financed property Net rental income or (loss) from personal			16	33,357	
other investment income			15	47,319	
Gain or (loss) from sales of assets other than inventory			18	47,331	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory				17,551	
Other revenue a					
b					
c d					
e					
Subtotal Add columns (b), (d), and (e) Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify a column of the columns.			:	421,699 13	
art XVI-B Relationship of Activities to		plishment of I	Exempt Purpos	es	
Explain below how each activity for whithe accomplishment of the foundation's instructions)					

Par	t XVI		Information Re Noncharitable					sactio	ns and I	Relationships	With			
		organ	zation directly or in	ndırectly e	engage	ın any of t	the following w						Yes	No
	ganıza	•					,		•	.				
a Ti	- ransfer	rs fror	n the reporting four	ndation to	a nonc	harıtable e	exempt organi	zatıon of						
(1	L) Cas	sh										1a(1)		No
(2	2) Oth	neras	sets									1a(2)		No
b 0	ther tr	ansac	tions											
(1	L) Sale	es of a	assets to a noncha	rıtable ex	empt or	ganızatıoı	n					1b(1)		No
(2	2) Pur	chase	s of assets from a	noncharit	able ex	empt orga	inization					1b(2)		No
(3	3) Ren	ntal of	facilities, equipme	nt, or othe	erasset	ts						1b(3)		No
(4	1) Ren	mburs	ement arrangemer	its								1b(4)		No
(5	5) Loa	ns or	loan guarantees.									1b(5)		No
(6	5) Perfo	rman	ce of services or m	embershi	p or fun	draising s	olicitations.					1b(6)		No
c SI	harıng	of fac	ılıtıes, equipment, i	mailing lis	ts, oth	erassets,	or paid emplo	yees				1c		No
of	the go	ods,	to any of the above other assets, or se ction or sharing arm	rvices giv	en by t	he reporti	ng foundation	If the fo	undation r	eceived less thai	n fair mark	et value		
(a) Li	ne No	(b) Amount involved	(c) Name	of nonch	narıtable exe	empt organization	(d)	Description	of transfers, transact	ions, and sha	iring arra	ngemer	nts
								1						
								<u> </u>						
								1						
de	escribe	ed in s ' com	cion directly or indi ection 501(c) of the plete the following of a) Name of organization	ne Code (d schedule		an sectioi		r ın sect			otion of relati		es 🔽	Νο
Sigr	the	e best ormat	enalties of perjury, of my knowledge a non of which prepar	ınd belief,	ıt ıs tru	ıe, correct	t, and complete	e Declai			n taxpaye		sed on	all
Her	e	***					2016-09-20	<u> </u>	*****	_	return	he prepa		
		Sign	ature of officer or t	rustee	Γ		Date	<u>'</u>	Title	lo	(see i	nstr)? ✓	Yes	No
			nt/Type preparer's OHN R MCKENNA		Prepa	rer's Sıgn	ature	Date 201	6-09-19	Check if self- employed ▶	PTIN	006186	549	
Paid Pre _l Use Only	pare	r HE.	n's name ► AD MAXWELL & M n's address ►	CKENNA	PC					Firm's EIN ► 7	6-035430	2		
	•		DO MARKET ST SU 550	ITE 401	GALVE	STON,T>	(Phone no (409)763-647	79		

