Form **990-PF**

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

OMB No 1545-0052

2016

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990.pf.

pen to Public Inspection

					
	lendar year 2016 or tax year beginning	Dec 7 , 2016	, and ending D	ec 31 , 2016	
	foundation	EQUINDAMA ON		A Employer identification nu	ımber
Numberar	STIAN BROTHERS AUTOMOTIVE and street (or P 0 box number if mail is not delivered to s	reet address)	Room/suite	81-6993312 B Telephone number (see ins	ructions)
17725	5 KATY FWY		200	(936) 539-10	
	wn, state or province, country, and ZIP or foreign postal of			C If exemplies emplication is	pending, check here
HOUST			77094	C If exemption application is	pending, check here.
G Che	eck all that apply: X Initial return	Initial return of a form	er public charity	D 1 Foreign organizations, ch	eck here · · · · · ▶
	Final return	Amended return		6 Foreign progrigations mo	Line the OEO/ test shock
	Address change	Name change		2 Foreign organizations me here and altach computat	lon
H Che		501(c)(3) exempt private fo)]	
	Section 4947(a)(1) nonexempt charitable			E If private foundation statu under section 507(b)(1)(A	
	market value of all assets at end of year m Part II, column (c), line 16)	Accounting method. X	Cash	dider section 507(b)(1)(A	y, check here i
(11011 ► \$		Other (specify)		F If the foundation is in a 60	-month termination
		rt T, column (d) must be on	casn basis.)	under section 507(b)(1)(B), check here · · · ·
Part I		(a) Revenue and	(b) Net investme	nt (c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces sarily equal the amounts in column (a) (see instructions))		income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received (attach schedule	100,100.			
	2 Check Lift the foundation is not required to attach	ch B			
ł	3 Interest on savings and temporary cash investments		}		
ł	4 Dividends and interest from securities • • • • • • • • • • • • • • • • • • •		 		
	5 a Gross rents		 		
	b Net rental income or (loss) · · · ·		 		
R	6 a Net gain or (loss) from sale of assets not on line 10		 		
R E V	b Gross sales price for all assets on line 6a		1		
Y E	7 Capital gain net income (from Part IV, line.2)				
E N	8 Net short-term capital gain ?				
()E	9 Income modifications	J ,			
3.2	10 a Gross sales less		Ì	ļ	}
23	allowances . The NAR O 231		 		
\mathcal{L}	goods sold			- 	<u> </u>
	11 Other income (attach schedule)		 		
	11 Other income (attach schedule)				ļ
V.	12 Total. Add lines 1 through 11	100,101.		- 	
2 7	13 Compensation of officers, directors, trustees, et		 		
ex:	14 Other employee salaries and wages		<u> </u>	····	
⊜	15 Pension plans, employee benefits		 		1
<u>1≥ A</u>	16 a Legal fees (attach schedule)				
9j0 -×-	b Accounting fees (attach sch)				
N N	C Other professional fees (attach sch)				Ţ -
P	17 Interest	• •			
P S	18 Taxes (attach schedule)(see instrs)	• •			
ERAT	19 Depreciation (attach		1		
- i i i	schedule) and depletion		 		
N P	21 Travel, conferences, and meetings		 		
A E	22 Printing and publications		+		
N X D P	23 Other expenses (attach schedule)		1		
E N	BANK FI	ES5.			
S	24 Total operating and administrative				
S	expenses. Add lines 13 through 23 · · · ·				
	25 Contributions, gifts, grants paid		 		
	26 Total expenses and disbursements. Add lines 24 and 25 · · · · · · · ·	5.	}	a a constant	}
	27 Subtract line 26 from line 12.		+		+
	a Excess of revenue over expenses		1		1
	and disbursements	100,096.	1		<u> </u>
	D Net Investment Income (if negative, enter -0-)				

