

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



EXTENDED TO AUGUST 17, **Return of Private Foundation**

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

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052

For ca	end	dar year 2014 or tax year beginning		, and ending		
		foundation			A Employer identification i	number
		Y & RUBY HALE FAMILY FO			31-1781886	
		ad street (or P O box number if mail is not delivered to street at 23 WILCREST	idress)	Room/suite	B Telephone number (281) 879-5	5600
City o	r to	own, state or province, country, and ZIP or foreign po		C if exemption application is per		
		STON, TX 77031-1919			B 4 5	abaals basa
G Ch	eck	all that apply: Initial return Final return	Amended return	ormer public charity	D 1 Foreign organizations,	
		Address change	Name change		2 Foreign organizations mee check here and attach con	ting the 85% test, putation
H Ch		type of organization: X Section 501(c)(3) ex		at an	E If private foundation stat	
L Fair		ction 4947(a)(1) nonexempt charitable trust rket value of all assets at end of year J Accounting	Other taxable private foundating method: X Cash		under section 507(b)(1)(F If the foundation is in a 6	
		Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)(
\$	<u>. </u>	201,392. (Part I, colu	mn (d) must be on cash b	pasis)		
Par	<u>t I</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	11,000.	7 1	1 'r 1/2"	The state of the s
	2	Check Interest on savings and temporary cash investments	(1)		The second of the second	では、日本のは、日本のは、日本のは、日本のは、日本のは、日本のは、日本のは、日本の
	4	Dividends and interest from securities	773.	773.		THE REPORT OF THE PARTY.
	5a	Gross rents	100 1 146 8 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same of	MESSAM CARE CUENTARIO	The second second
İ	_	Net rental income or (loss)	-8,318.	· 《红色的《美术学》。 · · · · · · · · · · · · · · · · · · ·		
ae	ba h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6 , 037.	-0,510.			
Revenue	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.	经验的证据	
껵	8	Net short-term capital gain	大学的基本的			利斯斯斯斯斯斯
1	9	Income modifications	深心地震到了	建筑的地位的		
	0a	Gross sales less returns and allowances	一种能够是大型的	A CONTRACTOR OF THE	· 一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	ができた。
l		Less Cost of goods sold	" chi lea go	1.1. 2.5 美国新疆 1.1. 2.5 新疆	erial in the first	A COLUMN TO THE
1.	C 1	Gross profit or (loss)				A COURT OF THE COLUMN
- 1	12	Total. Add lines 1 through 11	3,455.	773.	0.	e the supplied to the time of
-	13	Compensation of officers, directors, trustees, etc.	0.	0.	0.	0.
-	14	Other employee salaries and wages				
- 1	15	Pension plans, employee benefits				
ses		Legal fees	1 754	077		077
Expense		Accounting fees STMT 1 Other professional fees STMT 2	1,754. 597.	877. 597.	0.	877.
	с 17	Other professional fees STMT 2 Interest	357.	357.	 	
	17 18	Taxes STMT	102.	102.	0.	0.
istra	19	Depreciation and depletion	IVED			1
튑	20	Occupancy	S			
- 7	21	Travel, conferences, and meetings . MAY 2	9 2015			
and	22	Printing and publications				
	23	Other expenses Total operating and administrative OGDE				
rat	24	Total operating and administrative USUE expenses. Add lines 13 through 23	2,453.	1,576.	0.	877.
ä	25	Contributions, gifts, grants paid	0.		† · · · · ·	0.
		Total expenses and disbursements.				
\perp		Add lines 24 and 25	2,453.	1,576.	_0.	877.
		Subtract line 26 from line 12:	1 000			
		Excess of revenue over expenses and disbursements	1,002.	0.		
}		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		1	0.	
42350		Aujusted fiet filcome (il negative, enter -o-)		<u> </u>		

