

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93491062008077

Department of the Treasury

OMB No 1545-0052 Form 990-PF **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>. Open to Public Internal Revenue Service Inspection , and ending 11-30-2016 For calendar year 2015, or tax year beginning 12-01-2015 A Employer identification number

SA	MMY H A	ND JACQUELINE KOURI FOUNDATION			48-1141441		
						nber (see instructior	(s)
		street (or P O box number if mail is not delivered to street address) CENTER 301 N MAIN	Room/suite		(316) 267-2000	•	
					, ,		
	or town, HITA, KS	state or province, country, and ZIP or foreign postal code 67202			C If exemption	application is pendir	ig, check here
G C F	neck all	that apply Initial return Initial return of a 1	former public charity	,	<b>D 1</b> Foreign or	ganizations, check h	ere <b>b</b>
		Final return A mended return	,,		2 11 Torongin or	garnzaciono, circoit il	Г
		Address change Name change				ganizations meeting	
1 C h	eck tvi	pe of organization	te foundation		E If private for	k here and attach co undation status was	terminated
	, ,	4947(a)(1) nonexempt charitable trust Other taxal		n	under section	n 507(b)(1)(A), che	ck here
Faii	marke	t value of all assets at end JAccounting method	▼ Cash	ıal		ation is in a 60-mont	
		om Part II, col (c),	ha an each haces		under section	n 507(b)(1)(B), che	ck here 🕨 📙
		(, a, e 1, solalim (a, mast	I	<u> </u>			T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	Revenue and expenses per		Net investment	Adjusted net	Disbursements for charitable
		necessauly equal the amounts in column (a) (see instructions)	(a) books	(b)	ıncome	(c) income	purposes (d) (cash basis only
	1	Contributions, gifts, grants, etc., received (attach					,
		schedule)	29,000				
	2	Check ► ☐ If the foundation is <b>not</b> required to					
		attach					
		Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	41		41		
	5a	Gross rents					
Revenue	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10					
	6a	, ,					
	b	Gross sales price for all assets on line 6a					
	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total.Add lines 1 through 11	29,041		41		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
ses	15	Pension plans, employee benefits					
ë	16a	Legal fees (attach schedule)	2,595		2,595		
EXP	b	,	2,393		2,393		
and Administrative Expenses	C	Other professional fees (attach schedule)					
<u> </u>	17	Interest					
<u> </u>	18	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion					
Ē	19						
₽	20 21	Occupancy					
פ	22	Printing and publications					
	23	Other expenses (attach schedule)	<b>9</b> 40		40		
=======================================	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	2,635		2,635		
2	25	Contributions, gifts, grants paid	18,345		, -		18,34
	26	Total expenses and disbursements. Add lines 24 and					1
		25	20,980		2,635		18,34
	27	Subtract line 26 from line 12					
	a .	Excess of revenue over expenses and disbursements	8,061				
	b	Net investment income (if negative, enter -0-)			0		
	c	<b>Adjusted net income</b> (if negative, enter -0 -)	į l	I			1

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		End o	•
			(a) Book Value	(b) Book	: Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	24,791		32,853	32,853
	2	Savings and temporary cash investments	24,791		32,633	32,633
	3	Accounts receivable ▶  Less allowance for doubtful accounts ▶				
		<u></u>				
	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 ▶				
Ş	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ř	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				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ►)				
	16	<b>Total assets</b> (to be completed by all filers—see the				
		Instructions Also, see page 1, Item I)	24,791		32,853	32,853
	17	Accounts payable and accrued expenses				
s	18	Grants payable				
abilities	19	Deferred revenue				
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons				
E	21	Mortgages and other notes payable (attach schedule)				
	22	O ther liabilities (describe ►)				
	23	Total liabilities(add lines 17 through 22)			0	
s		Foundations that follow SFAS 117, check here				
Balance		and complete lines 24 through 26 and lines 30 and 31.				
19	24	Unrestricted				
	25	Temporarily restricted				
Fund	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here				
ō		and complete lines 27 through 31.				
Assets	27	Capital stock, trust principal, or current funds	24,791		32,853	
15.5	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
Net	30	<b>Total net assets or fund balances</b> (see instructions)	24,791		32,853	
	31	Total liabilities and net assets/fund balances(see instructions)	24,791		32,853	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		Total net assets or fund balances at beginning of year—Part II, column (	(a), line 30 (must agr	ee		
		, , , , , ,			1	24,791
2		Enter amount from Part I, line 27a			2	8,061
3		Other increases not included in line 2 (itemize) ▶		_∞_	3	1
4		Add lines 1, 2, and 3			4	32,853
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)—P	art II, column (b), lın	e 30 .	6	32,853