Cash - non-interest-braning 2 Savings and temporary cash investments 3 Accounts receivable Less allowance for doubtful accounts 4 Peloges receivable Less allowance for doubtful accounts 5 Grants receivable Cash Receivable design on illices, directes, trustes, and other dispatible person (state schedule) results discounts 5 Grants receivable 6 Receivables due from inflices, directes, trustes, and other dispatible person (state schedule) (see instructions) 7 Other ness and isses receivable Less allowance for doubtful accounts 8 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 10 Investments — U.S. and state government obligations (states chedule) b investments — U.S. and state government obligations (states chedule) c investments — composite boxic schedule) c investments — composite composite boxic schedule) c	Part	H	Balance Sheets (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
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Foundations that follow SFAS 117, check here	S	23	Total liabilities (add lines 17 through 22)	Į.		
25 Temporarily restricted			Foundations that follow SFAS 117, check here X			
25 Temporarily restricted	NF	24	Unrestricted		100,096.]
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S N C C 29 Retained earnings, accumulated income, endowment, or other funds	ĔÛ	27				
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RS 30 Total net assets or fund balances (see instructions)	C					1
31 Total liabilities and net assets/fund balances (see instructions)	RS		-		100,096.	į
Part 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 agree with end-of-year figure reported on prior year's return)		31	Total liabilities and net assets/fund balances]
1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	Pari	- 111			100,090.	<u> </u>
end-of-year figure reported on prior year's return)						Ţ
2 Enter amount from Part I, line 27a		end-	of-year figure reported on prior year's return)		1	
3 Other Increases not included in line 2 (Itemize) >						100,096.
					<u> </u>	L
	4	Add	lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·		100,096.
5 Decreases not included in line 2 (Itemize)	5	Decre	eases not included in line 2 (Itemize)		5	
	6	Tota.	net assets or fund balances at end of year (line 4 minus line 5) - P	art II, column (b), line 30	6	100,096.

Par		osses for Tax on Investmer					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) (b) How acquire P — Purchas D — Donation						(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a							
t)						
							·
	<u> </u>						
e	·						L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (e) plus (f) mil	(loss) nus (g)
a							
b							
d							
е							
	Complete only for assets showing	ig gain in column (h) and owned by th	e foundation on 12/31/69			(I) Gains (Col	(h)
	(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		g th:	ain minus cot (k), bu an -0-) or Losses (fro	ut not less om col (h))
а							
b							
d					•		
e							
2	Capital gain net income or (net c	capital loss) If gain, also if (loss), enter	enter in Part I, line 7 er -0- in Part I, line 7		2		
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an	_	Ţ			
	If gain, also enter in Part I, line 8 in Part I, line 8 in	d, column (c) (see instructions). If (loss	s), enter -0-		3		
Par		Section 4940(e) for Reduce		ent Inco	me	·	
		foundations subject to the section 494					
	•	•	• •	•			
it sec	ction 4940(d)(2) applies, leave this	s part blank					
Was	the foundation liable for the section	on 4942 tax on the distributable amou	int of any year in the base p	eriod?		∏Yes	∏No
If 'Ye	s,' the foundation does not qualify	y under section 4940(e) Do not comp	lete this part			ч	
1		each column for each year, see the ii		ny entries			
	(a)	(b) Adjusted qualifying distributions	(c) Net value of	Ī	_	(d) Distribution	ratio
	Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	noncharitable-use ass	ets		(col. (b) divided	
	2015		 				<u> </u>
	2014	· · · · - · · · · · · · · · · · · · · ·					
	2013						
	2012						
	2011						
	Total of line 1, column (d)				2		
3	. , ,	5-year base period - divide the total		ţ			
·	number of years the foundation	has been in existence if less than 5 years	ears		3	<u> </u>	
4	Enter the net value of nonchanta	able-use assets for 2016 from Part X,	line 5		4		
5	Multiply line 4 by line 3				5_		
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6_		
7	Add lines 5 and 6				7_		
8	Enter qualifying distributions from	m Part XII, line 4			8		
•	, , , , , , , , , , , , , , , , , , , ,	• -	e 1b, and complete that part	L			