8MD4D9_1

_ <u>c</u>								
<u>_d</u>								ļ <u>.</u>
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed		t or other basis) Gain or (los	
		(or allowable)	plus e	xpense of sale		(e)	plus (f) minus	
<u>a</u>			_	14,355	} 			-8,648.
<u>b</u>			-		- 			330.
<u>c</u>			-					
<u>d</u>			-					
<u>e</u>	Complete only for assets showing	course column (h) and award by	the foundation	on 10/21/60			- (0-1-(1-)	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any		còl. (k), l	s (Col. (h) gai out not less th ses (from col.	an -0-) or
a			-				·	-8,648.
_ <u>u</u>								330.
_ <u>_</u>		<u> </u>						
d	1			-				
e								
2	Capital gain net income or (net capit	If gain, also enter	r in Part I, line)- in Part I, line	7 7	} 2			-8,318.
3	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co	as defined in sections 1222(5) ar			$\frac{1}{2}$			
_	If (loss), enter -0- in Part I, line 8	• •			<u> </u>		N/2	4
4	Part V. Qualification Unc	der Section 4940(e) for	Reduced	Tax on Net I	nvestment l	ncome		
(F	or optional use by domestic private fo	oundations subject to the section 4	4940(a) tax on	net investment inc	ome.)			
lf «	section 4940(d)(2) applies, leave this	nart hlank						
W	as the foundation liable for the sectio	n 4942 tax on the distributable am		•	od?			Yes X No
"	"Yes," the foundation does not qualify Enter the appropriate amount in each				tries.			
<u> </u>	(a)	(b)	100.000.0110.000	oro manang any on	(c)			(d) abution ratio
	Base period years Calendar year (or tax year beginning	Advisad avalifying dia	stributions	Net value of no	ncharitable-use as	sets	(col. (b) d	ibution ratio ivided by col. (c))
_	2013		774.		200,7	65.		.003855
	2012		741.		216,5			.003422
	2011		710.		197,5	08.		.003595
	2010		680.		175,9	53.		.003865
_	2009		1,403.		149,8	83.		.009361
2	Total of line 1, column (d)						2	.024098
3	Average distribution ratio for the 5-	year base period - divide the total	on line 2 by 5,	or by the number	of years	1		
	the foundation has been in existence	e if less than 5 years				-	3	.004820
4	Enter the net value of noncharitable	-use assets for 2014 from Part X,	line 5			-	4	205,498.
5	Multiply line 4 by line 3					-	5	991.
6	Enter 1% of net investment income	(1% of Part I, line 27b)					6	0.
7	Add lines 5 and 6						7	991.
8	Enter qualifying distributions from E	Part XII, line 4					8	877.
	If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	e 1b, and comp	olete that part using	g a 1% tax rate.			

09450511 252420 8MD4D9

Form 990-PF (2014)

(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.)

300 SHS NEWMONT MINING CORP

b CAPITAL GAINS DIVIDENDS

orm	1990-PF (2014) BILLY & RUBY HALE FAMILY FOUNDATION 31-178	1886	Р	age 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruct	ions	
1a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%			0.
	of Part I, line 27b			1
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-)			0.
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 394.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld		2.0	
	Total credits and payments. Add lines 6a through 6d		33	4.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		2 (94.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		33	0.
	Enter the amount of line 10 to be; Credited to 2015 estimated tax art VII-A Statements Regarding Activities			<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1 1	Yes	No
14	any political campaign?	1a		X
	o Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
U	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	1 1		
c	c) Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
Ū	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$	ļ	İ	- 1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			-
_	managers. ▶ \$ 0 .		i	
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 changes	3		<u>X</u>
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T.	ŀ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or		1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		37	
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
_				
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)	-		
	TX	- [
b	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)	- <u></u> -	Х	
_	of each state as required by General Instruction G? If "No," attach explanation	8b	V	\vdash
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	9		X
40	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	10		X
ΙÜ	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		DE	2014