		the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		How acquired P—Purchase (b) D—Donation	י ן	ate acquired mo , day, yr )	Date sold (d) (mo , day, yr )
1a							
b							
С							
d							
e							
(e)	Gross sales price	Depreciation allowe (f) (or allowable)		t or other basis expense of sale			or (loss) (f) minus (g)
а			137				, , , , , , , , , , , , , , , , , , , ,
b							
С							
d							
е					+		
	onlete only for assets	showing gain in column (h) and owne	ed by the foundation	n on 12/31/69	+	Cauna (Cal	(h) gain minus
	M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Exc	cess of col (I) r col (J), If any	(I) c	ol (k), but no	(h) gain minus t less than -0-) <b>or</b> from col (h))
a		(3) 20 21 22 27 27	(,	(),, ,	+``	<u> </u>	
b					+		
					+		
d					+		
е е					+		
			If gain, also enter	ın Bart I line 7 I	+		
2	Capital gain net inco	me or (net capital loss)	If (loss), enter -0-		2		
3	Net short-term capit	al gaın or (loss) as defined ın sectio	ns 1222(5) and (6	)			
	If gain, also enter in in Part I, line 8 .	Part I, line 8, column (c) (see instru	ictions) If(loss), e	nter -0 -	3		
Part V	Qualification U	Jnder Section 4940(e) for R	educed Tax on	Net Investme	nt In	come	
	-	private foundations subject to the se					
		e section 4942 tax on the distributa ot qualify under section 4940(e) Do			eriod?		┌─ Yes 🔽 No
<b>1</b> Ente	er the appropriate amo	unt in each column for each year, s	ee instructions befo	ore making any ent	ries		
	(a)					(d)	
	period years Calendar r tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha			Distributio (col (b) divided	n ratio
	2014	40,578		24,642			1 64670
	2013	50,798		25,012			2 03095
	2012	34,189		47,963			0 71282
	2011	29,121		31,218			0 93283
	2010	23,248		18,053			1 28776
2		n (d)		<u> </u>	2		6 611057
3	the number of years t	ratio for the 5-year base period—divide foundation has been in existence	e if less than 5 yea	rs , , ,	3		1 322211
4		f noncharitable-use assets for 2015	,	<u> </u>	4		44,691
5		23			5		59,091
6		stment income (1% of Part I, line 2	•	<u> </u>	6		_
7	Add lines 5 and 6.				7		59,091
8	Enter qualifying distr	ibutions from Part XII, line 4		[	8		18,345
	If line 8 is equal to or	r greater than line 7, check the box	ın Part VI, lıne 1b,	and complete that	part u	sıng a 1% tax	rate See

6с

7

8

9

498

Tax paid with application for extension of time to file (Form 8868). . .

Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .

Enter any **penalty** for underpayment of estimated tax. Check here if Form 2220 is attached

c d

7

8 9

Par	t VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within th	e			
	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 disquali	fied 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	on application?	13	Yes	
	Website address ►N/A				
14	The books are in care of ►SAMMY H KOURI  Telep	· · · · · · · · · · · · · · · · · · ·	1683-	8249	
		P+4 ▶ <u>67206</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check her	1 1		▶ ┌	-
	and enter the amount of tax-exempt interest received or accrued during the year	15			ı
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other	authority over	l	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 Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	and Financial			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Requir	ed			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Cu		Yes	No
<b>1</b> a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes 🗸 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	┌─ Yes 🗸 No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes 🗸 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	┌ Yes 🗸 No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	່ Yes ເ√ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	Tes   VIII0		 	
	If the foundation agreed to make a grant to or to employ the official for a period				
	after termination of government service, if terminating within 90 days )	☐ Yes 🗸 No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described	ın Regulatıons			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . $$ .		1b		No
	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	l			
	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 p				
	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 🗸 No			
	If "Yes," list the years > 20, 20, 20	127.772			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 494 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494)				
	to allyears listed, answer "No" and attach statement—see instructions )		2b		No
с	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the year				
	<b>▶</b> 20, 20, 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at				
		☐ Yes 🗸 No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundar				
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period appro				
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, of the lapse of the $10-$ , $15-$ , or $20-$ year first phase holding period? (Use Schedule C, Form 4720, to determ				
	If the foundation had excess business holdings in 2015 )		3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable		4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeo	pardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year begin	ning in 2015?	4b		No

