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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No 1545-0052









**2014**


Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

Name of foundation PERRY & RUBY STEVENS CHARITABLE FOUNDATION		<b>A Employer identification number</b>  20-4169959	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 291929		<b>B Telephone number</b> (see instructions)  (830) 896-0630	
City or town, state or province, country, and ZIP or foreign postal code KERRVILLE, TX 780291929		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 68,384,898		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	609,150			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments	129,515	120,365		
	<b>4</b> Dividends and interest from securities. . . . .	1,317,966	1,317,966		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 	2,024,332			
	<b>b</b> Gross sales price for all assets on line 6a <u>15,263,854</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . .		463,677		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .	 1,290,719	1,424,364		
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	5,371,682	3,326,372		
Operating and Administrative Expenses	<b>13</b> Compensation of officers, directors, trustees, etc	288,000	144,000		
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .	9,342	9,342		
	<b>16a</b> Legal fees (attach schedule) . . . . .	 3,997	3,997		
	<b>b</b> Accounting fees (attach schedule) . . . . .	 6,880	6,880		
	<b>c</b> Other professional fees (attach schedule) . . . . .	 150,613	150,613		
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . .	 195,704	195,704		
	<b>19</b> Depreciation (attach schedule) and depletion . . .	 243,992	202,768		
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings . . . . .	2,039	2,039		
	<b>22</b> Printing and publications . . . . .	512	512		
	<b>23</b> Other expenses (attach schedule) . . . . .	 30,927	30,927		
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	932,006	746,782		0
	<b>25</b> Contributions, gifts, grants paid . . . . .	3,001,000			3,001,000
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,933,006	746,782		3,001,000
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	1,438,676			
	<b>b Net investment income</b> (if negative, enter -0-)		2,579,590		
<b>c Adjusted net income</b> (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .	3,040,803	1,422,122	1,422,122
	2	Savings and temporary cash investments . . . . .	2,605,494	644,104	644,104
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)	105,933	 263,291	262,992
	b	Investments—corporate stock (attach schedule) . . . . .	25,584,871	 29,104,444	36,350,205
	c	Investments—corporate bonds (attach schedule). . . . .	2,488,427	 3,138,235	3,119,129
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans . . . . .			
	13	Investments—other (attach schedule) . . . . .	20,069,367	 20,804,815	21,083,142
	14	Land, buildings, and equipment basis ▶ _____ 86,201 Less accumulated depreciation (attach schedule) ▶ _____ 55,655	390	 30,546	
15	Other assets (describe ▶ _____)	 5,705,972	 5,503,204	 5,503,204	
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	59,601,257	60,910,761	68,384,898	
Liabilities	17	Accounts payable and accrued expenses . . . . .	3,728		
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22) . . . . .	3,728	0	
	Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
24		Unrestricted . . . . .			
25		Temporarily restricted . . . . .			
26		Permanently restricted . . . . .			
Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
27		Capital stock, trust principal, or current funds . . . . .	51,733,201	51,733,201	
28		Paid-in or capital surplus, or land, bldg , and equipment fund			
29		Retained earnings, accumulated income, endowment, or other funds	7,864,328	9,177,560	
30		Total net assets or fund balances (see instructions) . . . . .	59,597,529	60,910,761	
31	Total liabilities and net assets/fund balances (see instructions) . . . . .	59,601,257	60,910,761		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1 59,597,529
2	Enter amount from Part I, line 27a . . . . .	2 1,438,676
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3 . . . . .	4 61,036,205
5	Decreases not included in line 2 (itemize) ▶ 	5 125,444
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6 60,910,761

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	463,677
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2013	2,390,841	59,765,135	0 040004	
2012	1,322,031	30,035,111	0 044016	
2011	1,271,711	27,231,638	0 046700	
2010	901,107	23,752,227	0 037938	
2009	344,438	13,719,822	0 025105	
2	Total of line 1, column (d). . . . .		2	0 193763
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . .		3	0 038753
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .		4	65,228,357
5	Multiply line 4 by line 3. . . . .		5	2,527,795
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .		6	25,796
7	Add lines 5 and 6. . . . .		7	2,553,591
8	Enter qualifying distributions from Part XII, line 4. . . . .		8	3,001,000
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions				


Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	1	25,796
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2. . . . .	3	25,796
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5	25,796
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	61,203
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments. Add lines 6a through 6d. . . . .	7	61,203
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	35,407
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input checked="" type="checkbox"/> 25,796 <b>Refunded</b> <input checked="" type="checkbox"/>	11	9,611

