Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FAYEZ SAROFIM & CO. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/13/1963

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
FAYEZ SAROFIM & CO.

P.O. BOX 52830
HOUSTON, TX 77052-2830

2b Employer Identification Number (EIN) 74-1312679

2c Plan Sponsor's telephone number 713-654-4484

2d Business code (see instructions) 523900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/08/2017	JOHN M RATCLIFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	127
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	127
a(2) Total number of active participants at the end of the plan year	**6a(2)**	126
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	2
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	128
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	128
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan FAYEZ SAROFIM & CO. PROFIT SHARING PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FAYEZ SAROFIM & CO.	**D** Employer Identification Number (EIN) 74-1312679

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GLOBE TAX SERVICES INC

13-3647361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72	NONE	4846	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

BANK OF NEW YORK MELLON CORPORATION

ONE WALL STREET
NEW YORK, NY 10286

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72	NONE	1353	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

GOLDMAN SACHS & CO

200 WEST STREET
NEW YORK, NY 10282

13-5108880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
71	NONE	23992	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
FAYEZ SAROFIM & CO. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FAYEZ SAROFIM & CO.

D Employer Identification Number (EIN)
74-1312679

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	146811	202746
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	135047	264540
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	835080	1168162
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	167811251	174513458
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	168928189	176148906
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	168928189	176148906

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	3784395	
	(B) Participants	**2a(1)(B)**		
	(C) Others (including rollovers)	**2a(1)(C)**		
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		3784395
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	5461	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**		
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		5461
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	5452990	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		5452990
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	7197424	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	1708807	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		5488617
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	4859177	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		4859177

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		19590640
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12369923	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		12369923
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		12369923
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		7220717
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PANNELL KERR FORSTER OF TEXAS, PC **(2)** EIN: 76-0356844

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

Fayez Sarofim & Co.
Profit Sharing Plan

Financial Statements and Supplemental Schedule

Modified Cash Basis

December 31, 2016

Fayez Sarofim & Co. Profit Sharing Plan

December 31, 2016

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Schedules not filed herein are omitted because of the absence of conditions under which they are required.

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Fayez Sarofim & Co. Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Fayez Sarofim & Co. Profit Sharing Plan (the "Plan"), which comprise the statements of net assets available for benefits-modified cash basis as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits-modified cash basis for the years then ended, and the related notes to financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2016 and 2015 and the changes in its net assets available for benefits for the years then ended in accordance with the basis of accounting described in Note 1.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on a modified cash basis of accounting which is a basis of accounting other than U.S. generally accepted accounting principles. Our opinion is not modified with respect to that matter.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedule, Schedule H, line 4i – Schedule of Assets Held at End of Year – Modified Cash Basis as of December 31, 2016, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Pannell Kerr Forster of Texas, P.C.

August 2, 2017

Fayez Sarofim & Co. Profit Sharing Plan

Statements of Net Assets Available for Benefits – Modified Cash Basis

	December 31,	
	2016	2015
Assets		
Investments at fair value		
Common stock	$ 174,513,458	$ 167,811,251
Total investments at fair value	174,513,458	167,811,251
Receivables		
Contribution due from employers	202,746	146,811
Other	264,540	135,047
Total receivables	467,286	281,858
Cash and cash equivalents	1,168,162	835,080
Total assets	176,148,906	168,928,189
Liabilities		
Total liabilities	-	-
Net assets available for benefits	$ 176,148,906	$ 168,928,189

See notes to financial statements.

Fayez Sarofim & Co. Profit Sharing Plan

Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis

	Year Ended December 31,	
	2016	2015
Additions to net assets		
Investment income		
Dividends	$ 5,452,990	$ 5,354,242
Net appreciation in fair value of investments	10,347,794	-
Interest	5,461	3,248
Total investment income	15,806,245	5,357,490
Contributions		
Employer contributions	3,784,395	3,758,811
Total contributions	3,784,395	3,758,811
Total additions	19,590,640	9,116,301
Deductions from net assets		
Vested interest distributions	12,369,923	15,663,203
Net depreciation in fair value of investments	-	3,029,215
Total deductions	12,369,923	18,692,418
Net increase (decrease) in net assets available for benefits	7,220,717	(9,576,117)
Net assets available for benefits, beginning of year	168,928,189	178,504,306
Net assets available for benefits, end of year	$ 176,148,906	$ 168,928,189

See notes to financial statements.

