

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



Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2011

OMB No 1545 0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2011, or tax year beginning . 2011, and ending Employer identification number 27-1225237 Signet Ring Foundation 4830 Wilson Road, Ste 300, PMB 195 Telephone number (see the instructions) 281-450-3371 В Humble, TX 77396 If exemption application is pending, check here G Check all that apply Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash Fair market value of all assets at end of year (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis.) ► Ś 165,060. under section 507(b)(1)(B), check here Part Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see instructions).) Contributions, gifts, grants, etc, received (att sch) If the foundn is not req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a. **電視は淡淡地 なり 準は後 第二番紙 第一番 経験を変えまる** Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold TERMS IN S. c Gross profit/(loss) (att sch) 11 Other income (attach schedule). **建筑建筑市和**水道 12 Total, Add lines 1 through 11 56, 000 0 13 Compensation of officers, directors, trustees, etc 0 14 Other employee salaries and wages 24,062 24,062. 1,841 1,841. 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1,324 1,324. **b** Accounting fees (attach sch) See St 1 c Other prof fees (attach sch) OPERATING 17 Interest 18 Taxes (attach schedule Xsee instrs) . Depreciation (attach sch) and depletion 5,690 ١ 12,566 Occupancy Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses (attach schedule) 1,545. See Statement 1,545. Total operating and administrative expenses Add lines 13 through 23 47,028 41,338. 15,456. 基份作變的影響 紫癜的 Contributions, gifts, grants paid Parts XV **随意中联 新 图 对此**才表 光。 15,456. Total expenses and disbursements. Add lines 24 and 25 2012 62,484 56,794 Subtract line 26 from line 12: **等于是基本方法。** a Excess of revenue over expenses -6,484 b Net Investment Income (if negative, enter 0-). 機能能得到機能對 THE RESERVE C Adjusted net Income (if negative, enter -0-)

Form 990-PF (2011) Signet Ring Foundation

27-1225237

Page 2

(a) List and descrit	be the kind(s) of property sold (e.g., ise, or common stock, 200 shares Mi	eal estate,	(b) How acqui P — Purchas D — Donatio	se (month, day, year)	(d) Date sold (month, day, year)
1a N/A				,,,	
b					
С					
d	_				
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale		(h) Gain or (e) plus (f) mi	
a					
b					
с					
				-	
<u>e</u>					
	ving gain in column (h) and owned by			(I) Gains (Colu	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any		gain minus column (k) than -0-) or Losses (fro	m column (h))
a					
<u>b</u>					
с					
d				·	
е	<u> </u>			· 1 · · · · · · · · · · · · · · · · · ·	
2 Capital gain net income or (ne	<u> </u>	enter in Part I, line 7 er -0- in Part I, line 7		2	
	(loss) as defined in sections 1222(5)	_			
in Part I, line 8	e 8, column (c) (see instructions) If (3	
Rant Qualification Unde	r Section 4940(e) for Reduced	Tax on Net Investmer	<u>it Income</u>	·	
If 'Yes,' the foundation does not qual	his part blank. Ition 4942 tax on the distributable am Ify under section 4940(e) Do not cor n each column for each year; see the	nplete this part	·	Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(d) Distribution i olumn (b) divided b	
2010	54,507.		241.	·	16.817957
2009	679.		239.		0.303260
2008			-		0.303200
2007					
2006		<u> </u>			
	<u> </u>	· 			
2 Total of line 1, column (d)			_2		L7.121217
3 Average distribution ratio for th					
4 Enter the net value of nonchari	e 5-year base period — divide the tot has been in existence if less than 5	al on line 2 by 5, or by the years	3]	8.560609
	e 5-year base period — divide the tot has been in existence if less than 5 table-use assets for 2011 from Part >	years	3		
	has been in existence if less than 5	years			7,753.
5 Multiply line 4 by line 3	has been in existence if less than 5	years			
	table-use assets for 2011 from Part >	years	4		7,753.
5 Multiply line 4 by line 3	table-use assets for 2011 from Part >	years	5		7,753.
 5 Multiply line 4 by line 3 6 Enter 1% of net investment inc 7 Add lines 5 and 6 8 Enter qualifying distributions from 	nhas been in existence if less than 5 table-use assets for 2011 from Part >	years			7,753. 66,370.