423531 11-24-14

 $Y_{\frac{1}{2}}^{-1} = Y_{\frac{1}{2}}^{-1} = -\infty$

423541

Form 990-PF (2014)

orm 990-PF (2014) BILLY & RUBY HALE FAMILY FOUNDATION 31-1781886				
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (continu	ued)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\ ?		s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	• • • •		.,	
any voter registration drive?	resource on the second or many		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	·		
the prevention of cruelty to children or animals?		Ye	es 🗶 No	
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		Ņ/A 5	b	
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi				
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es No	1 1 1
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		📙	ib X
If "Yes" to 6b, file Form 8870.			- Ten	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No	
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed the state of the state	agers Highly	N/A 7	<u> </u>	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, Foundation Mar	iagers, nigniy		
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
BILLY E. HALE	PRES/TREAS	James 5 /		
1823 WILCREST				
HOUSTON, TX 77031	0.40	0.	0.	0.
RUBY L. HALE	VP/SECRY			
L1823 WILCREST				
HOUSTON, TX 77031	0.20	0.	0.	0.
JISA A. LATIMER	ASST SECRY			
11823 WILCREST				
HOUSTON, TX 77031	0.10	0.	0.	0.
CARRIE L BEAUCHAMP	ASST SECRY			
11823 WILCREST				_
HOUSTON, TX 77031	0.10	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NUNE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
NONE	devoted to position	 	compensation	allowances
NONE	1			
				
	†			
	1			
	1			
		·		
	1			
Total number of other employees paid over \$50,000				0
	· .			990-PF (2014)

11-24-14

Form 990-PF (2014) BILLY & RUBY HALE FAMILY FOUNDATI	ON 31-1	L781886 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced.	cal information such as the ced, etc.	Expenses
1 N/A		
2		
3		
4		
Port IV B I Common of Brown Balata d Investment		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line.	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions. 3		· · · · · · · · · · · · · · · · · · ·
Total. Add lines 1 through 3		0.

Form 990-PF (2014) BILLY & RUBY HALE FAMIL	Y FOUNDATION	3	1-1781886 Page 8		
Part X Minimum Investment Return (All domestic foundation	ations must complete this part.	Foreign foundation	s, 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	62,687.		
b Average of monthly cash balances		1b	6,842.		
c Fair market value of all other assets		1c	139,098.		
d Total (add lines 1a, b, and c)		1d	208,627.		
e Reduction claimed for blockage or other factors reported on lines 1a and					
1c (attach detailed explanation)	l 1e	0.			
2 Acquisition indebtedness applicable to line 1 assets		_ 2	0.		
3 Subtract line 2 from line 1d		3	208,627.		
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater	amount, see instructions)	_4	3,129.		
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter her		5	205,498.		
6 Minimum investment return. Enter 5% of line 5	· ·				
Part XI Distributable Amount (see instructions) (Section 494)		foundations and certa	ın		
foreign organizations check here and do not complete t	his part.)	. ,			
1 Minimum investment return from Part X, line 6	· · · ·	1_1_	10,275.		
2a Tax on investment income for 2014 from Part VI, line 5					
b Income tax for 2014. (This does not include the tax from Part VI.)	2b				
c Add lines 2a and 2b		_2c	0.		
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	10,275.		
4 Recoveries of amounts treated as qualifying distributions		4	0.		
5 Add lines 3 and 4		5	10,275.		
6 Deduction from distributable amount (see instructions)		6	0.		
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and	on Part XIII, line 1	7	10,275.		
Part XII Qualifying Distributions (see instructions)					
1 Amounts paid (including administrative expenses) to accomplish charitable, e	etc., purposes:				
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	877.		
b Program-related investments - total from Part IX-B		1b	0.		
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	877.		