Form	990-PF (2016) CHRISTIAN BROTHERS AUTOMOTIVE FOUNDATION	81-6993312		Pa	age 4
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	 see instruction 	is)_		
1 a	Exempt operating foundations described in section 4940(d)(2), check here I and enter 'N/A' on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary — see instructions)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V,	- · · 1			
	check here - and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
_	foundations only. Others enter -0-)				
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5	بنديدات		0.
6	Credits/Payments				
	2016 estimated tax pmts and 2015 overpayment credited to 2016				
	Exempt foreign organizations — tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)	0.			
_	Backup withholding erroneously withheld	7			0
7 8	Total credits and payments Add lines 6a through 6d				0.
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	• • • • • • • • • • • • • • • • • • • •			0.
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded				
	Statements Regarding Activities	• • • • • • •			 -
				Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 b		X_
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials pub or distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		1 c		X
	(1) On the foundation · · · ▶ \$ (2) On foundation managers · · · · ▶ \$				
E	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers ► \$	n			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • • • • • • • •	2		X
	If 'Yes,' attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	i			
_	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		<u>X</u> _
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
e	If 'Yes,' attach the statement required by General Instruction T.				
Ū	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that co with the state law remain in the governing instrument?	nflict	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV			$\frac{\lambda}{x}$	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	TEXAS				
۲	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
•	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete	4942(_I)(5) Part XIV	9		× λ
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name addresses	ames	10	y	

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Form 990-PF (2016)

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<u>Pa</u>	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	Yes	No X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .	13	Х	
14	Website address PENDING The books are in care of CHRISTIAN BROTHERS AUTOMOTIVE CORPORATION Telephone no	72017 675		
1-4		<u> </u>	-010	<u>-</u>
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		Yes	Na
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	162	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pa	Statements Regarding Activities for Which Form 4720 May Be Required		,	
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 :	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?	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	XNo		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No	{ 	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	XNo		
	(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.)	⊠No		
١	b If any answer is 'Yes' to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			
	Organizations relying on a current notice regarding disaster assistance check here			
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
i	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	XNo		
	If 'Yes,' list the years ▶ 20 , 20 , 20			,
1	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)	2 b		
•	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, 20			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business			
•	enterprise at any time during the year?	X No		
1	b If 'Yes,' did it have excess business holdings in 2016 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 2016.)	2 h		
4 :	a Did the foundation invest during the year any amount in a manner that would jeopardize its			<u> </u>
	charitable purposes?	4 a		X
İ	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 tay year heginning in 20162	A F	.1	l v

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Form 990-PF (2016)

Part VIIIB Statements Regarding Activiti		4720 May Be Req	uired (continued)						
5 a During the year did the foundation pay or incur a	•		п., п						
(1) Carry on propaganda, or otherwise attempt to	o influence legislation (se	ection 4945(e))?	· · · · Yes X	No Series					
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?									
			···· [] res [X]	NO I					
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions) .			· · · · Yes X	No					
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	of cruelty to children or ar	nimals?		No No					
b If any answer is 'Yes' to 5a(1)—(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	• • • • • • • • • • •	<i></i>	<u></u>	5 b					
Organizations relying on a current notice regarding	ng disaster assistance ch	eck here							
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	lity for the grant?		· · · · Yes	No					
If 'Yes,' attach the statement required by Regulat	ions section 53.4945—5('d).							
6 a Did the foundation, during the year, receive any f on a personal benefit contract?			· · · · Yes X	No III					
b Did the foundation, during the year, pay premium If Yes' to 6b, file Form 8870.	s, directly or indirectly, o	n a personal benefit con	tract?	6b X					
7 a At any time during the tax year, was the foundation									
b If Yes,' did the foundation receive any proceeds									
<u>RartVIII</u> Information About Officers, D and Contractors	irectors, Trustees, 	Foundation Manag	gers, Highly Paid E 	Employees,					
1 List all officers, directors, trustees, foundation									
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances					
MARK CARR 17725 KATY FWY, STE 200 HOUSTON TX 77094	TRUSTEE 0.25	0.	0.	_ 0.					
ZACH BYNUM									
17725 KATY FWY, STE 200 HOUSTON TX 77094	MANAGER 1.00	0.	0.	0.					
	•								
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 — see ir	structions). If none, e	nter 'NONE.'					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances					
NONE			compensation						
									