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ADMIRAL NIMITZ FOUNDATION 328 E MAIN STREET FREDERICKSBURG,TX 78624	N/A	PC	SUPPORT PROGRAMS	2,500
AMERICAN HEART ASSOCIATION SOUTHWEST AFFILIATE 10060 BUFFALO SPEEDWAY HOUSTON,TX 77054	N/A	PC	SPONSORSHIP	5,000
ANCHOR POINT 103 DAVIS ROAD SUITE B LEAGUE CITY, TX 77573	N/A	PC	SPONSORSHIP	1,000
ARTIST BOAT 2627 AVENUE O GALVESTON,TX 77550	N/A	PC	EDUCATION & CONSERVATION PROGRAMS	3,000
ASSUMPTION OF THE VIRGIN MARY GREEK ORTHODOX CHURCH P O BOX 655 GALVESTON,TX 775530655	N/A	PC	SPONSORSHIP	5,000
BALL HIGH SCHOOL PROJECT GRADUATION 2016 PO BOX 2195 GALVESTON,TX 77553	N/A	PC	PROJECT GRADUATION	5,000
BOYS AND GIRLS CLUBS OF GREATER HOU 1520-A AIRLINE DRIVE HOUSTON,TX 77009	N/A	PC	DIPLOMAS TO DEGREES PROGRAM	10,000
CAMP SUMMIT 17210 CAMPBELL ROAD SUITE 180-W DALLAS,TX 77252	N/A	PC	2016 CAMPING PROGRAM	5,000
CATHOLIC CHARITIES OF THE ARCHDIOCE 2900 LOUISIANA STREET HOUSTON,TX 77006	N/A	PC	SUPPORT PROGRAMS	10,000
CHRISTUS FOUNDATION OUR DAILY BREAD GALVESTON POBOX 1919 HOUSTON,TX 77251	N/A	PC	CLINIC CONVERSION	5,000
CITY OF GALVESTON PARK AND RECREATI 2222 - 28TH STREET GALVESTON,TX 77550	N/A	GOV	SUMMER BAND CONCERT	2,000
D'FEET BREAST CANCER P O BOX 3935 GALVESTON,TX 77552	N/A	PC	SPONSORSHIP	5,500
FAMILY SERVICE CENTER OF GALVESTON COUNTY 2200 MARKET STREET SUITE 600 GALVESTON,TX 77550	N/A	PC	SPONSORSHIP	5,000
FANFARE LUTHERAN MUSIC ACADEMY 2415 WINNIE GALVESTON,TX 77550	N/A	PC	PURCHASE MUSICAL INSTRUMENTS	2,000
GALVESTON ARTS CENTER 2501 MARKET STREET GALVESTON,TX 77550	N/A	PC	ART FOR ALL EDUCATION OUTREACH PROGR	5,000
Total			▶ 3a	499,200

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GALVESTON COLLEGE FOUNDATION 4015 AVENUE Q GALVESTON,TX 77550	N/A	PC	UNIVERSAL ACCESS ENDOWMENT	150,000
GALVESTON COLLEGE FOUNDATION 4015 AVENUE Q GALVESTON,TX 77550	N/A	PC	SPONSORSHIP	5,000
GALVESTON COUNTY ADOPTION DAY FOUND P O BOX 3203 GALVESTON,TX 775523203	N/A	PC	12TH ANN GALVESTON CO ADOPTION DAY	5,000
GALVESTON COUNTY FOOD BANK 624 - 4TH AVENUE N TEXAS CITY,TX 77590	N/A	PC	SPONSORSHIP	5,000
GALVESTON FIREFIGHTERS CHILDREN'S PARADE 4627 AVENUE O GALVESTON,TX 77551	N/A	PC	SPONSORSHIP	1,500
GALVESTON HISTORICAL FOUNDATION P O BOX 1249 GALVESTON,TX 77553	N/A	PC	URBAN PARK	5,000
GALVESTON ISLAND HUMANE SOCIETY 6814 BROADWAY GALVESTON,TX 77554	N/A	PC	SPONSORSHIP	2,000
GALVESTON ISLAND MEALS ON WHEELS 2803 - 53RD STREET GALVESTON,TX 77551	N/A	PC	SPONSORSHIPS	3,700
GALVESTON ISD EDUCATIONAL FOUNDATIO P O BOX 660 GALVESTON,TX 77552	N/A	PC	SPONSORSHIP	5,000
GALVESTON REGIONAL CHAMBER OF COMME 2228 MECHANIC STREET SUITE 101 GALVESTON,TX 77550	N/A	PC	SPONSORSHIP	5,000
THE GULF COAST CENTER MHMR 123 ROSENBERG SUITE 6 GALVESTON,TX 77550	N/A	PC	AUCTION ITEMS FOR FUNDRAISER	4,000
HOLY FAMILY CATHOLIC SCHOOL 2601 URSULINE GALVESTON,TX 77550	N/A	PC	PURCHASE TEXT BOOKS	10,000
HOSPICE CARE TEAM INC 1708 N AMBURN SUITE C TEXAS CITY,TX 77591	N/A	PC	TREE OF LIGHTS CAMPAIGN	1,000
HOUSTON CHILDREN'S CHORUS P O BOX 66567 HOUSTON,TX 772666567	N/A	PC	2015 GALVESTON PROJECT	3,000
NASA AREA LITTLE LEAGUE P O BOX 891183 HOUSTON,TX 772891182	N/A	PC	RESTROOM RENOVATIONS	10,000
Total			▶ 3a	499,200