	990-PF (2 <b>t VII-B</b>		ardin	a Activities for	- M/h	ich Form 4720	May	Be Required <i>(Con</i> t	tinua	d)	Page (
5a		year did the foundat	-	<del>-</del>		101111 4720	ria y	be Required (com	muc		
Ja	-	year did the lodhdat on propaganda, or oth		•		slation (section 49)	45(e	))?	<del>-</del>		
		nce the outcome of ar		•	_	•	•	163	✓ NO		l I
	` '	ectly or indirectly, an		. ,		**		<i>_</i>			
				_			•	1 .65 1	✓ No —		l I
	• •	e a grant to an individ		, , ,				☐ Yes 「	✓ No		l i
				n other than a charitable, etc., organization described							
		e for any purpose oth nonal purposes, or fo		- '				· · · Tyes F	√ No		
b	If any ans	werıs "Yes" to 5a(1)	-(5), di	d <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulation	is section 53 4945 o	rınac	urrent notice regard	ıng d	ısaster assıstance	(see	instructions)?		5b	No
	O rganızatı	ons relying on a curr	ent not	ce regarding disast	er as	sistance check here	e		_		
С		ver is "Yes" to questi	,	**		· ·					
	tax becaus	se it maintained expe	ndıture	responsibility for th	ne gra	int?	•	· · · · · T Yes	✓ No		ļ
	If "Yes," at	tach the statement rec	quired b	y Regulations section	n 53 4	1945-5(d)					
<b>6</b> a	Did the fou	ındatıon, durıng the y	ear, red	ceive any funds, dire	ectly	or indirectly, to pay	prer	niums on			
	a personal	benefit contract?.					•	· · · Tes	✓ No	!!	ļ
b	Did the fou	ındatıon, durıng the y	ear, pa	y premiums, directly	orıı	ndirectly, on a perso	onal I	penefit contract?		6b	No
	If "Yes" to	6b, file Form 8870									
7a	At any tim	e during the tax year	, was th	ne foundation a party	/ to a	prohibited tax shel	ter ti	ransaction? <b>Yes</b>	✓ No		
b	If yes, dıd	the foundation receiv	e any p	proceeds or have an	y net	ıncome attrıbutable	e to t	he transaction?		7b	No
Par			ut Off	icers, Directors	s, Tr	ustees, Founda	atio	n Managers, Highly	Paid	l Empl	oyees,
		and Contractors cers, directors, truste	es foi	ındətion mənədərs ə	nd th	neir compensation (	:				
_			,					netructione)			
	List un offi		Í	<del>_</del>		<u> </u>	see i	•			
		ne and address		Title, and average hours per week devoted to position	(c)	Compensation(If not paid, enter -0-)	e	(d) Contributions to mployee benefit plans	1		account, lowances
			(b)	Title, and average hours per week	(c)	Compensation(If not paid, enter	e and	(d) Contributions to	1		
SAMM 619	<b>(a) N</b> am Y H KOURI N A R M O U R	ne and address	(b)	Title, and average hours per week devoted to position SIDENT	(c)	Compensation(If not paid, enter -0-)	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI	(a) Nam YHKOURI NARMOUR HITA,KS 6	ne and address	(b) PRE 0 00	Title, and average hours per week devoted to position SIDENT	(c)	Compensation(If not paid, enter -0-)	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI JACQU	(a) Nam Y H KOURI N A R M O U R HITA , KS 6 JELINE KOURI	ne and address	(b) PRE 0 00	Title, and average hours per week devoted to position	(c)	Compensation(If not paid, enter -0-)	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI JACQU	(a) Nam Y H KOURI N ARMOUR HITA,KS 6 JELINE KOURI N ARMOUR	ne and address	(b) PRE 0 00	Title, and average hours per week devoted to position	(c)	Compensation(If not paid, enter -0-)	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI JACQU 619 WICI	(a) Nam Y H KOURI N A RMO U R HITA, KS 6 JELINE KOURI N A RMO U R HITA, KS 6	ne and address	(b) PRE 0 000 SEC 0 000	Title, and average hours per week devoted to position SIDENT	(c)	Compensation(If not paid, enter -0-)  0	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI JACQU 619 WICI DAVID	(a) Nam Y H KOURI N ARMOUR HITA,KS 6 JELINE KOURI N ARMOUR	ne and address	(b) PRE 0 000 SEC 0 000	Title, and average hours per week devoted to position SIDENT R/TREAS	(c)	Compensation(If not paid, enter -0-)	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI JACQU 619 WICI DAVID	(a) Nam Y H KOURI N ARMO UR HITA, KS 6 IELINE KOURI N ARMO UR HITA, KS 6 S ELKOURI	ne and address 8 7206	(b) PRE 0 000 SEC 0 000 DIRI	Title, and average hours per week devoted to position SIDENT R/TREAS	(c)	Compensation(If not paid, enter -0-)  0	e and	(d) Contributions to mployee benefit plans	1		
SAMM 619 WICI JACQU 619 WICI DAVID 1127 HOU	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI 'B BANKS STON, TX	ne and address  77006	(b) PRE 0 000 SEC 0 000 DIR 0 000	Title, and average hours per week devoted to position SIDENT	(c)	Compensation(If not paid, enter -0-)  0	e and	(d) Contributions to mployee benefit plans deferred compensation	(e)	other al	
SAMM 619 WICH JACQU 619 WICH DAVID 1127 HOU	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 ELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI 'B BANKS STON, TX Compensatione and addr	ne and address  77006	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT	t hose	Compensation(If not paid, enter -0-)  0	e and	(d) Contributions to mployee benefit plans deferred compensation	(e)	NONE."	
SAMM 619 WICH JACQU 619 WICH DAVID 1127 HOU	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI B BANKS STON, TX Compensati	ne and address  77206  77006  ion of five highest-pa  (a) ess of each employed	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT  R/TREAS  ECTOR  Joyees (other than to be a compared to be a com	t hose	Compensation(If not paid, enter -0-)  0  0  included on line 1-	e and	(d) Contributions to mployee benefit plans deferred compensation  instructions). If none, e Contributions to employee benefit plans and deferred	(e)	NONE."	e account,
SAMM 619 WICI JACQU 619 WICI DAVID 1127 HOU 2	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI B BANKS STON, TX Compensati	ne and address  77206  77006  ion of five highest-pa  (a) ess of each employed	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT  R/TREAS  ECTOR  Joyees (other than to be a compared to be a com	t hose	Compensation(If not paid, enter -0-)  0  0  included on line 1-	e and	(d) Contributions to mployee benefit plans deferred compensation  instructions). If none, e Contributions to employee benefit plans and deferred	(e)	NONE."	e account,
SAMM 619 WICI JACQU 619 WICI DAVID 1127 HOU 2	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI B BANKS STON, TX Compensati	ne and address  77206  77006  ion of five highest-pa  (a) ess of each employed	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT  R/TREAS  ECTOR  Joyees (other than to be a compared to be a com	t hose	Compensation(If not paid, enter -0-)  0  0  included on line 1-	e and	(d) Contributions to mployee benefit plans deferred compensation  instructions). If none, e Contributions to employee benefit plans and deferred	(e)	NONE."	e account,
SAMM 619 WICI JACQU 619 WICI DAVID 1127 HOU 2	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI B BANKS STON, TX Compensati	ne and address  77206  77006  ion of five highest-pa  (a) ess of each employed	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT  R/TREAS  ECTOR  Joyees (other than to be a compared to be a com	t hose	Compensation(If not paid, enter -0-)  0  0  included on line 1-	e and	(d) Contributions to mployee benefit plans deferred compensation  instructions). If none, e Contributions to employee benefit plans and deferred	(e)	NONE."	e account,
SAMM 619 WICI JACQU 619 WICI DAVID 1127 HOU 2	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI B BANKS STON, TX Compensati	ne and address  77206  77006  ion of five highest-pa  (a) ess of each employed	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT  R/TREAS  ECTOR  Joyees (other than to be a compared to be a com	t hose	Compensation(If not paid, enter -0-)  0  0  included on line 1-	e and	(d) Contributions to mployee benefit plans deferred compensation  instructions). If none, e Contributions to employee benefit plans and deferred	(e)	NONE."	e account,
SAMM 619 WICI JACQU 619 WICI DAVID 1127 HOU 2	(a) Nam Y H KOURI N ARMOUR HITA, KS 6 JELINE KOURI N ARMOUR HITA, KS 6 S ELKOURI B BANKS STON, TX Compensati	ne and address  77206  77006  ion of five highest-pa  (a) ess of each employed	(b) PRE 0 000 SEC 0 000 DIRI 0 000	Title, and average hours per week devoted to position SIDENT  R/TREAS  ECTOR  Joyees (other than to be a compared to be a com	t hose	Compensation(If not paid, enter -0-)  0  0  included on line 1-	e and	(d) Contributions to mployee benefit plans deferred compensation  instructions). If none, e Contributions to employee benefit plans and deferred	(e)	NONE."	e account,