Fayez Sarofim & Co. Profit Sharing Plan

Notes to Financial Statements

December 31, 2016

Note 1 - Significant Accounting Policies

Basis of accounting

The books and records of the Fayez Sarofim & Co. Profit Sharing Plan (the "Plan") are maintained on the modified cash basis of accounting and its financial statements and supplemental schedule are prepared on the same basis of accounting. Under this method, income is recorded when received rather than when earned and contributions to be made by the employing companies (sponsors) are accrued at year-end. Vested interest distributions are recorded when paid.

Determination of realized and unrealized gain or loss on investments

Unrealized appreciation or depreciation in the fair value of investments held at year-end is determined using the fair value at the beginning of the year or the purchase price if the investment is acquired during the year. The realized gain or loss on the sale of investments is determined using historical cost. Upon the sale of an investment, the current year unrealized appreciation or depreciation is adjusted for unrealized gain or losses recognized in prior years. Unrealized appreciation or depreciation and realized gains or losses are reported as net appreciation or depreciation in fair value of investments in the statements of changes in net assets available for benefits.

Valuation of Plan assets

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Use of estimates

The preparation of financial statements, in conformity with the modified cash basis of accounting, requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note 2 - Description of the Plan

General

The description of the Plan noted below provides only general information. Employees should refer to the summary plan description pamphlet for a more complete description of the Plan's provisions. Copies of the pamphlet are available from the Plan administrator's office.

The Plan is a defined contribution plan covering all employees of Fayez Sarofim and Co. (the "Company") and other entities owned and controlled. Employees automatically become participants on January 1st immediately following their date of employment. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Note 2 - Description of the Plan (Continued)

Contributions

During the calendar years ending 2016 and 2015, the Company contributed an amount which, when added to the forfeitures, if available, was equal to 25% of compensation paid to all eligible participants for all entities of the Company except for Sarofim Realty Advisors Co. which was paid 10% of compensation for calendar years ending 2016 and 2015. Compensation taken into account for purposes of the Plan cannot exceed an indexed dollar amount per individual per year ($265,000 for both 2016 and 2015). Furthermore, the total amount of the Company contributions (and forfeitures) allocated in any year on behalf of a participant under this plan cannot exceed the lesser of $53,000 in 2016 and 2015 (as adjusted for cost-of living increases) or 25% of compensation. All contributions are placed in a trust fund to be invested for the exclusive benefit of the participants. Participants are not allowed to contribute to the Plan.

Participant accounts

Each participant's account is credited with an allocation of the Company's contributions, Plan earnings/losses, and forfeitures of non-vested accounts of terminated participants. Allocations of Company contributions and participant forfeitures are determined by dividing the total compensation each participant received during the Plan year by the total compensation received by all Plan participants during the Plan year. Allocations of investment income/loss and investment appreciation/depreciation are determined by dividing the participant's account value on the preceding valuation date by the total participants' account values on the preceding valuation date. All investments held in the Plan are non-participant directed.

Vested interest distributions and vesting schedule

Participants are vested in their accounts based on years of vesting service. One year of vesting service requires completion of 1,000 hours of service. A participant is 20% vested after two years of service and vests 20% each year thereafter until fully vested.

Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of the account, annual installment payments over a 20-year period, or a commercial life annuity.

Upon attaining the age of 59 ½ years, a participant who has participated in the Plan for at least 60 cumulative months may withdraw from his or her profit sharing account an amount not to exceed the value of such account. Amounts accumulated in the Pension Plan (which was merged into the Profit Sharing Plan in 2003) may not be distributed until termination of service. Annual required minimum distributions are necessary for participants over the age of 70 ½ or if later, the year in which they retire. If the account owner is a 5% owner who has reached age 70 ½, they are required to take a distribution regardless of whether they are retired.