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	1a		Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .	1b			No
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>				
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c			No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ _____ (2) On foundation managers <input checked="" type="checkbox"/> \$ _____				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ _____				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .	2			No
	<i>If "Yes," attach a detailed description of the activities.</i>				
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? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	3			No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a			No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .	5			No
	<i>If "Yes," attach the statement required by General Instruction T.</i>				
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 that conflict with the state law remain in the governing instrument? . . . . .	6		Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i> . . . . .	7		Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions): <input checked="" type="checkbox"/> 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 General Instruction G? <i>If "No," attach explanation.</i>	8b		Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .	9			No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>  . . . . .	10		Yes	

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ WWW STEVENSFDN ORG				
14	The books are in care of ▶ LAURIE MILTON Telephone no ▶ (830) 896-0630 Located at ▶ PO BOX 291929 KERRVILLE TX ZIP +4 ▶ 780291929			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <b>1b</b> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?. . . . . <b>1c</b>			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>			
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i> ). . . . . <b>3b</b>			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	5b		
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(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
PHILLIP MILTON	TRUSTEE	48,000	0	0
PO BOX 291929 KERRVILLE,TX 78029	0 00			
LEON JEFFCOAT	TRUSTEE	48,000	0	0
PO BOX 291929 KERRVILLE,TX 78029	0 00			
ALLAN G PATERSON	TRUSTEE	48,000	0	0
PO BOX 291929 KERRVILLE,TX 78029	0 00			
LAURIE MILTON	EXECDIRECTOR	144,000	0	0
PO BOX 291929 KERRVILLE,TX 78029	40 00			
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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 IX-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	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. . . . .	



Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	60,718,478
b	Average of monthly cash balances. . . . .	1b	0
c	Fair market value of all other assets (see instructions). . . . .	1c	5,503,204
d	Total (add lines 1a, b, and c). . . . .	1d	66,221,682
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	66,221,682
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	993,325
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	65,228,357
6	Minimum investment return. Enter 5% of line 5. . . . .	6	3,261,418

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	3,261,418
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	25,796
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	25,796
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	3,235,622
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	3,235,622
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	3,235,622

Part XII

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	3,001,000
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
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	3,001,000
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	25,796
6	Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .	6	2,975,204

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				3,235,622
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only. . . . .			1,404,850	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009. . . . .				
b From 2010. . . . .				
c From 2011. . . . .				
d From 2012. . . . .				
e From 2013. . . . .				
f Total of lines 3a through e. . . . .				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 3,001,000				
a Applied to 2013, but not more than line 2a			1,404,850	
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 2014 distributable amount. . . . .				1,596,150
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
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 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				1,639,472
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .				
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon.					
a	"Assets" alternative test—enter					
	(1) Value of all assets.					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization.					
	(4) Gross investment income.					

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

LAURIE MILTON  
PO BOX 291929  
KERRVILLE, TX 780291929  
(830) 896-0630  
STEVENSFDN@HCTC.NET

b

The form in which applications should be submitted and information and materials they should include

SEE WEBSITE FOR APPLICATION FORMAT AND REQUIRED CONTENTS

c

Any submission deadlines

SEE WEBSITE FOR SUBMISSION DEADLINES

d

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE WEBSITE FOR ANY RESTRICTIONS ON GRANTS

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	3,001,000
b Approved for future payment				
Total . . . . .			3b	

## Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of				
<b>(1)</b> Cash. . . . .		<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .		<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions				
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .		<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .		<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .		<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .		<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .		<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .		<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received				

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . ☐ Yes ☒ No


b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.