Total number of other employees paid over \$50,000.

	n 990-PF (2015)  Tt X Minimum Investment Return		Page <b>8</b>
ΡŒ	(All domestic foundations must complete this part. Foreign foundations, see instructions	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	45,372
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	45,372
е	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	45,372
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	681
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	44,691
6	Minimum investment return.Enter 5% of line 5	6	2,235
Pa	TEXI 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 fo	oreign organizations
1	Minimum investment return from Part X, line 6	1	2,235
<b>2</b> a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015 (This does not include the tax from Part VI ) <b>2b</b>		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,235
4	Recoveries of amounts treated as qualifying distributions	4	_
5	Add lines 3 and 4	5	2,235

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . 1a 18,345 Program-related investments—total from Part IX-B. . 1b 2 A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 Amounts set aside for specific charitable projects that satisfy the 3

Deduction from distributable amount (see instructions). . . . . . .

**b** Cash distribution test (attach the required schedule). . . . . .

the section 4940(e) reduction of tax in those years

**Qualifying Distributions** (see instructions)

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes

6

7

1

Part XII

4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 18,345 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . 5 18,345 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За

3b

2,235

	art XIII Undistributed Income (see instru	cuons)			
		<b>(a)</b> Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				2,235
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only				
b	Total for prior years 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
d	From 2013 50,115				
e	From 2014				
f	Total of lines 3a through e	173,789			
	Qualifying distributions for 2015 from Part				
	XII, line 4 ▶ \$18,345				
	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)	0			
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2015 distributable amount				2,235
e	Remaining amount distributed out of corpus	16,110			
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	189,899			
	Prior years' undistributed income Subtract				
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				
e	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see				
	Instructions				
	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				
	A mounts 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)	23,082			
	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	166,817			
	Analysis of line 9				
	Excess from 2011 28,713				
	Excess from 2012				
_	Excess from 2013				
	Excess from 2014				
е	Excess from 2015 16,110				orm <b>990-PF</b> (2015)