For	m 990-PF (2011) Signet Ring Foundation	27-	1225	237	Page 4
Pä	RIVIDE Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 – sec	instru	ictions)	
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	٦ -			
	Date of ruling or determination letter (attach copy of letter if necessary - see instrs)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1		0.
	check here ▶ and enter 1% of Part I, line 27b			4	
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
~	foundations only. Others enter -0-)		2		0.
3	Add lines 1 and 2		3		0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter	er -0-)	4		0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		0.
6	Credits/Payments:				
	a 2011 estimated tax pmts and 2010 overpayment credited to 2011				
	Exempt foreign organizations – tax withheld at source . 6b			ji i i	
•	Tax paid with application for extension of time to file (Form 8868)]	\$	
(d Backup withholding erroneously withheld6d			\$ 45°	
7	Total credits and payments. Add lines 6a through 6d		7		0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9		0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		
_11		<u> </u>	11		
<u> Pai</u>	tiVII;A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or participate or intervene in any political campaign? $ $	dıd ıt		1 a	Yes No
i	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 ь	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any mate or distributed by the foundation in connection with the activities	erials pui	blished		
	Did the foundation file Form 1120-POL for this year?.			1 c	X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\begin{align*} \\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ο.	
	(1) On the foundation S U. (2) On foundation managers . S Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in	nposed o		<u> </u>	
	foundation managers. •\$0.				
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			
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the chair	nges .		3	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? .			4a	X
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b	N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	X
	If 'Yes,' attach the statement required by General Instruction T			1.16	
6	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	s that co	nflict		
7	with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	X
	Enter the states to which the foundation reports or with which it is registered (see instructions)	>			
	TX				
b	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 <i>General Instruction G? If 'No,' attach explanation</i>			. 8b	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942 for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' of the taxable year beginning in 2011 (see instructions for Part XIV)?	(j)(3) or 4 :omplete	1942(j) Part X		X
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing and addresses.	their na	mes	10	X
BAA				LOUD 230	I-PF (2011)

the tax year beginning in 2011?

jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

Form 990-PF (2011) Signet Ring Found				225237 Page 6
Part VII-B Statements Regarding Activi		m 4720 May Be Red	uired (continued)	
5a During the year did the foundation pay or inc	•			
(1) Carry on propaganda, or otherwise atten	npt to influence legislati	on (section 4945(e))?	. Yes	No No
(2) Influence the outcome of any specific pu on, directly or indirectly, any voter registr	No			
(3) Provide a grant to an individual for trave	l, study, or other similar	r purposes?	Yes	No
(4) Provide a grant to an organization other in section 509(a)(1), (2), or (3), or section	than a charitable, etc, on 4940(d)(2)? (see insli	organization described ructions)	. Yes	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention	on of cruelty to children	or animals?		No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or i (see instructions)?.	the transactions fail to n a current notice regai	qualify under the except rding disaster assistance	otions e	5b N/A
Organizations relying on a current notice regi	arding disaster assistan	ice check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	nsibility for the grant?	•	N/A Yes	No
If 'Yes,' attach the statement required by Reg	gulations section 53.494	15-5(d).		
6a Did the foundation, during the year, receive a on a personal benefit contract?			Yes [X	No Silver
b Did the foundation, during the year, pay prem	niums, directly or indirec	ctiy, on a personal bene	iii contract?	6b X
If 'Yes' to 6b, file Form 8870. 7 a At any time during the tax year, was the foun	dation a party to a prob	whited tay shelter transa	iction? Yes X	No
b If 'Yes,' did the foundation receive any proces				N/A 7b
Part VIII Information About Officers, D				
and Contractors				
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).	
(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
James E. Trevathan, Jr. 4830 Wilson, Ste 300, PMB 195 Humble, TX 77396	Pres/Dir. 1.00	0.	0.	0.
R. Renee Trevathan	Tr/Sec/Dir	0.	0.	0.
4830 Wilson, Ste 300, PMB 195 Humble, TX 77396	5.00		0.	0.
James E. Trevathan, III	Director	0.	0.	0.
4830 Wilson, Ste 300, PMB 195 Humble, TX 77396	1.00			
		<u> </u>		
2 Compensation of five highest-paid employee				
(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			0011100110011011	
			· · · · · · · · · · · · · · · · · · ·	
Total number of other employees paid over \$50,000			•	0
BAA	TEEA0306L 1	2/05/11		Form 990-PF (2011)

27-1225237

Form 990-PF (2011) Signet Ring Foundation

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
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) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	(
Part X-A: Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 See Statement 5	
~	
2 Emergency support provided to two women in need for the purpose of	43,241.
assisting with living expenses due to their personal medical issues or those of their dependents.	13,553.
3	
~	
4	
PartilX-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
	Amount
N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2011)