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
NATIONAL FIRE SAFETY COUNCIL CITY OF GALVESTON OFFICE OF THE FIRE MARSHALL 2517 BALL SUITE 203 GALVESTON,TX 77550	N/A	PC	FIRE SAFETY PROGRAM	500
O'CONNELL COLLEGE PREPARATORY SCHOO 1320 TREMONT STREET GALVESTON,TX 77550	N/A	PC	PURCHASE COMPUTERS & SPONSORSHIP	10,500
OFFSHORE ENERGY CENTER 200 N DAIRY ASHFORD SUITE 4119 HOUSTON,TX 77079	N/A	PC	ENERGY EDUCATION	5,000
ROSENBERG LIBRARY 2310 SEALY STREET GALVESTON,TX 77550	N/A	PC	LIBRARY RECONSTRUCTION CAMPAIGN	10,000
ST VINCENT'S HOUSE GALVESTON 2817 POST OFFICE STREET GALVESTON,TX 77550	N/A	PC	SUPPORT PROGRAMS	12,000
STS CONSTANTINE & HELEN SERBIAN ORTHODOX CHURCH P O BOX 3280 GALVESTON,TX 77552	N/A	PC	MEMORIAL	500
SHRINER'S HOSPITALS FOR CHILDREN GALVESTON 815 MARKET STREET GALVESTON,TX 77550	N/A	PC	REHABILITATIVE COMPRESSION GARMENTS	10,000
SUNSHINE CENTER INC 1726 - 21ST STREET GALVESTON,TX 77550	N/A	PC	REPAIR & MAINTAIN FACILITIES	10,000
SPECIAL OLYMPICS TEXAS 7715 CHEVY CHASE DRIVE SUITE 129 AUSTIN,TX 78752	N/A	PC	SUPPORT PROGRAMS	5,000
TEXAS A&M UNIVERSITY OF GALVESTON P O BOX 1675 GALVESTON,TX 77553	N/A	PC	SPONSORSHIP	2,500
TEXAS A&M GALVESTON STUDENT PROPELL P O BOX 1675 GALVESTON,TX 77553	N/A	PC	SPONSORSHIP	1,000
TEXAS LIGHTHOUSE FOUNDATION DBA LIGHTHOUSE CHARITY TEAM 6918 BROADWAY GALVESTON,TX 77551	N/A	PC	SUPPORT PROGRAMS	10,000
TEXAS RICE TEXAS RICE INDUSTRY COALITION FOR THE ENVIRONMENT P O BOX 644 PIERCE,TX 77467	N/A	PC	CONSTRUCT WETLAND HABITAT	50,000
THE BRYAN MUSEUM 1315 - 21ST STREET GALVESTON,TX 77550	N/A	PC	EDUCATIONAL PROGRAMS	15,000
THE FRIENDS OF MOODY GARDENS INC ONE HOPE BOULEVARD GALVESTON, TX 77554	N/A	PC	SPONSORSHIP	500
Total				499,200