### Private Operating Foundations (see instructions and Part VII.A, question 9)  ### If the foundation has received to inline of determination letter that it is a private operating  ### 10 Check box to indicate whether the organizations as a givest operating foundation described in section   4942(n)(3) or   4942(n)(5) or   6942(n)(3) or   4942(n)(5) or   6942(n)(3) or   6942(n)(3		m 990-PF (2015)  Part XIV Private Operating Founda	ations (soo instri	ictions and Dart	VII A question	0)	Page <b>1</b> 0
foundation, and the ruling is effective for 2015, enter the date of the ruling.  De Check box for inductate effective the organizations as paywate operating foundation described in section [4942()(3) or [4942()(5)]  De Enter the lesser of the adjusted net income from Part 1 or the minimum investment return from Part X for each year is feed.  De South of the part of the minimum investment return from Part X for each year is feed.  De South of the part of the minimum investment return from Part X for each year is feed.  De South of the part X for each year is feed.  De Gualitying distributions made directly submitted and the part of the part is feed.  De South of the part is						9)	
20 Ence the lesser of the adjusted net income from Part 1 or the animum minute treat return from Part X for each year isseed.  (a) 2015 (b) 2014 (c) 2013 (d) 2012 (e) Total years the part of the par		foundation, and the ruling is effective for 2015	5, enter the date of t	he ruling	▶ ∟		
income from Part 2 or the minimal investment return from Part X for each year leted.    Set Sin dine 2.   Set Sin dine 2		-		ing foundation de		4942(j)(3) or	4942(j)(5)
investment return from Part XI for each year listed:    See of line 2e.	2a	,	Tax year		Prior 3 years		(e) Total
year Isted.  C Qualifying distributions from Pert XII, line 4 for each year Isted.  d Amounts included in line 2c not used directly for active conduct of exempt described and each year Isted.  Qualifying distributions made directly for active conduct of exempt extinutes. Subtract line 2d from line 2c.  Complete Ai, not not free alternative test-enter (1) Value of all assets.  Subtract line 2d from line 2c.  3 Complete Ai, not not free alternative test-enter (1) Value of all assets.  (2) Value of all assets.  (3) Value of all assets.  (3) Value of all assets.  (4) Value of all assets.  (5) Value of all assets.  (6) Value of all assets.  (7) Value of all assets.  (8) Value of all assets.  (9) Value of all assets.  (1) Value of all assets.  (1) Value of all assets.  (2) Value of all assets.  (3) Value of all assets.  (4) Value of all assets.  (5) Value of all assets.  (6) Value of all assets.  (7) Value of all assets.  (8) Value of all assets.  (9) Value of all assets.  (1) Value of all assets.  (1) Value of all assets.  (2) Value of all assets.  (3) Value of all assets.  (4) Value of all assets.  (5) Value of all assets.  (6) Value of all assets.  (7) Value of all assets.  (8) Value of all assets.  (9) Value of all assets.  (1) Value of all assets.  (1) Value of all assets.  (2) Value of all assets.  (3) Value of all assets.  (4) Value of all assets.  (5) Value of all assets.  (6) Value of all assets.  (7) Value of all assets.  (8) Value of all assets.  (9) Value of all assets.  (1) Value of all assets.  (1) Value of all assets.  (2) Value of all assets.  (3) Value of all assets.  (4) Value of all assets.  (5) Value of all assets.  (6) Value of all assets.  (7) Value of all assets.  (8) Value of all assets.  (9) Value of all assets.			<b>(a)</b> 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(0)
b 95% of line 2a.  Qualifying distributions from Part XII, line 4 for each year listed.  d. Amounts included in line 2 enot used directly distribution mode directly activities.  Qualifying distribution mode directly activities.  Qualifying distribution mode directly activities.  Subtract line 2d from line 2c.  Qualifying distribution mode directly.  Qualifying dis							
Inter 4 for seach year Instead.  A mounts included in line 2 not used directly for active conduct of exempt activities.  Qualifying distributions made directly statistics and activities.  Qualifying distributions made directly statistics and activities.  3 Complete 3a, b, or 6 for the alternative test recircled upon a "Assess" alternative test recircled upon a "Assessment alternative test alternative test recircled upon a "Assessment alternative test r	b	•					
d Amounts included in line 2c not used directly for active conduct of exempt activities	С	Qualifying distributions from Part XII,					
directly for active conduct of exempt activities		line 4 for each year listed					
activities. • Qualifying distributions made directly for active conduct of exempt activities. Subtract line 24 from line 24. •	d	Amounts included in line 2c not used					
e Qualifying distributions made directly for active conduct of exemple activities. Subtract line 2d from line 2c		directly for active conduct of exempt					
for active' conduct of exempt activities Subtract line 2d from line 2c							
Subtract line 2d from line 2c	е	, ,					
a Complete 3a, b, or of for the alternative test relied upon a "Assets" alternative test relied upon a "Assets" alternative test relied upon a "Assets" alternative test relied upon b "Gradownent" alternative test relied upon conders exection 9492(1)(3)(3)(4) b "Endownent" alternative test relied and see section 9492(1)(3)(3)(4) b "Endownent" alternative test relied (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or oyalties) . (2) Support from general public and 5 or more exempt organizations as provided in section 512(a)(5)), or oyalties) . (3) Largest another of same of section 512(a)(5)(b), or oyalties) . (4) Gross investment income  Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  1 Information Regarding foundation with a section 507(d)(2) )  See Additional Data Table b List any managers of the foundation will own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributed more than \$5,000 (See section 507(d)(2))  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributed more than \$5,000 (see section 507(d)(2))  5 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributed more than \$5,000 (see section 507(d)(2))  5 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributed more than \$5,000 (see section 507(d)(2))  5 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation on		•					
a Nasset's alternative test relied upon a Nasset's alternative test-enter (1) Value of all assets	3						
a "Assets" alternative test-enter (1) Value of all assets	•	· · · · · · · · · · · · · · · · · · ·					
(1) Value of all assets	а	·					
(2) Value of assets qualifying under section 4942()(3)(8)(b) b "Endowment" alternative test—enter 2/3 of minimum investment resturn shown in Part X, line 6 for each year listed	_						