Forfeitures

If a participant terminates employment before having a fully vested interest in their account and is either 0% vested or received a distribution, the non-vested balance of the account will be forfeited.

Note 2 - Description of the Plan (Continued)

Forfeitures (continued)

Forfeitures are retained in the Plan and are used to first restore the forfeited amount of a terminated participant if he is reemployed prior to incurring a five consecutive year break in service assuming the participant repays the amount so distributed to him from the Plan within five years from the date the participant is reemployed. A reemployed participant, who had a 0% vested interest on their date of termination of employment, shall be considered to have repaid a distribution of zero dollars on the date of their reemployment. Any remaining forfeitures are used to offset the Company's contribution. No forfeitures were used to restore participant accounts during 2016 and 2015. There were no forfeitures used to reduce the Company contribution in 2016. During 2015, forfeitures used to reduce the Company contribution was $31,649. As of December 31, 2016 and 2015, there were no forfeitures that remained in the Plan.

Trustee

The Plan is administered by a committee of at least three members appointed by the directors of the sponsoring companies. A trust has been established to hold and invest employers' contributions and income thereon. Generally, the trust holds, manages, controls, invests, and disposes of the trust fund assets, subject to certain investment limitations in "qualifying securities," as defined in the Plan. Sarofim Trust Co. became as trustee of the Plan on February 1, 2014.

Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants become 100% vested in their accounts.

Note 3 - Fair Value Measurements

The Plan uses a three-level hierarchy for grouping assets and liabilities, based on the significance of inputs. The hierarchy of fair value measurements is described below:

- Level 1 - quoted prices in active markets for identical assets or liabilities;
- Level 2 - inputs other than level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of these assets or liabilities; or
- Level 3 - unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 3 - Fair Value Measurements (Continued)

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, while the valuation method is considered appropriate and consistent with other market participants, the use of a different methodology or assumption to determine the fair value of the financial instruments could result in a different fair value measurement at the reporting date.

The common stock traded on the New York or NASDAQ Stock Exchanges are valued at the closing market price, while those traded over-the-counter, if any, are valued at the closing bid price. The common stocks as of December 31, 2016 and 2015 were valued at level 1.

Note 4 - Plan Administration Cost

The Company has elected to pay expenses related to the administration of the Plan.

Note 5 - Other Employing Companies

Corporations, associations or partnerships owned or controlled completely by Fayez Sarofim & Co. are part of the Plan. For purposes of the Internal Revenue Code ("IRC"), the Plan, as adopted by all employing companies, is a single plan. All assets in the Plan are available to pay benefits to all participants and their beneficiaries.

Note 6 - Income Tax Status

The Internal Revenue Service ("IRS"), in a determination letter dated May 7, 2015, has ruled that the Plan qualifies under Section 401(a) of the IRC and, therefore, not subject to tax under present income tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualifications. The Plan was amended and restated in its entirety effective January 1, 2014. The Administrative Committee of the Plan is not aware of any action or event that has occurred that might affect the Plan's qualified status. Fayez Sarofim & Co. Profit Sharing Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Top Heavy Status

The Plan is considered to be a top-heavy plan, as defined in the IRC, and therefore has vesting requirements and must provide minimum contributions for all participants.

Note 8 - Financial Instruments and Credit Risk

Financial instruments, which potentially subject the Plan to credit risk, include investments in common stock. Investment securities are exposed to various risks, such as interest rate, market, concentration and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statement of net assets available for benefits. Plan participants bear the risk of any Plan investment losses.

Note 9 - Subsequent Events

Management has evaluated subsequent events as of August 2, 2017, which was the date the financial statements were available to be issued, and has determined that there are no subsequent events to be reported.