8

Form 990-PF (2011) Signet King Foundation	<u> </u>	<u>/</u> Page
Minimum Investment Return (All domestic foundations must complete this part see instructions.)	Foreign fou	ndations,
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	1 a	
b Average of monthly cash balances	1 b	7,871
c Fair market value of all other assets (see instructions)	1 c	.,,,,,,,
d Total (add lines 1a, b, and c)	1 d	7,871
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		.,,,,,
).	
2 Acquisition indebtedness applicable to line 1 assets	2	0
3 Subtract line 2 from line 1d	3	7,871
		7,071
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	118.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,753.
6 Minimum investment return. Enter 5% of line 5	6	388.
Part XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	erating foun	
and certain foreign organizations check here ► X and do not complete this part.)		
1 Minimum investment return from Part X, line 6 N/A	1	
2a Tax on investment income for 2011 from Part VI, line 5	经	
b Income tax for 2011 (This does not include the tax from Part VI) . 2b		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
RantiXIII Qualifying Distributions (see Instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	56,794.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	56,794.
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	56.76
6 Adjusted qualifying distributions. Subtract line 5 from line 4	161	56.794

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

BAA

Form 990-PF (2011)

Page 9

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions) N/A (b) Years prìor to 2010 Distributable amount for 2011 from Part XI, line 7 Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only b Total for prior years 20 , 20 ____, 20 ____ 3 Excess distributions carryover, if any, to 2011: a From 2006 **b** From 2007 c From 2008 d From 2009 e From 2010 f Total of lines 3a through e. 4 Qualifying distributions for 2011 from Part XII. line 4[·] ► \$ 3 # a Applied to 2010, 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 2011 distributable amount e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e. Subtract line 5. . b Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions. e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount — see instructions f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010 e Excess from 2011

TEEA0310L 07/14/11

Form 990-PF (2011) Signet Ring Foundation

BAA

27-1225237

Page 10

Form 990-PF (2011)

Form 990-PF (2011) Signet Ring Foundation

[Part:XV* Supplementary Information (continued)

Name and address (tome or business) Read during the year Reverly Hurley 4820 Wilson Road, #300, PMB 195 Humble, TX 77396 Serra Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 None None None N/A Hardship Assistance 3,953. None N/A Hardship Assistance 3,953. None N/A Hardship Assistance 3,953. None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 None None N/A Hardship Assistance 500. N/A Hardship Assistance 500. N/A Hardship Assistance 500.	Name and address (home or business) Show any relationship to any relationship to any relationship to any status of substantial contribution Purpose of grant or contribution Purpose of grant or status of substantial contribution Purpose of grant or con	3 Grants and Contributi	ons Paid	During	the Ye			nt		
Name and address (home or business) a Pad during the year Beverly Hurley 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Linda Norwood 4830 Wilson Road, #300, PMB 195 Rumble, TX 77396 Serra Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Total Total Approved for luturo payment	Name and address (home or business) a Pad during the year Beverly Hurley 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Linda Norwood 4830 Wilson Road, #300, PMB 195 Kerra Pierce 4830 Wilson Road, #300, PMB 195 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Total Total Approved for Nature payment	Recipie	ent			If recipient is an individual, show any relationship to any foundation manager or	status of	i uipo	se of grant or ntribution	Amount
None N/A Hardship Assistance 9,600.	None N/A Hardship Assistance 9,600.		ome or b	usiness	5)	substantial contributor	recipient			
### A830 Wilson Road, #300, PMB 195 Humble, TX 77396 Serra Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce 4830 Wilson Road, #300, PMB 195 Humble, TX 77396 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assistance 500. Wilson Road, #300, PMB 195 None N/A Hardship Assis	### A830 Wilson Road, #300, PMB 195 Humble, TX 77396 Serra Pierce	Beverly Hurley 4830 Wilson Road,	#300,	PMB	195	None	N/A	Hardship	Assistance	9,600.
### AB30 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce #830 Wilson Road, #300, PMB 195 Humble, TX 77396 None N/A Hardship Assistance 500. **Total** **Description** **Day Total** **Description** **Day Total** **Description** **Day Total** **Description** **Description**	### A830 Wilson Road, #300, PMB 195 Humble, TX 77396 Victoria Pierce #830 Wilson Road, #300, PMB 195 Humble, TX 77396 Humble, TX 77396 None N/A Hardship Assistance 500.	4830 Wilson Road,	#300,	PMB	195	None	N/A	Hardship	Assistance	3,953.
### Total	### Total	4830 Wilson Road,	#300,	PMB	195	None	N/A	Hardship	Assistance	500.
b Approved for future payment	b Approved for future payment	4830 Wilson Road,	#300,	РМВ	195	None	N/A	Hardship	Assistance	500.
b Approved for future payment	b Approved for future payment									
b Approved for future payment	b Approved for future payment									
b Approved for future payment	b Approved for future payment									
b Approved for future payment	b Approved for future payment									
b Approved for future payment	b Approved for future payment	Total			_				▶ 3a	14 553
			vment				1		<u></u>	14,333.
Total ► 3b			yment					<u>.</u>	. ► 3b	