<b>Sign Here</b>	*****	2015-08-31	*****	<div>May the IRS discuss this return with the preparer shown below (see instr )? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name STEVEN T JEFFCOAT	Preparer's Signature	Date 2015-08-31	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00643760
	Firm's name <input checked="" type="checkbox"/> JOHNSON MILLER & CO CPA'S PC			Firm's EIN <input checked="" type="checkbox"/> 85-0214336	
	Firm's address <input checked="" type="checkbox"/> 550 W TEXAS AVE STE 1000 MIDLAND, TX 797014279			Phone no (432) 683-1835	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
ALZHEIMER'S ASSOCIATION SAN ANTONIO 7400 LOUIS PASTEUR SUITE SAN ANTONIO,TX 78229	N/A	501 (C) (3)	HOST SYMPOSIUM IN KERRVILLE	5,000
AMERICAN RED CROSS TEXAS HILL COUNT 333 EARL GARRETT KERRVILLE,TX 78028	N/A	501 (C) (3)	RE STOCK SUPPLIES AND PURCHASE VEHICL	80,000
ANIMAL WELFARE SOCIETY OF KERR COUN 515 SPUR 100 KERRVILLE,TX 78028	N/A		CAPITAL CAMPAIGN TO ENLARGE FACILITY	403,000
ARC OF SAN ANTONIO 13430 WEST AVENUE SAN ANTONIO,TX 78216	N/A	501 (C) (3)	LIFE ENRICHMENT PROGRAM FOR ADULTS W	25,000
ART2HEART PO BOX 290290 KERRVILLE,TX 78028	N/A	501 (C) (3)	READING PROGRAM FOR 2ND & 3RD GRADE	6,000
ARTHUR NAGEL COMMUNITY CLINIC INC 1116 12TH STREET BANDERA,TX 78003	N/A	501 (C) (3)	RISK BUSTERS PROGRAM SUPPORT	50,000
BANDERA COUNTY COMMITTEE ON AGING PO BOX 1416 BANDERA,TX 78003	N/A	501 (C) (3)	MEALS ON WHEELS SUPPORT	20,000
BANDERA COUNTY HELPING HAND INC PO BOX 1092 BANDERA,TX 78003	N/A	501 (C) (3)	BUILD A WALKING TRAIL	140,000
BERGHEIM VFD PO BOX 4141 BERGHEIM,TX 78004	N/A	501 (C) (3)	FUNDS FOR OFFSITE WATER STORAGE EQU	20,000
BIG BROTHERS BIG SISTERS OF SOUTH T 202 BALTIMORE AVE SAN ANTONIO,TX 78215	N/A	501 (C) (3)	FUNDING ASSISTANCE FOR PROGRAM SERVI	20,000
BLUEBONNET CASA 205 N LIVE OAK MASON,TX 76856	N/A	501 (C) (3)	IT UIPGRADE	10,000
BOYS & GIRLS CLUB OF TEXAS HILL COU 501 WEST MAIN ST STE FREDRICKSBURG,TX 78624	N/A	501 (C) (3)	CONSTRUCT A BLDG IN COMFORT, TX	100,000
BRIGHTER DAYS HORSE REFUGE INC 682 KRAUSE RD PIPE CREEK,TX 78063	N/A	501 (C) (3)	REPLACE DOGGIE DOORS AND FOOD	15,000
BULVERDE SPRING BRANCH ACTIVITY CEN PO BOX 353 BULVERDE,TX 78163	N/A	501 (C) (3)	MEALS ON WHEELS SUPPORT	20,000
CENTER POINT VOLUNTEER FIRE DEPARTM PO BOX 494 CENTER POINT,TX 78010	N/A	501 (C) (3)	REPLACEMENT OF OUT-OF-DATE BUNKER GE	15,000
<b>Total . . . . .</b>  <b>3a</b>				3,001,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDRENS ASSOCIATION FOR MAXIMUM P 2525 LADD STREET LACKLAND AFB,TX 78236	N/A	501 (C) (3)	REPLACEMENT OF 2/3 OF CAMP'S BUNK BE	57,000
COMMUNITY FOUNDATION OF TX HILL COU PO BOX 291354 KERRVILLE,TX 78029	N/A	501 (C) (3)	CONTIGENCY FUNDS	565,000
COWBOY CAPITAL PET ASSISTANCE LEAGU PO BOX 2200 BANDERA,TX 78003	N/A	501 (C) (3)	DOG FEED AND REPLACEMENT OF 28 OUTDO	20,000
DAVIS PHINNEY FOUNDATION FOR PARKIN 1722 14TH STREET STE 150 BOULDER,CO 80302	N/A	501 (C) (3)	PUBLISHING THE EVERY VICTORY COUNTS	15,000
ELM PASS VOLUNTEER FIRE DEPARTMENT 1247 ELM PASS ROAD CENTER POINT,TX 78010	N/A	501 (C) (3)	FUNDS TO REPLACE CURRENT 1999 BRUSH	45,000
EPISCOPAL DIOCESE OF WEST TEXAS PO BOX 6885 SAN ANTONIO,TX 78209	N/A	501 (C) (3)	SCHOLARSHIPS FOR GOOD SAM/ST JUDE'S	100,000
GILLESPIE COUNTY COMMITTEE ON AGING 1009 NORTH LINCOLN FREDERICKSBURG,TX 78624	501 (C) (3)	N/A	RENO TO OUTSIDE OF OLD BUILDING	15,000
GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO ST SAN ANTONIO,TX 78207	N/A	501 (C) (3)	SUPPLIES AND TRANSPORTATION FOR CAMP	95,000
HARPER COMMUNITY PARK ASSOCIATION PO BOX 124 HARPER,TX 78631	N/A	501 (C) (3)	REPLACE PARK TABLES WITH HANDICAP EQ	28,000
HILL COUNTRY CASA PO BOX 290965 KERRVILLE,TX 78029	N/A	501 (C) (3)	UNDERWRITE PROJECT IN KERR AND GILLE	10,000
HILL COUNTRY COMMUNITY NEEDS COUNCI 209 S ACORN STREET FREDERICKSBURG,TX 78624	N/A	501 (C) (3)	DENTAL ASSISTANCE PROGRAM	20,000
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVE BOERNE,TX 78006	N/A	501 (C) (3)	PURCHASE ELECTRONIC MEDICAL RECORD SO	20,000
HILL COUNTRY SPCA 2971 S HIGHWAY 16 FREDERICKSBURG,TX 78624	N/A	501 (C) (3)	PURCHASE VEHICLE FOR TRANSPORTING DO	15,000
KERRVILLE CITIZEN POLICE ACADEMY AL 429 SIDNEY BAKER ST KERRVILLE,TX 78029	N/A	501 (C) (3)	SUPPORT FOR BLUE SANTA PROGRAM	5,000
MONLIGHT FUND INC PO BOX 1299 BANDERA,TX 78003	N/A	501 (C) (3)	3 DAYS OF REST & ACTIVITIES CUSTOM	15,000
<b>Total . . . . .</b>  <b>3a</b>				3,001,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MOUNTAIN HOME VFD PO BOX 191 MOUNTAIN HOME,TX 78058	N/A	501 (C) (3)	ACCESSORIES FOR NEW TRUCK	30,000
NEW BRAUNFELS CHRISTIAN MINISTRIES 1659 STATE HIGHWATY 45 W NEW BRAUNFELS,TX 78132	CONSTRUCTION	501 (C) (3)	CONSTRUCTION OF 2 NEW EXAM ROOMS	25,000
PARTNERS IN MINISTRY 301 JUNCTION HWY SUITE34 KERRVILLE,TX 78028	N/A	501 (C) (3)	CSI SUPPORT	15,000
RAFAEL COMMUNITY FREE CLINIC PO BOX 291729 KERRVILLE,TX 78029	N/A	501 (C) (3)	FUND MEDICATIONS FREE OF CHARGE	50,000
RONALD MCDONALD HOUSE 4803 SID KATZ SAN ANTONIO,TX 78229	N/A	501 (C) (3)	CAPITAL CAMPAIGN	25,000
ROY MAAS' YOUTH ALTERNATIVES 3103 WEST AVENUE SAN ANTONIO,TX 78213	N/A	501 (C) (3)	REPLACE FREEZER AT BOERNE LOCATION	17,000
SALVATION ARMY PO BOX 290790 KERRVILLE,TX 78028	N/A	501 (C) (3)	PURCHASE VAN	35,000
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD CMB 6 KERRVILLE,TX 78028	N/A	501 (C) (3)	SUPPORT FOR LSS PROGRAM	25,000
SERVICE DOGS INC 4925 BELL SPRINGS RD DRIPPING SPRING,TX 78620	N/A	501 (C) (3)	TRAIN 5 SERVICE DOGS	50,000
SIGHT SAVERS AMERICA 337 BUSINESS CIRCLE PELHAM,AL 35124	N/A	501 (C) (3)	EXPAND SERVICE TO SEVERELY IMPAIRED	25,000
TADSAW INC 13423 BLANCO ROAD SUITE SAN ANTONIO,TX 78216	N/A	501 (C) (3)	TRAIN 50 DOG/SOLDIER TEAMS	5,000
TEXAS BIOMECHANICAL RESEARCH INSTIT PO BOX 760549 SAN ANTONIO,TX 78245	N/A	501 (C) (3)	FUND PARKINGSON'S RESEARCH OVER 3 YE	500,000
TEXAS HERITAGE MUSIC FOUNDATION PO BOX 291945 KERRVILLE,TX 78029	N/A	501 (C) (3)	SUPPORT FOR PHASE II OF THE MUSIC CO	15,000
TEXAS LIONS CAMP PO BOX 290247 KERRVILLE,TX 78029	N/A	501 (C) (3)	FUNDS TO MOVE CITY WATER TOWER TO TL	100,000
TRIPLE H EQUITERAPY CENTER 791 BACKHAUS RD PIPE CREEK,TX 78063	N/A	501 (C) (3)	THERAPY PROGRAM SUPPORT	15,000
Total . . . . .  3a				3,001,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
WEST TEXAS REHABILITATION CENTER 3001 SOUTH JACKSON SAN ANGELO,TX 76904	N/A	501 (C) (3)	RENO EXISTING BUILDING	25,000
WILDLIFE RESCUE & REHABILITATION PO BOX 369 KENDALIA,TX 78027	N/A	501 (C) (3)	NEW FENCING FOR EXISTING FAWN YARD A	65,000
YMCA GREATER OF SAN ANTONIO 3233 N ST MARYS SAN ANTONIO,TX 78027	N/A	501 (C) (3)	HANDICAP EQUIP CABIN AT CAMP FLAMING	25,000
<b>Total</b> . . . . .  <b>3a</b>				3,001,000