Supplemental Schedule

Fayez Sarofim & Co. Profit Sharing Plan
EIN 74-1312679/001

Schedule H, line 4i - Schedule of Assets Held at End of Year-Modified Cash Basis
December 31, 2016

a	b	c	d	e
	Identity of issue, borrower, lessor, or similar party	**Description of investment including maturity date, rate of interest, collateral, par or maturity value**	**Cost**	**Current value**
	Abbott Laboratories	Common Stock	$ 717,986	$ 1,294,417
	Abbvie Inc.	Common Stock	778,595	2,110,294
	Air Products & Chemicals	Common Stock	852,291	1,438,200
	Altria Group Inc.	Common Stock	151,299	15,086,022
	American Express Co	Common Stock	844,932	1,481,600
	Apple Inc.	Common Stock	653,453	1,621,480
	Argo Group International Holdings Ltd	Common Stock	410,880	900,853
	Automatic Data Processing Inc	Common Stock	1,159,379	3,083,400
	Bank of America Corp.	Common Stock	2,270,854	1,280,827
	CDK Global Inc.	Common Stock	167,749	596,900
	Chevron Corp.	Common Stock	830,052	7,192,882
	Chubb Ltd.	Common Stock	1,131,283	1,321,200
	Coca-Cola Co.	Common Stock	774,007	17,164,440
	Comcast Corp-Class-A	Common Stock	1,738,291	2,071,500
	ConocoPhillips	Common Stock	1,108,240	1,905,320
	Exxon Mobil Corp.	Common Stock	2,172,107	11,644,804
	Hanesbrands, Inc.	Common Stock	26,647	158,928
	Intel Corporation	Common Stock	1,506,681	6,804,252
	Intl Business Machines	Common Stock	1,898,885	2,489,850
	Johnson & Johnson	Common Stock	1,037,369	8,894,211
	J.P. Morgan Chase & Co.	Common Stock	1,445,897	5,591,592
	Kellogg Co.	Common Stock	324,780	1,982,799
	Kraft Heinz Company	Common Stock	19,463	1,605,204
	McDonalds	Common Stock	2,795,846	6,086,000
	Merck & Co., Inc.	Common Stock	211,573	1,242,157
	Mondelez International Inc.	Common Stock	42,533	2,888,144
	Nestle S.A. Sponsored ADR	Common Stock	689,141	7,604,440
	News Corp Class A	Common Stock	22,111	61,311
	News Corp. Class B	Common Stock	50,830	125,670
	Novo-Nordisk A S ADR	Common Stock	1,099,594	3,586,000
	Occidental Petroleum Corp	Common Stock	1,356,580	1,210,910
	PepsiCo, Inc.	Common Stock	203,645	5,650,020
	Philip Morris International Inc.	Common Stock	290,677	17,209,269
	Phillips 66	Common Stock	346,687	1,728,200
	Praxair Inc	Common Stock	824,939	1,171,900
	Procter & Gamble Co.	Common Stock	791,294	8,980,753
	Roche Holding AG ADR	Common Stock	1,132,434	855,900
	Royal Dutch Shell Plc ADR Cl A	Common Stock	771,095	1,907,868
	S&P Global Inc.	Common Stock	195,846	2,408,896
	Twenty First Century Fox Class A	Common Stock	391,168	1,160,850
	Twenty First Century Fox Class B	Common Stock	171,000	600,056
	Union Pacific Corp.	Common Stock	1,083,959	1,036,800
	US Ecology Inc.	Common Stock	397	55,589
	Versum Materials Inc.	Common Stock	79,990	140,350
	Wal-Mart Stores, Inc.	Common Stock	832,687	2,916,864
	Walgreens Boots Alliance Inc.	Common Stock	311,738	4,849,736
	Walt Disney Co/The	Common Stock	1,794,095	2,084,400
	Whole Foods Market Inc.	Common Stock	948,066	1,230,400
	Total Investments		$ 38,459,045	$ 174,513,458