under section 4942()(3)(8)(0)  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()(3)(8)(m)  (3) Largest amount of support from an exempt organization section 4942()(3)(8)(m)  (4) Gross investment income  Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  Information Regarding Poundation Managers a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section \$507(a)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ if the foundation any makes contributions to preselected chaintable organizations and does not accept unsolicited requests for funds if lithe foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMNY H AND JACQUELINE KOURI FOUNDA 613 N ARROUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  A ANY SERNERS REGANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, E		• •					
of minimum investment return shown in Part X, line 6 for each year listed		under section 4942(j)(3)(B)(i)					
Part X, line 6 for each year listed	D	•					
c "Support" alternative test—enter (1) Total support of the than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royaltres),							
investment income (interest, dividends, rents, payments on securities loans (section \$12(a)(5)), or royalties)	С	·					
investment income (interest, dividends, rents, payments on securities loans (section \$12(a)(5)), or royalties)		• •					
on securities loans (section 512(a)(5)), or royalties)		• • • • • • • • • • • • • • • • • • • •					
(2) Support from general public and \$ or more exempt organizations as provided in section 4942 (1)(3) (B)(in)							
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(8)(9)(m)		•					
and 5 or more exempt organizations as provided in section 4942()(3)(8)(iii),  (3) Largest amount of support from an exempt organization (4) Gross investment income  Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section \$507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY HAND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 638-3249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
organizations as provided in section 4942(i)(3)(8)(iii),							
section 4942(j)(3)(8)(iii)		·					
(a) Cargest amount of support from an exempt organization (b) Gross investment income  Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 6583-6249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NOME  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		- ·					
Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  1 Information Regarding Foundation Managers:  a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section \$07(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  Check here ▶ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)  Information Regarding Foundation Managers:  a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		from an exempt organization					
assets at any time during the year—see instructions.)  Information Regarding Foundation Managers:  a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCALTONAL AND THE							
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCALTONAL AND THE	Pa				e organization	had \$5,000 o	r more in
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  3 The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE				ructions.)			
before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))  See Additional Data Table  b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here				an 20% of the tota	Leontributions roc	aived by the found	ation
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY HAND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NO NE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE	a	before the close of any tax year (but only if the	ev have contributed	more than \$5.00	0) (See section 5(	07(d)(2))	ation
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:  Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		boloto the group of any tax year (but only if the	o,		o, (000 000 iii o	, , (4)(2) /	
<ul> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here</li></ul>		See Additional Data Table					
<ul> <li>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:         Check here</li></ul>		List any managers of the foundation who own 1	10% or more of the s	stock of a corpora	tion (or an equally	large portion of the	2
Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		, 3		•		g. F	
Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS. 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		Information Pegarding Contribution Grant G	ift Loan Scholarchi	n etc Brograms:			
unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d  a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE	_						
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
<ul> <li>a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA,KS 67206 (316) 683-8249</li> <li>b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED</li> <li>c Any submission deadlines NONE</li> <li>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors</li> <li>AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE</li> </ul>		·		ts, etc (see instri	uctions) to individu	iais or organizatior	is under
SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		other conditions, complete items 2a, b, c, and	ı u				
SAMMY H AND JACQUELINE KOURI FOUNDA 619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
619 N ARMOUR WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE	а	, , , , ,		ne person to whom	n applications shou	iid be addressed	
WICHITA, KS 67206 (316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE			DA				
(316) 683-8249  b The form in which applications should be submitted and information and materials they should include NO FORMS REQUIRED  c Any submission deadlines NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
<ul> <li>b The form in which applications should be submitted and information and materials they should include         NO FORMS REQUIRED</li> <li>c Any submission deadlines         NONE</li> <li>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other         factors         AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE</li> </ul>							
<ul> <li>NO FORMS REQUIRED</li> <li>A ny submission deadlines</li> <li>NO NE</li> <li>A ny restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors</li> <li>A WARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE</li> </ul>		,	muttad and inform - to	on and materials	-boy about dimatri		
<ul> <li>c Any submission deadlines         NONE     </li> <li>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors         AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE     </li> </ul>	D	• •	illitted and informati	on and materials t	iney snoula include	:	
NONE  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE							
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE	c	: Any submission deadlines					
factors AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE		NONE					
AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCAITONAL AND THE	d		ch as by geographica	al areas, charitabl	e fields, kinds of in	stitutions, or other	
PRINCIPALITY OF A DITECT OF A NUMBER OF DISTRICT OF THE PROPERTY OF A DOLVING FOR COUNTY AND INTO THE PROPERTY OF		AWARDS ARE GRANTED EXCLUSIVELY FO					