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
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<div>Name of the organization</div> <div>PERRY &amp; RUBY STEVENS CHARITABLE FOUNDATION</div>	<div>Employer identification number</div> <div>20-4169959</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Employer identification number**  
20-4169959

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RUBY STEVENS ESTATE PO BOX 291929 KERRVILLE, TX 78029	\$ 609,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> PERRY & RUBY STEVENS CHARITABLE FOUNDATION	<b>Employer identification number</b> 20-4169959
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**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

<b>Name of organization</b> PERRY & RUBY STEVENS CHARITABLE FOUNDATION	<b>Employer identification number</b> 20-4169959
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Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Form 4562

Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No 1545-0172

2014

Attachment  
Sequence No 179

Name(s) shown on return PERRY & RUBY STEVENS CHARITABLE FOUNDATION	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number  20-4169959
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	71,382
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	658
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12	13	658

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	35,691
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	972

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		31,534	7 0	HY	200 DB	4,504
d 10-year property						
e 15-year property		1,157	15 0	HY	150 DB	57
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	41,224
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25			
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)					
43 Amortization of costs that began before your 2014 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	



TY 2014 Accounting Fees Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES - ACCOUNTING	5,742	5,742		
PROFESSIONAL FEES - CONSULTING	1,138	1,138		

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

TY 2014 Depreciation Schedule

Name: PERRY & RUBY STEVENS

CHARITABLE FOUNDATION

EIN: 20-4169959

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DELL COMPUTER	2006-09-06	1,781	1,781	S/L	5 0000				
COMPUTER	2008-06-30	1,012	1,012	S/L	5 0000				
OFFICE FURNITURE	2008-05-01	10,256	10,256	S/L	7 0000				
COMPUTER	2010-10-12	1,113	724	S/L	5 0000	222			
SCANNER	2013-07-12	658	658	200DB	5 0000				
GLASS TOP FOR DESK	2014-07-10	249		200DB	7 0000	142			
SMALL TABLE	2014-07-15	73		200DB	7 0000	41			
WALL LETTERING	2014-08-13	2,315		150DB	15 0000	1,215			
OFFICE FURNITURE	2014-07-15	46,035		200DB	7 0000	26,306			
FLATSCREEN TV & MOUNT	2014-07-21	510		200DB	7 0000	291			
SILVERWARE	2014-08-04	200		200DB	7 0000	114			
1ST & 2ND INSTALLMENT ON BRONZE OF PERRY	2014-08-20	10,000		200DB	7 0000	5,714			
PORTRAIT OF PERRY & RUBY	2014-09-09	6,000		200DB	7 0000	3,429			
GRANTS MANAGEMENT SOFTWARE	2014-04-01	6,000			3 0000	3,750			

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

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: PERRY & RUBY STEVENS

CHARITABLE FOUNDATION

EIN: 20-4169959

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
BROADWAY BANK - ACCT 8132	2014-01	PURCHASE	2014-10		1,078,081	1,228,157			-150,076	
BROADWAY BANK - ACCT 8132	2013-01	PURCHASE	2014-10		5,651,235	5,475,533			175,702	
BROADWAY BANK - ACCT 8132	2014-01	PURCHASE	2014-10		441	456			-15	
BROADWAY BANK - ACCT 8132	2013-01	PURCHASE	2014-10		7,715,079	6,252,539			1,462,540	
BROADWAY BANK - ACCT 8132	2013-01	PURCHASE	2014-10		3,298	2,812			486	
BROADWAY BANK - ACCT 8135	2014-01	PURCHASE	2014-10		3,620	3,197			423	
BROADWAY BANK - ACCT 8135	2013-01	PURCHASE	2014-10		348,098	276,822			71,276	
POWERSHARES DB COMMODITY	2014-01	PURCHASE	2014-10			6			-6	
POWERSHARES DB COMMODITY	2013-01	PURCHASE	2014-10		325				325	