FAYEZ SAROFIM & CO.
FAYEZ SAROFIM & CO. PROFIT-SHARING PLAN
Schedule H
Part IV line 4i - Schedule of Assets Held for Investment Purposes
December 31, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
	Abbott Laboratories	33,700 shares	717,986	1,294,417
	Abbvie Inc	33,700 shares	778,595	2,110,294
	Air Products & Chemicals Inc	10,000 shares	852,291	1,438,200
	Altria Group Inc	223,100 shares	151,299	15,086,022
	American Express Co	20,000 shares	844,932	1,481,600
	Apple Inc	14,000 shares	653,453	1,621,480
	Argo Group International Holdings Ltd	13,670 shares	410,880	900,853
	Automatic Data Processing	30,000 shares	1,159,379	3,083,400
	Bank Of America Corp	57,956 shares	2,270,854	1,280,828
	Cdk Global Inc	10,000 shares	167,749	596,900
	Chevron Corp	61,112 shares	830,052	7,192,882
	Chubb Ltd	10,000 shares	1,131,283	1,321,200
	Coca-Cola Co/The	414,000 shares	774,007	17,164,440
	Comcast Corp-Class A	30,000 shares	1,738,291	2,071,500
	Conocophillips	38,000 shares	1,108,240	1,905,320
	Exxon Mobil Corp	129,014 shares	2,172,107	11,644,804
	Hanesbrands Inc	7,368 shares	26,647	158,928
	Intel Corp	187,600 shares	1,506,681	6,804,252
	Intl Business Machines Corp	15,000 shares	1,898,885	2,489,850
	Johnson & Johnson	77,200 shares	1,037,369	8,894,212
	Jpmorgan Chase & Co	64,800 shares	1,445,897	5,591,592
	Kellogg Co	26,900 shares	324,780	1,982,799
	Kraft Heinz Co/The	18,383 shares	19,463	1,605,204
	Mcdonald's Corp	50,000 shares	2,795,846	6,086,000
	Merck & Co Inc	21,100 shares	211,573	1,242,157
	Mondelez International Inc - Cl A	65,151 shares	42,533	2,888,144
	Nestle Sa - Adr	106,000 shares	689,141	7,604,440
	News Corp - Cl A	5,350 shares	22,111	61,311
	News Corp - Cl B	10,650 shares	50,830	125,670
	Novo Nordisk A/S - Adr	100,000 shares	1,099,594	3,586,000
	Occidental Petroleum Corp	17,000 shares	1,356,580	1,210,910
	Pepsico Inc	54,000 shares	203,645	5,650,020
	Philip Morris International	188,100 shares	290,677	17,209,269
	Phillips 66	20,000 shares	346,687	1,728,200
	Praxair Inc	10,000 shares	824,939	1,171,900
	Procter & Gamble Co	106,812 shares	791,294	8,980,753
	Roche Holding Ag Adr	30,000 shares	1,132,434	855,900
	Royal Dutch Shell Plc	35,084 shares	771,095	1,907,868
	S&P Global Inc.	22,400 shares	195,846	2,408,896
	Twenty-First Century Fox Inc- Cl A	21,400 shares	171,000	600,056
	Twenty-First Century Fox Inc- Cl B	42,600 shares	391,168	1,160,850
	Union Pacific Corp	10,000 shares	1,083,959	1,036,800
	Us Ecology Inc	1,131 shares	397	55,589

FAYEZ SAROFIM & CO.
FAYEZ SAROFIM & CO. PROFIT-SHARING PLAN
Schedule H
Part IV line 4i - Schedule of Assets Held for Investment Purposes
December 31, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity date	(d) Cost	(e) Current Value
	Versum Materials, Inc.	5,000 shares	79,990	140,350
	Wal-Mart Stores Inc	42,200 shares	832,687	2,916,864
	Walgreens Boots Alliance Inc	58,600 shares	311,738	4,849,736
	Walt Disney Company	20,000 shares	1,794,095	2,084,400
	Whole Foods Market Inc	40,000 shares	948,066	1,230,400
		2,608,081	38,459,045	174,513,458