RESPONSIBLE FOR DETERMINING WHICH DESERVING STUDENTS WILL BE AWARDED THE SCHOLARSHIPS AND THEY WILL

DETERMINE THEIR OWN DEADLINES FOR APPLICATIONS

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid		proved for Fi	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	Тестристе		
Total			▶ 3a	18,345
<b>b</b> Approved for future payment	T			
Total			▶ 3b	

	s amounts unless otherwise indicated		isiness income	Excluded by section	1 512, 513, or 514	(e) Related or exempt
<b>1</b> Progran	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See
=						instructions )
<b>g</b> Fees	and contracts from government agencies					
3 Interes	ership dues and assessments					
	nds and interest from securities			14	4	1
	ntal income or (loss) from real estate					
	financed property ebt-financed property					
6 Netre	ntal income or (loss) from personal					
8 Gain o	nvestment income r (loss) from sales of assets other than					
	ory			+		
	profit or (loss) from sales of inventory					
<b>11</b> Other	evenue <b>a</b>					
е						
	al Add columns (b), (d), and (e)				4 13	41
	orksheet in line 13 instructions to verify	calculations )				<u></u>
Part XV						
Line No. ▼	Explain below how each activity for wh the accomplishment of the foundation's instructions )					
	1					

Part	XVII	Information Re Noncharitable				actions	and Re	elationships	With			
		rganızatıon dırectly or ı 01(c) of the Code (othe	ndirectly 6	engage in any of	the following with						Yes	No
org	anızat	ions?										
		from the reporting four			. 5							
									•	1a(1)		No
		rassets								1a(2)		No
		s of assets to a noncha	ritable exi	empt organizatio	n					1b(1)		No
		hases of assets from a								1b(2)		No
(3)	Rent	al of facilities, equipme	nt, or othe	erassets						1b(3)		No
(4)	Reim	bursement arrangemer	nts							1b(4)		No
(5)	Loan	s or loan guarantees.								1b(5)		No
(6)	Perfor	mance of services or m	embers hij	o or fundraising s	olicitations					1b(6)		No
	_	f facilities, equipment,	_							<b>1</b> c		No
of t	he god	wer to any of the above ds, other assets, or se nsaction or sharing arr	rvices giv	en by the reporti	ng foundation If	the found	dation red	ceived less than	ı faır marke	et value		
(a) Line	No	(b) Amount involved	(c) Name	of nonchantable exe	empt organization	( <b>d</b> ) De	escription of	transfers, transact	ions, and sha	ring arra	ngemer	nts
des	cribed No	ndation directly or indidential in section 501(c) of the complete the following (a) Name of organization	ne Code (d schedule	ther than section	•	n section			otion of relati		es	
				,								
				<u> </u>								
Sign	the	er penalties of perjury, best of my knowledge a rmation of which prepar	ind belief,	it is true, correct					n taxpayeı		sed on	all
Here	<b>│                                    </b>	*****			2017-03-03	- ) *	*****		return	he prepa		
	′	Signature of officer or t	rustee		Date	, 1	Title		(see ii	nstr)?	Yes [	Vо
		Print/Type preparer's DANIEL W LINDBE		Preparer's Sign	ature	Date	I	Check if self- employed ▶	PTIN P(	010602	295	
Paid Prepa Use	arer	Firm's name ► Hinkle Law Firm LLC					1	Firm's EIN ▶				
Only		Firm's address ► 1617 North Waterfron 67206	t Parkway	Suite Wichita, K	S		-	Phone no (316	) 267-200	00		