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

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 9

BILLY & RUBY HALE FAMILY FOUNDATION

Part XIII Undistributed Income (see	instructions)		<u> </u>	
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				10,275.
2 Undistributed income, if any, as of the end of 2014		 	0.	'
a Enter amount for 2013 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010		Ì		
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$877.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				-
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				-
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount			· • •	877.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	0.			0.
(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	0.			<u> </u>
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				-
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.		<u> </u>	0.	·
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				9,398.
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)	0.			· · · · · · · · · · · · · · · · · · ·
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	•	1		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2010	i			
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014		L		

	irt XIV Private Operating Fo	oundations (see ins			N/A	1-1/01000 Page IU
				-A, question sy	N/A	
1 a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for		•		4942(j)(3) or [4942(j)(5)
	Check box to indicate whether the found Enter the lesser of the adjusted net	Tax year	y toutiuation described i	Prior 3 years		4942())(5)
2 8	- ·· · · · · · · · · · · · · · · · · ·	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	income from Part I or the minimum	(4) 2011	(5) 2010	(0) 20.2	(0) 2011	(0) :012:
	investment return from Part X for					
	each year listed					
	85% of line 2a		<u> </u>			
C	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not		<u></u>			
	used directly for active conduct of					
	exempt activities					
	Qualifying distributions made directly					
•	for active conduct of exempt activities.					1
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	<u> </u>				
	alternative test relied upon:					
8	*Assets* alternative test - enter: (1) Value of all assets				1	
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
t	"Endowment" alternative test - enter					Ì
	2/3 of minimum investment return shown in Part X, line 6 for each year					
	listed					
•	"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		ļ			
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income		-	 		
Pa	art XV Supplementary Info	rmation (Comple	te this part only i	f the foundation	on had \$5,000 o	r more in assets
	at any time during t				·	
1	Information Regarding Foundatio	n Managers:	-			
	a List any managers of the foundation wh			ributions received by	the foundation before	the close of any tax
	year (but only if they have contributed in	nore than \$5,000). (See s	ection 507(d)(2).)			
_	LLY E. HALE					
	 List any managers of the foundation wh other entity) of which the foundation har 			(or an equally large p	ortion of the ownership	p of a partnership or
NC	ONE	-				
2	Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
	Check here ▶ ☐ If the foundation of	only makes contributions	to preselected charitable	organizations and do	es not accept unsolicit	ted requests for funds. If
_	the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations i	inder other condition:	s, complete items 2a, t	o, c, and d.
	a The name, address, and telephone num	ber or e-mail address of t	the person to whom appli	cations should be ad	dressed:	
S	EE STATEMENT 6					
	b The form in which applications should b	e submitted and informa	tion and materials they s	hould include:		
	c Any submission deadlines:					
_						
	d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions,	, or other factors:	

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Year Recipient	If recipient is an individual			 -
Name and address (home or business)	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
a Paid during the year	or substantial contributor	rooipioni		
• •				
NONE				
2.55.2				
				<u> </u>
-	i			
Total			<u> </u>	0
b Approved for future payment			- Ja	
NONE				
Total		•	▶ 3b	(

Part XVI-A	Analysis of Income-Producing	Activitie
	•	

Enter gross amounts unless otherwise indicated.	Unrelated	l business income		section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	code	Amount	function income
a					
b					
c					
d					
e					
1					
Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	773.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property .			l		
7 Other investment income					
8 Gain or (loss) from sales of assets other	İ				
than inventory		<u></u>	14	-8,318.	
9 Net income or (loss) from special events	<u> </u>				
O Gross profit or (loss) from sales of inventory					
1 Other revenue:			1 1		
a					
b	_				
C	_				
d	_		\perp		
e	_				
2 Subtotal. Add columns (b), (d), and (e)				-7,545.	
3 Total. Add line 12, columns (b), (d), and (e)				13	-7,545
See worksheet in line 13 instructions to verify calculations	S.)				