				-					
Total number of other employees paid over \$50,000 .				None					
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81-6993312

Form 990-PF (2016) CHRISTIAN BROTHERS AUTOMOTIVE FOUNDATION

Form 990-PF (2016) CHRISTIAN BROTHERS AUTOMOTIVE FOUNDATION	81-6993312	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	igers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see instructions). If	none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) To	ype of service (c) C	ompensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u></u>	None
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four targest direct charitable activities during the tax year. Include relevant statistical information such as organizations and other beneficiaries served, conferences convened, research papers produced, etc.	the number of E	Expenses
1		
2		
3		
4		<u></u>
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1		
2		
All other program-related investments. See instructions 3		
Total. Add lines 1 through 3		
BAA		n 990-PF (2016)

For	n 990-PF (2016) CHRISTIAN BROTHERS AUTOMOTIVE FOUNDATION	81-6993312	Page 8
<u>Pa</u>	Minimum Investment Return (All domestic foundations must complete this part. Fine see instructions.)	oreign foundations,	-
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities	1a	
	b Average of monthly cash balances	1b	
	c Fair market value of all other assets (see instructions)		
	d Total (add lines 1a, b, and c)		
	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	0.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3		-
	(for greater amount, see instructions)		0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		0.
_6	Minimum investment return. Enter 5% of line 5	6	0.
Pa	rt:XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here □ and do not complete this part.	ating foundations)	
1	Minimum investment return from Part X, line 6	1	0.
2	a Tax on investment income for 2016 from Part VI, line 5	0.	
	b Income tax for 2016. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2 с	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	0.
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Pā	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26		
	Program-related investments — total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required)	###	
	Cash distribution test (attach the required schedule)		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	0.
			<u>~</u>

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4

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Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only				
b Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2016				
a From 2011		1		(
b From 2012				
c From 2013 d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from Part				
XII, line 4. S				
a Applied to 2015, but not more than line 2a · · ·				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus [0.			
5 Excess distributions carryover applied to 2016				
(If an amount appears in column (d), the same amount must be shown in column (a).)	j			
	İ	i		
6 Enter the net total of each column as	I			
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
C Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount – see instructions	 	0.		
e Undistributed income for 2015 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2016. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8 Excess distributions carryover from 2011 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012 0 .				
b Excess from 2013 0.				
C Excess from 2014 0 .			i	
d Excess from 2015 0.				
e Excess from 2016 0.				

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Form 990-PF (2016) CHRISTIAN BROTHE	RS AUTOMOTIV	E_FOUNDATION		81-6993312	Page 10
Part XIV割 Private Operating Founda					N/A
1 a If the foundation has received a ruling or de is effective for 2016, enter the date of the ru	termination letter that	t it is a private opera	ting foundation, and	the ruling	
b Check box to indicate whether the foundation	on is a private operati	ng foundation descri	bed in section	4942(j)(3) or	/ 4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013/	
each year listed	 	 	 		
c Qualifying distributions from Part XII,	 	 	 		
line 4 for each year listed				/	
d Amounts included in line 2c not used directly for active conduct of exempt activities			<i>j</i> '		
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon.		ţ			
a 'Assets' alternative test - enter					
(1) Value of all assets	 	· //	 		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	 				
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	/		 		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information	(Complete this	part only if the	foundation had	\$5,000 or more	in
assets at any time during the 1 Information Regarding Foundation Mana		structions.)			
List any managers of the foundation who had close of any tax year (but only if they have only if	ve contributed more	than 2% of the total 1 \$5,000). (See secti	contributions receive on 507(d)(2))	d by the foundation b	pefore the
b List any managers of the foundation who ov	vn 10% or more of the	e stock of a corporat	ion (or an equally lar	ge portion of the owr	nership of
a partnership or other entity) of which the fo N/A	undation has a 10%	or greater interest.		•	·
2 Information Regarding Contribution, Gra	nt Gift Loan Scho	larshin etc. Progr	ame:		
Check here In the foundation only makes requests for funds. If the foundation makes complete items 2a, b, c, and d	akes contributions to	preselected charital	ble organizations and	I does not accept unsons under other cond	solicited litions,
a The name, address, and telephone number ZACH BYNUM	or e-mail address of	the person to whom	applications should	be addressed	
17725 KATY FREEWAY, SUITE	200				
HOUSTON	TX 7709		1) 675-6100	zbynum@cba	c.com
b The form in which applications should be su SEE ATTACHED	omitted and informat	ion and materials th	ey should include:		
c Any submission deadlines: NONE					
d Any restrictions or limitations on awards, su NONE	ch as by geographica	al areas, charitable f	ields, kinds of institut	ions, or other factors	
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3 Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient								
	any foundation manager	status of recipient	Purpose of grant or contribution	Amount						
Name and address (home or business)	or substantial contributor	100.0111								
a Paid during the year										
			1							
		-	i							
		1								
]									
		1	\							
	· ·									
			<u> </u>							
Total			<u> </u>							
b Approved for future payment	·····	1		<u> </u>						
2. apriored for fatalo payment										
	1		}							
	1									
	1		}							
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				1						
		<u> </u>	1							
Total	· · · · · · · · · · · · · · · · · · ·			b						