Part XVI-A Analysis of Income-Producing Activities

					. C10 C14	
Enter gross amounts unless otherwise indicated	Unrela	ted business income	Exclude	ed by section 512,	, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	Exclu sion code	(d Amo		Related or exempt function income (See instructions)
a				<u> </u>		
b						
¢						
d			<u> </u>	ļ		
e			 -			<u> </u>
f				ļ <u>-</u>		<u></u>
g Fees and contracts from government agencies	·		+	 		
2 Membership dues and assessments	 		 			
Interest on savings and temporary cash investments Dividends and interest from securities		 	 -			
5 Net rental income or (loss) from real estate:	rib E if	李星 N. L. A. A. B. B. J. W. P.	1 ALL P.	建橡 套	建建 持 垂	经营销级 事件含意
a Debt-financed property		1 W 10 10 10 10 10 10 10 10 10 10 10 10 10		11.1 Min 1492 1402	<u> </u>	Charles and Ar Man. (b) "ber-
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory			<u> </u>			
11 Other revenue	(数,量表)	建筑	等:254	で観響が	は、大学の	A STATE OF THE STA
a			ļ	- 		
la .			 			
b		1				
С						
c d e						
c d e Subtotal. Add columns (b), (d), and (e)					13	0
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	医镰 蘇州科				13	0.
c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul	大便 解系统 lations)				13	0.
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculated and the columns (b). Part XVI-B Relationship of Activities to the columns (b).	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculated and the columns (b). Part XVI-B Relationship of Activities to the columns (b).	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculated and the columns (b). Part XVI-B Relationship of Activities to the columns (b).	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcul Part XVI-B Relationship of Activities to t Line No. Explain below how each activity for whice accomplishment of the foundation's exer	lations)	ishment of Exemp	t Purpo)se s		

Form 990-PF (2011) Signet Ring Foundation 27-1225237
| Part XVII | Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								lan to all	
descri	e organization dire bed in section 501 ig to political organ	(c) of the Code (engage in any c other than section	of the following won 501(c)(3) orga	ith any oth nizations)	nei organizatio or in section 5	n 527,	Yes	No
a Transf	fers from the repor	rting foundation to	o a noncharitabl	e exempt organiz	ation of.			المُنْ الْمُنْ	لتسسدا
(1) Ca	ash							1 a (1)	X
(2) 01	ther assets							1 a (2)	X
b Other	transactions.								lan coli
(1) Sa	ales of assets to a	noncharitable ex	empt organization	on .				1 b (1)	Х
(2) Pu	rchases of assets	from a noncharif	table exempt org	ganization				1 b (2)	X
(3) Re	ental of facilities, e	equipment, or oth	er assets					1 b (3)	X
(4) Re	eimbursement arra	ngements						1 b (4)	X
(5) Lo	ans or loan guara	ntees						1 b (5)	<u></u>
(6) Pe	erformance of serv	ices or members!	hip or fundraisin	g solicitations				1 b (6)	X
` '	g of facilities, equ		•	_	ees			1c	X
• Orianii	.g ,,q	.,	,	-, p				<u> </u>	
the go	answer to any of the ods, other assets, ansaction or sharin	or services given	by the reporting	a foundation. If the	ne foundat	ion received le	ss than fair i	fair market value of market value in ecceived	
(a) Line no	(b) Amount involve		of noncharitable exe					s, and sharing arrangements	
N/A	(b) Amount involve	d (c) Hame	or Honeraritable exc	mpt organization	1 (4)	company or trains	ioro, transaction	o, and sharing arrangements	<u>, </u>
N/ A									
	·- -								
				·	 -				
									