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
		
	 	
423621 11-24-14	Form 990-PF (2	2014

Form 990-PF (20	D14) BILLY	& RUBY HA	ALE FAM	ILY FOUNDATI	ON	<u>31-1</u> 78:	1886	Page 13
Part XVII	Information Re Exempt Organi	•	fers To a	nd Transactions ar	nd Relationsh	ips With Nonchar	itable	
1 Did the east			f the fellower	th and other expenses	a described in contro	on 501(a) of	Ye Ye	es No
				g with any other organizatio		און פט ו(ט) טו	7.3.4.€ Y €	
-	from the reporting founda	• • • • • • • • • • • • • • • • • • • •		7, relating to political organi	Zations			
	from the reporting founda	mon to a noncharitad	ie exempt org	anizanon oi.			1a(1)	X
(1) Cash	acasta						1a(1)	$\frac{\lambda}{x}$
(2) Other b Other trans							14(Z)	- 1
	sactions, of assets to a noncharital	nla avamnt araanizati	on.				1b(1)	X
٠,,								X
. ,	ases of assets from a nor		yanızanon				1b(2)	$\frac{x}{x}$
٠,,	I of facilities, equipment,	UI UIIIEI asseis					1b(3)	X
, ,	oursement arrangements						1b(4)	$\frac{x}{x}$
` '	or loan guarantees rmance of services or me	mharchin ar fundraic	ına colicitation	ne			1b(5) 1b(6)	- X
. ,	facilities, equipment, ma	•	-				1c	- X
_		-		dule. Column (b) should alv	vave chow the fair m	arket value of the goods		
	· ·		-	d less than fair market value				,
) the value of the goods,			u 1633 tilali ilali ilialikot valut	In any transaction	or sharing arrangement, a	11011	
	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and	sharing arrangi	ements
(0)	(5) / 411-5411 111-511-55	(0) 1141110 01	N/A	onompt or gameanon	(6) 3000 1500			
					 			
						 -		
	-		1414					
								
				-			· · · · · · · · · · · · · · · · · · ·	
					-			
					-	-		
	-				1	· <u> </u>		
2a is the four	ndation directly or indirec	tly affiliated with or r	elated to one	or more tax-exempt organi	rations described			
	501(c) of the Code (othe	•	-			Ţ.	Yes	X No
	omplete the following sch		(=), 0 000			_		
	(a) Name of org			(b) Type of organization		(c) Description of relations	ship	
	N/A					· · · · · · · · · · · · · · · · · · ·		
							_	
						·		
				-				
Under	penalties of perjury, Jacobare	that I have examined this	eturn including	accompanying schedules and st taxpayer) is based on all informat	atements, and to the be	st of my knowledge	ay the IRS disc	use this
Sign L		\ <i>I</i>	pared other than		tion of which preparer ha		turn with the pr nown below (se	reparer
Here	X /ray	b a c	V-CI	- 1 Sli8/15	Presiden	of I	X Yes	No No
Sign	nature of officer or trustee			Date	Title			
	Print/Type preparer's na	ame	Preparer's/8	ignature /	Date	Check If PTIN		
			1//:	25//	Shelin	self- employed		
Paid	VICTOR E.	HARRIS	//UK) / Nac	19/11/15		00251	94
Preparer	Firm's name ► WER		RRIS.	PC	<u>. </u>	Firm's EIN ► 74-1		
Use Only			,					
-	Firm's address ► 33	55 W. ALA	BAMA.	SUITE 900		 		
		USTON, TX				Phone no. 713-9	61-55	44

423822 11-24-14

Phone no. 713-961-5544
Form 990-PF (2014)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