**TY 2014 Investments Corporate  
Bonds Schedule**

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SEE SUMMARY OF INVESTMENT HOLDINGS	3,138,235	3,119,129

TY 2014 Investments Corporate  
Stock Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SEE SUMMARY OF INVESTMENT HOLDINGS	29,104,444	36,350,205

# TY 2014 Investments Government Obligations Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION

**EIN:** 20-4169959

**US Government Securities - End of  
Year Book Value:** 263,291

**US Government Securities - End of  
Year Fair Market Value:** 262,992

**State & Local Government  
Securities - End of Year Book  
Value:**

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

**TY 2014 Investments - Other Schedule**

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION

**EIN:** 20-4169959

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SEE SUMMARY OF INVESTMENT HOLDINGS:			
- MUTUAL FUNDS (FIXED)	FMV	9,234,930	10,076,364
- REITS, COMM., ALT, AND OTHER	FMV	10,597,374	11,006,778
INC/DEC ABUNDANT ENERGY	FMV		
INC/DEC - AGRIBOARD INTERNATIONAL	FMV	972,511	

## TY 2014 Land, Etc. Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION

**EIN:** 20-4169959

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE FURNITURE	10,593	10,439	154	
COMPUTERS	4,548	4,397	151	
SIGNAGE	2,315	1,215	1,100	
SOFTWARE	6,000	3,750	2,250	
FURNITURE FIXTURES/EQUIP.- OTHER	62,745	35,854	26,891	



# TY 2014 Legal Fees Schedule

**Name:** PERRY & RUBY STEVENS  
 CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES - LEGAL	3,997	3,997		

TY 2014 Other Assets Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OIL/GAS ROYALTIES - YOAKUM CO TX	5,705,972	5,503,204	5,503,204

## TY 2014 Other Decreases Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION

**EIN:** 20-4169959

Description	Amount
FEDERAL INCOME TAX EXPENSE	74,719
NON DEDUCTIBLE	254
PRIOR PERIOD ADJUSTMENT - ROYALTY PROPERTIES	50,471

## TY 2014 Other Expenses Schedule

**Name:** PERRY & RUBY STEVENS  
 CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INSURANCE - P & C	500	500		
INSURANCE	2,031	2,031		
INSURANCE - MEDICAL	6,300	6,300		
JANITORIAL/ CLEANING SERVICES	1,181	1,181		
COMPUTER REPAIRS	644	644		
RENT	6,574	6,574		
MISCELLANEOUS EXPENSES	3,738	3,738		
DUES AND SUBSCRIPTION	2,097	2,097		
TELEPHONE	1,987	1,987		
OFFICE SUPPLIES	2,107	2,107		
UTILITIES	779	779		
POSTAGE	261	261		
MILEAGE REIMBURSEMENT	2,431	2,431		
POST OFFICE BOX	132	132		
MISCELLANEOUS PARTNERSHIP EXP	165	165		

**TY 2014 Other Income Schedule**

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION

**EIN:** 20-4169959

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INTEREST	1,425,116	1,425,116	
REFUND	92	92	
OTHER INCOME	-844	-844	
ABUNDANT ENERGY	-113,897		
AGRIBOARD INTERNATIONAL	-19,748		

TY 2014 Other Professional Fees Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIDUCIARY FEES	150,613	150,613		

TY 2014 Substantial Contributors Schedule

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

Name	Address
RUBY STEVENS ESTATE	PO BOX 291929 KERRVILLE, TX 78029

**TY 2014 Taxes Schedule**

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION

**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	97,494	97,494		
PRODUCTION TAXES	66,922	66,922		
FOREIGN TAXES WITHHELD	31,288	31,288		



**TY 2014 GeneralDependencySmall**

**Name:** PERRY & RUBY STEVENS  
CHARITABLE FOUNDATION  
**EIN:** 20-4169959

**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction  
Reference:**

**Regulations Reference:**

**Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: DECEMBER 31, 2014 20-4169959 PERRY & RUBY STEVENS CHARITABLE FOUNDATION PO BOX 291929 KERRVILLE, TX 78029-1929 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.