	· 		_ _						
				 -	 				
					 -				
					 			···········	
					 -				
					 -		 	· 	
					 -				
					 -				
									
	<u>.</u>					- 			
					l				
describ	foundation directly bed in section 501 ((c) of the Code (o	ated with, or relather than section	ated to, one or m n 501(c)(3)) or in	iore tax-ex section 52	kempt organiza 27? .	itions	Yes XN	10
	a) Name of organiz		(b) Type	e of organization		(c)	Description o	of relationship	
N/A	a) Marile of organiz		(5) 192	o or organization			3 C S C	T TOTAL OTTOTAL	
117 21								· —	
								.,	
									
									
Under	enalties of periumal de	eclare that I have exam	ned this return, include	ding accompanying sch	edules and st	atements, and to the	e best of my kno	wledge and belief, it is true,	
correc	and complete Declara	tion of prepare other	than taxpayer) is base	ed on all information of	which prepar	er has any knowled	ge		
Sign	24. 57	W DEAT				Vaca		May the IRS discuss this return with the	s
Here	MOXIN	MUX		0-11-12	▶	11651	DENT	preparer shown beli (see instructions)?	ow
Eign	nature of officer or trustee	e		Date	Tille			X Yes	No
-v	Print/Type preparer's	name	Preparer's	signature	0.4	ate	Check X	if PTIN	
Paid	Jody Blaze	:k		pano	44	5.10.12	self employed	P00072674	
Preparer	Firm's name	Blazek & V	/etterling			F		5-0269860	
Use Only	Firm's address	2900 Wesla		200			 		
OSE OINS			X 77027-51			P	hone no (713) 439-5739	
BAA				·			· · · · · · · · · · · · · · · · · · ·	Form 990-PF (20	011)
-···									- • • /

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

Schedule of Contributors

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service	► Attach to Form 990, Form 990-EZ, or Form 990-PF	2011
Name of the organization	Emp	loyer identification number
Signet Ring Found	dation 27	-1225237
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 priva 527 political organization	ite foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private for 501(c)(3) taxable private foundation	oundation
Check if your organization Note. Only a section 501(c)	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule See instructions.
General Rule X For an organization filir contributor (Complete	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo Parts I and II.)	ney or property) from any one
Special Rules		
For a section 501(c)(3) 509(a)(1) and 170(b)(1) (2) 2% of the amount o	organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regul (A)(vi), and received from any one contributor, during the year, a contribution of the contribution	ations under sections greater of (1) \$5,000 or
total contributions of me	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrit ore than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educ ly to children or animals. Complete Parts I, II, and III	outor, during the year, ational purposes, or
contributions for use ex	, (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not total trenter here the total contributions that were received during the year for an <i>exclusively</i> ete any of the parts unless the General Rule applies to this organization because it re	o more than \$1,000 religious, charitable, etc.
religious, charitable, etc	c, contributions of \$5,000 or more during the year	▶ \$
Caution: An organization the 990-PF) but it must answer Form 990-PF, to certify that	nat is not covered by the General Rule and/or the Special Rules does not file Schedule r 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-Ez t it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF	B (Form 990, 990-EZ, or Z or on Part I, line 2, of its
BAA For Paperwork Redu 990EZ, or 990-PF.	action Act Notice, see the Instructions for Form 990, Schedule B (For	m 990, 990-EZ, or 990-PF) (2011)

	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org	Ring Foundation	į · ·	.225237
	Contributors (see instructions) Use duplicate copies of Part I if additional s		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	James and Renee Trevathan		Person X Payroll
	7826 Camden Hollow Lane Humble, TX 77396	\$56,000.	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	TEEA0702L 08/30/i1	Schedule B (Form 990	, 990-EZ, or 990-PF) (2011)

Page

of Part II

Name of organization

Employer Identification number

27-122<u>5</u>237 Signet Ring Foundation Partill Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I N/A (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I (b)
Description of noncash property given (d) Date received (a) No. from (c) FMV (or estimate) Part I (see instructions) (b)

Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Part I (d) Date received (a) No. from (c) FMV (or estimate) (b) Description of noncash property given Part I (see instructions) (b)

Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2011)			Page	1 to:	1 of Part III
Name of organ	Ring Foundation				Employer identificate 27-1225237	
Part III.	Exclusively religious, charitable, organizations that total more that	n \$1,000 for the year. Com	plete cols (a) th	rrough (e) an	(7), (8), or (10) id the following lin	ne entry
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional contributions.	er total of <i>exclusively</i> religious, r (Enter this information once al space is needed	charitable, etc. See instruction	ns)	. > \$	N/A
(a)	(b)	(c)			(d)	
No. from Part I	Purpose of gift	Use of gift		Desc	ription of how gif	t is held
	N/A		-			
		<u> </u>	 _			
		(e)		. <u> </u>		
	Transferee's name, addre	Transfer of gift ss, and ZIP + 4		tionship of t	ransferor to trans	sferee
						
			<u> </u>			
					2.8	
(a) No. from	(b) Purpose of gift	(c) Use of gift		Descr	(d) ription of how gift	is held
Part I						
		(e)	l			
	Transferee's name, addres	ss, and ZIP + 4	Rela	tionship of tr	ransferor to trans	feree
						
	//১\	(a)	Ι		(d)	
(a) No. from	(b) Purpose of gift	(c) Use of gift		Descri	(u) iption of how gift	is held
Part I						
Ī		(-)				
ĺ		(e) Transfer of gift				
	Transferee's name, addres	s, and ZIP + 4	Relat	ionship of tr	ansferor to trans	feree
-						
ŀ						
(a) No. from	(b) Purpose of gift	(c) Use of gift		Doscri	(d) ption of how gift	ic hold
Part I		OSE OF GIT		Descri	phon or now gift	is neiu
}-						
	:					
ŀ						
		(e) Transfer of gift				_
	Transferee's name, addres		Relati	ionship of tra	ansferor to transf	eree
Į						
			<u> </u>			
						
						

2011	Federal Statements	Page 1
,	Signet Ring Foundation	27-1225237
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees Tax compliance	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 1,324. Total \$ 1,324. \$ 0	(d) Charitable Purposes \$ 1,324. \$ 1,324.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Bank charges Office expense Other expenses	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 89. 812. 644. Total \$ 1,545. \$ 0	(d) Charitable Purposes \$ 89. 812. 644. \$ 1,545.
Statement 3 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipmer	nt	
Category	Accum. Book Basis Deprec. Value	Fair Market Value
Furniture and Fixtures Machinery and Equipment Buildings Land	\$ 1,569. \$ 336. \$ 1,233. 1,735. 868. 867. 140,782. 10,452. 130,330. 25,218 \$ 169,304 \$ 11,656. \$ 157,648.	\$ 1,233. 867. 130,330. 25,218.
Statement 4 Form 990-PF, Part II, Line 22 Other Liabilities		
Funds held for residents	. \$ Total \$	
	TOCAT §	2,030.

. . .

1

2011

Federal Statements

Page 2

Signet Ring Foundation

27-1225237

Statement 5 Form 990-PF, Part IX-A, Line 1 Summary of Direct Charitable Activities

Direct Charitable Activities

Expenses

Sandi's House - serves as a residence for women who find themselves left with no resources (by death of spouse, divorce, separation, abandonment, sickness, or imprisonment) for a period of up to two years until they acquire skills needed to support themselves. The House's resident hostess is a trained counselor and ordained minister. Women accepted as guests are recommended by area Clergymen/women, Christian Women Group Leaders, and Christian Women's Prison Chaplains. During 2011, the house had 3 residents.

56,794.

Statement 6
Form 990-PF, Part XV, Line 1a
Foundation Managers - 2% or More Contributors

James E. Trevathan, Jr. R. Renee Trevathan

12/31/11 2011 Federal Book Summary Depreciation Schedule

Page 1

Signet Ring Foundation

27-1225237

No Form	<u>Description</u> 1 990/990-PF	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	_Life	Current Depr.
	uldings									
_										
2	1102 Marne - Building	12/29/09		140,782			5,333	S/L MM	27.5 -	5,119
	Total Buildings			140,782		0	5,333			5,119
Fu	rniture and Fixtures									
5	Office furniture	6/11/10		1,569			112	S/L HY	7 _	224
	Total Furniture and Fixtures			1,569		0	112			224
La	nd									
1	1102 Marne - Land	12/29/09		25,218					_	0
	Total Land			25,218		0	0			0
Ma	chinery and Equipment									
3	Refrigerator	12/29/09		940			282	S/L HY	5	188
4	Computer system and phone	12/29/09		795			239	S/L HY	5_	159
	Total Machinery and Equipment			1,735		0	521			347
	Total Depreciation			169,304		0	5,966		_	5,690
	Grand Total Depreciation			169,304		0	5,966		_	5,690