B	ILLY & RUBY HALE FAMILY FOUNDATION	31-1781886				
Organization type (check o	one)·					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)	is covered by the General Rule or a Special Rule .	e. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount Z, line 1 Complete Parts I and II	or 16b, and that received from				
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a putions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educatively to children or animals. Complete Parts I, II, and III.	-				
year, contribution is checked, enter purpose. Do not d	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section sections are exclusively for religious, chantable, etc., purposes, but no such contributions totaled me here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because in the organization section of the parts unless the General Rule applies to the organization because in the organization section of the parts unless the General Rule applies to the organization because in the organization section of the parts unless the General Rule applies to the organization because in the organization section of the parts unless the General Rule applies to the organization because in the organization of the parts unless the General Rule applies to the organization because in the organization of the parts unless the General Rule applies to the organization because in the organization of the parts unless the General Rule applies to the organization because in the organization of the parts unless the General Rule applies to the organization because in the organization of the organizati	ore than \$1,000. If this box s, charitable, etc.,				
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule E in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

BILLY	&	RUBY	HALE	FAMILY	FOUNDATION
-------	---	------	------	---------------	------------

31-1781886

Part 1 9	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BILLY E HALE 11823 WILCREST HOUSTON, TX 77031	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BILLY & RUBY HALE FAMILY FOUNDATION

31-1781886

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
		 \$	900 990-E7 or 990-PF) (2014)

Name of org	anization				Employer identification number			
BTLLY	& RUBY HALE FAMILY FOUN	IDATTON			31-1781886			
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ibutions to organizations d columns (a) through (e) and charitable, etc., contributions c	d the following line	entry, For organizations	0) that total more than \$1,000 for			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Descr	iption of how gift is held			
		(a) Tanan						
	Transferee's name, address, an		fer of gift R	elationship of tran	sferor to transferee			
(a) No.	-							
from Part I	(b) Purpose of gift	gift ————	(d) Descr	iption of how gift is held				
		(e) Trans	fer of gift					
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	gift	(d) Desc	iption of how gift is held				
ļ		(a) Trans	for of oith					
	Transferee's name, address, ar		fer of gift F	lelationship of trar	sferor to transferee			
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift (d) Description of how gif		ription of how gift is held			
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	F	Relationship of transferor to transferee				
]					

FORM, 990-PF	ACCOUNTI	NG FEES	Si	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,754.	877.	0.	877.
TO FORM 990-PF, PG 1, LN 16B	1,754.	877.	0.	877.
FORM 990-PF C	THER PROFES	SIONAL FEES	Sī	FATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISOR FEES	597.	597.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	597.	597.	0.	0.
FORM 990-PF	TAX	ES	S	FATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN DIVIDEND TAXES	102.	102.	0.	0.
TO FORM 990-PF, PG 1, LN 18	102.	102.	0.	0.

FORM 990-PF	CORPO	RATE STOCK		STATEMENT 4
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
AGNICO EAGLE MINES LTD EL DORADO GOLD CORP FIRST MAJESTIC SILVER FRANCO NEV CORP GOLD CORP INC NEWMONT MINING CORP PERMANENT PORTFOLIO FUND SILVER WHEATON CORP SILVERCORP METALS INC YAMANA GOLD INC			16,696. 9,583. 5,051. 12,019. 8,529. 0. 5,830. 9,066. 6,784. 5,400.	9,956. 4,864. 1,757. 14,757. 3,704. 0. 4,860. 6,099. 1,300. 1,608.
TOTAL TO FORM 990-PF, PART I	I, LINE 1	0B -	78,958.	48,905
FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AIG LIFE INSURANCE		COST	139,527.	139,098
TOTAL TO FORM 990-PF, PART I	I, LINE 1	3	139,527.	139,098

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 6

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BILLY HALE 11823 WILCREST HOUSTON, TX 77031