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Part XVI-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (e) (a) (b) (d) (c) Related or exempt **Business** Amount Exclu-Amount function income sion code (See instructions) code Program service revenue h g Fees and contracts from government agencies . . 2 Membership dues and assessments Interest on savings and temporary cash investments 41 Dividends and interest from securities Net rental income or (loss) from real estate b Not debt-financed property Net rental income or (loss) from personal property 7 Gain or (loss) from sales of assets other than inventory . . . Net income or (loss) from special events Gross profit or (loss) from sales of inventory . . . Other revenue: Subtotal Add columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

4 0									1	Yes	No
1 D	ila the a escribe	rganization directly in section 501(c)	y or indirectly eng of the Code (oth	age in any of the	tollowing with an	iy other organ	iization ction 527		15.5	4	1
re	elating t	o political organiza	tions?	or than section se	ricion organizat	10115) 01 111 50	clion 327,		AN PERSON	The Sales of	
	_	from the reporting		nonchantable exe	empt organization	n of:				1.	1 3 2 3 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		•	-		. •				1 a (1)	-44	X
_	-										X
	•	nsactions:							1,10	7	1 1
_			ncharitable exem	ot organization.					1 b (1)		X
				. •						-	X
		-	-								X
							• • • • • • • • • •				X
											X
				-			• • • • • • • • • • • • • • • • • • • •				X
c S	haring o	of facilities, equipm	nent, mailing lists,	other assets, or	paid employees.				1 c		X
th	ie good	s, other assets, or	services given by	the reporting fou	indation. If the fo	undation rece	ild always show the f erved less than fair m ssets, or services red	arket value	alue of in		
(a) Line		(b) Amount involved		of noncharitable exer			cription of transfers, trans		haring arran	gement	<u> </u>
		(-,	(-)		, , , , , , , , , , , , , , , , , , ,	1 (4, 53.			3	3	
	_			· · · · · ·							
			 								