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
THE GRAND 1894 OPERA HOUSE 2020 POSTOFFICE GALVESTON,TX 77550	N/A	PC	2015-16 CHILDREN SERIES	10,000
THE RONALD MCDONALD HOUSE GALVESTON 301 - 14TH STREET GALVESTON,TX 77550	N/A	PC	2015 ANNUAL APPEAL	12,500
THE ROTARY CLUB OF GALVESTON P O BOX 810 GALVESTON,TX 77555	N/A	PC	SPONSORSHIP	5,000
THE SALVATION ARMY OF GALVESTON COU P O BOX 990 GALVESTON,TX 77553	N/A	PC	ANGEL TREE PROGRAM	10,000
THE SALVATION ARMY OF GALVESTON COU P O BOX 990 GALVESTON,TX 77553	N/A	PC	CAPITAL CAMPAIGN	10,000
TURNING POINT GULF COAST P O BOX 2118 GALVESTON,TX 775532118	N/A	PC	SUPPORT FISHING TOURNAMENT	2,000
USC SHOAH FOUNDATION THE INSTITUTE FOR VISUAL HISTORY AND EDUCATION 444 SOUTH FLOWER STREET FLOOR 41 LOS ANGELES, CA 90071	N/A	PC	SUPPORT PROGRAMS	10,000
UTMB SCHOOL OF NURSING GALVESTON 301 UNIVERSITY BOULEVARD ROUTE 0148 GALVESTON,TX 775550148	N/A	PC	SPONSORSHIP	5,000
UTMB 125TH ANNIVERSARY GALA 301 UNIVERSITY BOULEVARD GALVESTON,TX 775550148	N/A	PC	SPONSORSHIP	5,000
WARRIOR'S WEEKEND P O BOX 2052 VICTORIA,TX 779022052	N/A	PC	SPONSORSHIP	1,000
Total				499,200

TY 2015 Accounting Fees Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	17,000	8,500		8,500

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

TY 2015 Depreciation Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE - SECRETARY	1999-11-29	335	335	S/L	7 0000				
TV & VCR	2001-02-16	270	270	S/L	7 0000				
COPY MACHINE	2001-02-26	1,033	1,033	S/L	7 0000				
COMPUTER & PRINTER	2006-03-30	1,597	1,597	S/L	5 0000	_			

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TY 2015 Investments - Land Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND, BUILDINGS, AND EQUIPMENT	410,210		410,210	850,000

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TY 2015 Investments - Other Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
WELLS FARGO, ADVISORS - INVESTMENTS	AT COST	8,625,340	8,901,876

TY 2015 Land, Etc. Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDLINGS	3,235	3,235		

TY 2015 Other Expenses Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LYNN COUNTY CRP PROGRAM				
REAL ESTATE TAXES	3,347	3,347		
INSURANCE	884	884		
EXPENSES				
INSURANCE	1,625	1,089		536
OFFICE EXPENSES	1,988	1,325		663
DUES & SUBSCRIPTIONS	2,386	1,591		795
PROFESSIONAL GIFTS	1,000	666		334
REPAIRS AND MAINTENANCE	120	80		40

TY 2015 Other Income Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OIL & GAS ROYALTIES	38,475	38,475	
OIL & GAS MINERAL LEASES/BONU	8,844	8,844	



TY 2015 Other Liabilities Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAX PAYABLE	2,065	2,419

TY 2015 Other Professional Fees Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	72,867	72,867		
MINERAL LEASE ADVISORY FEE	531	531		

TY 2015 Taxes Schedule

Name: DR LEON BROMBERG CHARITABLE TRUST

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AD VALOREM TAXES	87	58		29
PAYROLL TAXES	5,147	3,431		1,716
EXCISE TAX	34,291			
FOREIGN TAXES	559	559		