TELEPHONE NUMBER

281-879-5600

FORM AND CONTENT OF APPLICATIONS

WRITTEN APPLICATION IN THEIR OWN WORDS SPECIFYING THE AMOUNT REQUESTED AND HOW THE FUNDS WILL BE USED.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

internal net	reliue Sel Vice	Information about Form 8800	o and its i	ilisti dedolis is at www.iis.gov/ioiii.	10000 •		
• If you	are filing for an Au	tomatic 3-Month Extension, complete	e only Par	t I and check this box			► X
If you	are filing for an Ad	ditional (Not Automatic) 3-Month Exte	ension, co	omplete only Part II (on page 2 of	this form).		
Do not c	omplete Part II uni	ess you have already been granted a	n automat	ic 3-month extension on a previousl	y filed Forr	n 8868.	
Electror	nic filing <i>(e-file</i>) . Y	ou can electronically file Form 8868 if ye	ou need a	3-month automatic extension of time	ne to file (6	months for a cor	poration
required	to file Form 990-T)	, or an additional (not automatic) 3-mon	th extensi	on of time. You can electronically fil	e Form 886	88 to request an	extension
	•	ms listed in Part I or Part II with the exc					
	-	, which must be sent to the IRS in pape	•				
visit ww		click on e-file for Charities & Nonprofits.					
Part I	Automat	ic 3-Month Extension of Time.	Only s	ubmit original (no copies nee	eded).		
A corpo	ration required to fi	le Form 990-T and requesting an autom	atic 6-moi	nth extension - check this box and c	omplete		
Part I on	ly .						
		iding 1120-C filers), partnerships, REMI	Cs, and tru	usts must use Form 7004 to request	an extensi	on of time	
to file inc	come tax returns.				Enter file	r's identifying n	umber
Type or	Name of exem	pt organization or other filer, see instruc	ctions.		Employer	identification nu	mber (EIN) or
print	DTTT 17 6	D*************************************	TDTD 3 ///	TOM		21 1701	006
File by the		RUBY HALE FAMILY FO			<u> </u>	31-1781	
due date fo filing your	Number, street 11823 W:	t, and room or suite no If a P.O. box, se TT.CREST	e instruct	ions.	Social se	curity number (S	SN)
return See		ost office, state, and ZIP code. For a fo	reign addi	ress see instructions			_
	HOUSTON		reigir addi	ess, see mondellons.			
	1	,					
Enter th	e Return code for t	he return that this application is for (file	a senarat	e application for each return)			0 4
Litter til	c netarri code for t	The return that this application is for the	a separat	application for each retain,		•	[<u>*</u> 1-1
Applica	tion		Return	Application			Return
Is For			Code	Is For		Code	
	0 or Form 990-EZ		01	Form 990-T (corporation)			07
Form 99		 	02	Form 1041-A			08
	'20 (individual)		03	Form 4720 (other than individual)			09
Form 99			04	Form 5227			10
	0-T (sec. 401(a) or	408(a) trust)	05	Form 6069		 	11
	0-T (trust other tha		06	Form 8870			12
	or (naor oaror are	BILLY E. HALE					
• The b	oooks are in the ca	re of ▶ 11823 WILCREST	- HOU	ISTON, TX 77031-191	L9		
		1-879-5600		Fax No. ▶			
•		not have an office or place of business	in the Uni	ited States, check this box			ightharpoons
	•	turn, enter the organization's four digit (If this is fo	the whole group	p, check this
		art of the group, check this box	1			-	
		tic 3-month (6 months for a corporation					
	AUGUST 1		-	tion return for the organization name		The extension	
ıs	for the organizatio	n's return for:					
•	X calendar yea	ar 2014 or					
>	tax year beg	inning	, an	d ending			
2 lf	the tax year entere	d in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	n	
[ounting period					
3a If	this application is f	for Forms 990-BL, 990-PF, 990-T, 472 0,	or 6069, e	enter the tentative tax, less any			_
_		ts. See instructions.			3a	\$	0.
	• •	for Forms 990-PF, 990-T, 4720, or 6069					204
		ents made. Include any prior year overp			3b	\$	394.
		act line 3b from line 3a. Include your pa	-				^
		ctronic Federal Tax Payment System) S			3c	\$.5 .5=====	0.
		o make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 8	453-EO an	a Form 8879-EO	tor payment
instruct	10/18						

Form 8868 (Rev 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 423841 05-01-14