						 					
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		 				<u> </u>					
						 					
					 	 					
						<u> </u>					
d	escribe		of the Code (other	ed with, or related er than section 50	to, one or more 01(c)(3)) or in sec	tax-exempt o	rganizations		. Yes	s X	No
b If		omplete the follow					·····				
	(a)	Name of organiza	tion	(b) Type	of organization		(c) Descrip	tion of relat	ionship		
			1		 						
			<u> </u>								
	-										
	Under p	enalties of perjury, I decl	are that I have examin	ed this return, including	accompanying sched	ules and stateme	nts, and to the best of my k	nowledge and b	elief, it is true	,	
Sign	соггест,	and complete Declarate	x et preparer (ouner un	an taxpayer) is based (on all information of wr	iich preparer nas	any knowleage		Man de a	IDC 3	
Here	//				. /				May the this retur	m with th	10
					2.23-19	TRU	STEE			shown to	
	Signat	ure of officer or trustee			Date	Title				Yes	No
		Print/Type preparer's r	name	Preparer	s grature	Di	ite / Chec	k X if	PTIN		
Paid		GERALD L.	SIMPSON, C	PA	wald KH	ans T	7 /- //6	employed	P0018	3657	
		Firm's name	GERALD L.	**	CPA	/ '	Firm's EIN	I ► 52_1	816440		
Prepa		Firm's address			SEH.	<u> </u>	7 1111 3 C.11	·	010440		
Use C	niy	i iiii o duuloss	1919 LONG	TKE KD		mu 0000	Chan	1000	\ E20	1026	,
		1	CONROE		· · · · · · · · · · · · · · · · · · ·	TX 7730	Phone no	(936			
BAA									Form 99	/0-PF ((2016)

Schedule B (Form 990, 990-EZ, or 990-PF) .

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

HEND OF THE ORBITATION		Employer identification fidinger		
CHRISTIAN BROTHERS AUTOMOTIVE	FOUNDATION	81-6993312		
Organization type (check one).				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
	- Joz. pomical organization			
orm 990-PF X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private	foundation		
	501(c)(3) taxable private foundation			
Check if your organization is covered by the Gene	ral Rule or a Special Rule.			
Note. Only a section 501(c)(7), (8), or (10) organiz	ation can check boxes for both the General Rule and a Special	Rule See instructions		
General Rule				
X For an organization filing Form 990, 990-EZ, o	g 990-PF that received, during the year, contributions totaling \$	5,000 or more (in money or		
property) from any one contributor. Complete i	Parts I and II See instructions for determining a contributor's to	ial contributions.		
Special Rules				
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations				
under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i)				
Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor,				
during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational				
purposes, or for the prevention of cruelty to ch	lidren or animals. Complete Parts I, II, and III.			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
during the year, contributions exclusively for re	e)(7), (8), or (10) filing Form 990 or 990-EZ that received from a eligious, charitable, etc , purposes, but no such contributions tot	aled more than		
\$1,000 If this box is checked, enter here the to	otal contributions that were received during the year for an exclu	usively religious,		
	of the parts unless the General Rule applies to this organization			
it received nonexclusively religious, charitable,	etc , contributions totaling \$5,000 or more during the year			
Caution. An organization that isn't covered by the	General Rule and/or the Special Rules doesn't file Schedule B	(Form 990, 990-FZ or		
990-PF), but it must answer 'No' on Part IV, line 2	, of its Form 990, or check the box on line H of its Form 990-EZ	or on its Form 990-PF,		
Part I, line 2, to certify that it doesn't meet the filing	requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

Contributions Person Payroll Noncash Noncash Noncash Person Payroll Noncash Person Payroll Person Payroll Person Payroll Person Payroll Person Payroll Noncash Noncash Noncash Noncash Noncash Noncash Noncash Person Payroll Noncash Person Payroll Noncash Noncash Noncash Person Payroll Person Payroll Person Payroll Noncash		B (Pomi 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Pan
Number Name, address, and ZIP + 4 Total contributions	_			
Christian Brothers Automotive Corporation Person Payroll Noncash Payroll Payroll Noncash N	Partil	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
1725_KATY_FREMAY_SUITE_200	(a) Number	(b) Name, address, and ZIP + 4		(d) Type of contribution
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Payroll	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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Payroll Noncash Complete Part II for noncash contributions	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number			- - - -	Payroll Noncash Complete Part II for
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Contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) Number Name, address, and ZIP + 4 Person Total contributions Person Payroll Total Contributions Person Payroll Payroll Noncash (Complete Part II for noncash Contributions)			- -\$	Payroll Noncash (Complete Part II for
Payroll Noncash	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
contributions Person Payroll Noncash (Complete Part II for			- - - -	Payroll Noncash Complete Part II for
Payroll Noncash (Complete Part II for	(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			- \$	Payroll