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

SAMMY H KOURI

JACQUELINE KOURI

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment									
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount					
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution						
<b>a</b> Paid during the year									
ST GEORGE ORTHODOX CHURCH 7515 E 13TH ST WICHITA,KS 67206	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	7,398					
WSU - ICAA 1845 FAIRMOUNT WICHITA,KS 67208	NONE	SCHOOL	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	1,000					
WICHITA CTR FOR THE ARTS 9112 E CENTRAL WICHITA,KS 67206	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	148					
ST ELIJAH ORTHODOX CHURC 2101 NW 16TH ST OKLAHOMA CITY,OK 73134	NONE	CHURCH	HONDURAS MISSION	100					
MUSIC THEATRE OF WICHITA CENTURY II WICHITA,KS 67202	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	1,509					
WICHITA CHILDRENS HOME 810 N HOLYOKE WICHITA,KS 67208	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	1,000					
ST RAPHEAL ORTH CHURCH 690 VILLA RD PALM SPRING,CA 92262	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	4,050					
NASR ORTHODOX FOUNDATION 14709 BRASSWOOD PKWY NORMAN,OK 73013	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	1,000					
WICHITA ART MUSEUM 1400 W MUSEUM BLVD WICHITA,KS 67203	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	1,000					
WICHITA ADVENTIST CHRISTIAN CHURCH 820 W 27TH ST SOUTH WICHITA,KS 67217	NONE	CHURCH	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	690					
ST MARY ORTHODOX CHRISTIAN CHURCH 344 S MARTINSON WICHITA,KS 67209	NONE	EOF	UNRESTRISTED SUPPORT FOR GENERAL OPERATIONS	100					
FOCUS NORTH AMERICA PO BOX 645039 PITTSBURGH,PA 15264	NONE	EOF	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	250					
REINS OF HOPE PO BOX 57 HUTCHINSON,KS 67504	NONE		UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS	100					
Total			▶ 3a	18,345					

efile GRAPHIC print - D	O NOT PROCESS	As	Filed Data -			DLN: 93491062008077
TY 2015 Accounting Fees Schedule						
	Name:	SAM	MY H AND JA	.CQUELI	NE KOURI FOUNDATI	ON
EIN:			48-1141441			
	Software ID:	1500	00324			
Software Version: 2015v3.0						
Category	Amount		Net Invest Incom		Adjusted Net Income	Disbursements for Charitable Purposes

2,595

2,595

HINKLE LAW FIRM, LLC

TY 2015 Other Expenses Schedule					
Na	ame: SAMMY H AI	ND JACQUELINE KO	DURI FOUNDATION		
	<b>EIN:</b> 48-1141441				
Software	<b>e ID:</b> 15000324				
Software Vers	sion: 2015v3.0				
Description	Revenue and Expenses	Net Investment	Adjusted Net Income	Dishursements for	

DLN: 93491062008077

	Software Version. 2013/3.0				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
SECRETARY OF STATE ANNUAL REPORT FEE	40	40			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491062008077			
TY 2015 Other Increases Schedule					
Name:	SAMMY H AND JACQUELINE KOURI FOUNDA	ATION			
EIN:	48-1141441				
Software ID:	15000324				
Software Version:	2015v3.0				
Des	Amount				

ROUNDING

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491062008077		
Schedule B		Schedu	ule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ Information ab	oout Schedule B (F	Form 990, 990-EZ, or 990-PF orm 990, 990-EZ, or 990-PF) : www.irs.gov/form990		2015		
Name of the organization		NDATION		Emp	loyer identification number		
- JACQU	CEINE ROOKI 1001			48-1	1141441		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	[ 501(c)( )	(enter number) org	ganization				
	T 4947(a)(1	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 politic	527 political organization					
Form 990-PF	<b>√</b> 501(c)(3)	exempt private fou	ndation				
	T 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3)	501(c)(3) taxable private foundation					
	-		that received, during the year ts I and II See instructions fo		g \$5,000 or more (in money or butor's total contributions		
under sections 5 received from ai	509(a)(1) and 170(b)(	1)(A)(vi), that chec ring the year, total		r 990-EZ), Part II, line			
during the year,		more than \$1,000 e			n any one contributor, iry, or educational purposes, or		
during the year, this box is check purpose Do not	contributions <i>exclusi</i> ked, enter here the tot complete any of the p	vely for religious, cl al contributions that parts unless the <b>Ge</b>	or (10) filing Form 990 or 990- haritable, etc., purposes, but it were received during the yeareral <b>Rule</b> applies to this or more during the year	no such contributions ear for an exclusively ganization because it	s totaled more than \$1,000 lf y religious, charitable, etc , received <i>nonexclusively</i>		
990-EZ, or 990-PF), but	ıt <b>m ust</b> answ er "No"	on Part IV, line 2, o	e and/or the Special Rules do f its Form 990, or check the k loes not meet the filing require	oox on line H of its			

Name of organization
SAMMY H AND JACQUELINE KOURI FOUNDATION

Employer identification number 48-1141441

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional spa	ice is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person    √
	SAMMY H KOURI 619 N ARMOUR	\$ 29,000	Payroll
	WICHITA, KS67206	323,000	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_   s	Payroll
		1	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_   \$	Payroll
		-	Noncash
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		_ _ _	Payroll
		-	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		<u> </u>	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
		<u> </u>	Noncash —
			(Complete Part II for noncash contributions)

SAMMY HAND JACQUELINE KOURI FOUNDATION

Employer identification number

		40-1141441	
2014411	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(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)	(b)	(c) FMV (or estimate)	(d)
No.from Part I	Description of noncash property given	(see instructions)	Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form 9	90, 990-EZ, or 990-PF) (2