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Form **990-PF**

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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number THE STEVENS FAMILY FOUNDATION 58-6403668 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 247 (601) 797-4551 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 39119 MT. OLIVE, MS G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 147,482. (Part I, column (d) must be on cash basis.) ▶\$ **Analysis of Revenue and Expenses** Part i (c) Adjusted net (a) Revenue and (b) Net investment (d) Disbursements (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 0. Contributions, gifts, grants, etc., received N/A Check X If the foundation is not required to attach Sch B SCANNED DEC 03 2015 Interest on savings and temporary cash investments 829 829. STATEMENT Dividends and interest from securities 4,257. 4,257 STATEMENT 5a Gross rents b Net rental income or (loss) 803. 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 803. 7 Capital gain net income (from Part IV, line 2) 803. Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 5,889 12 Total. Add lines 1 through 11 5,889 8 0 0. 0 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 1,250 1,250 **b** Accounting fees 0. c Other professional fees Operating and Administrative 17 Interest 73. 18 Taxes STMT 4 0 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 1,250 expenses. Add lines 13 through 23 1,323 25 Contributions, gifts, grants paid 4,500. 4,500. 26 Total expenses and disbursements. 5,823. 1,250 Add lines 24 and 25 4,500. 27 Subtract line 26 from line 12: 66. a Excess of revenue over expenses and disbursements 4,639 b Net investment income (if negative, enter -0-)

N/A

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LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

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THE STEVENS FAMILY FOUNDATION

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Р	art IV Capital Gains	and Lo	sses for Tax on Ir	vestment	Income					_	
	(a) List and desi 2-story brick w	cribe the kir arehouse; o	nd(s) of property sold (e.g or common stock, 200 sh	., real estate, s. MLC Co.)		(b)	low ac - Purcl - Dona	quired hase ition	(c) Date a		(d) Date sold (mo., day, yr.)
1a	CAPITAL GAINS	DIVII	DENDS								-
<u>b</u>						_			-		
_ <u>c</u>			······································							-	
_ <u>d</u> _e											
		(f) [Depreciation allowed	(a) Cos	t or other basis	'			/h) G	ain or (loss	l \
	(e) Gross sales price	(1)	(or allowable)		xpense of sale					s (f) minus (
a	803.			·							803
<u>b</u>											
<u> </u>		1									
<u>d</u>											
<u>e</u>	Complete only for assets show	100 0010 10 4	column (h) and owned by	the foundation	on 10/21/60					-1 (1-)	
	Complete only for assets show	1	i) Adjusted basis	T	cess of col. (i)					iol. (h) gain not less thai	
	(i) F.M.V. as of 12/31/69	'	as of 12/31/69		cess of col. (1) col. (j), if any	Ì			Losses	(from col. (h))
a	· · · · · · · · · · · · · · · · · · ·			 							803.
b											
		1					L	_			· ·
<u>d</u>				=						•	
<u>e</u>		<u> </u>		<u> </u>							
2	Capital gain net income or (net c	apıtal loss)	If gain, also ente	r in Part I, line :)- in Part I, line	7 7	}	2				803
3	Net short-term capital gain or (lo	oss) as defi	•			(
	If gain, also enter in Part I, line 8	, column (d	c).	. , ,)					
ГБ	If (loss), enter -0- in Part I, line 8 Part V Qualification I		ection 4940(e) for	Dadwaad	Tow on Not		3			N/A	
Wa If "	section 4940(d)(2) applies, leave as the foundation liable for the se Yes," the foundation does not qui Enter the appropriate amount in	ction 4942 alify under	tax on the distributable an section 4940(e). Do not co	omplete this pa	rt.						Yes X No
<u>-</u>	(a)	each colui		iistructions bei	Tote making any e						(d)
	Base periód years Calendar year (or tax year beginr	וווט ווי)	(b) Adjusted qualifying dis	stributions	Net value of no	(c) oncha	ı rıtable-	use assets	.		(d) oution ratio vided by col. (c))
	2013			7,000.				9,792		(50 (5) 6	.05843
	2012			5,600.				9,688			.05617
_	2011			7,080.				0,753			.078014
	2010		<u> </u>	7,099.				5,465			.074362
	2009			6,878.				6,626	5.		.089763
	Total of line 1, column (d)								2		.35674
	Average distribution ratio for the the foundation has been in exist.			on line 2 by 5,	or by the number	of ye	ears		3		.071349
4	Enter the net value of noncharita	ıble-use ass	sets for 2014 from Part X,	line 5					4		141,473
5	Multiply line 4 by line 3								5		10,094
6	Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6		46
7	Add lines 5 and 6								7		10,140
8	Enter qualifying distributions fro	m Part XII,	line 4						8		4,500
	If line 8 is equal to or greater that See the Part VI instructions.	ın lıne 7, ch	eck the box in Part VI, line	e 1b, and comp	lete that part usir	ng a 1	% tax	rate.			

	n 990-PF (2014) THE STEVENS FAMILY FOUNDATION		<u>6403</u>			age 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ı	nstru	Ctior	<u>15)</u>
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%	1	ļ			<u>93.</u>
	of Part I, line 27b	ļ				
	e All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			_	<u>0.</u>
3	Add lines 1 and 2	3	ļ			93.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				93.
6	Credits/Payments:		1			
	a 2014 estimated tax payments and 2013 overpayment credited to 2014	_				
	Exempt foreign organizations - tax withheld at source	_				
	Tax paid with application for extension of time to file (Form 8868)	_				
	Backup withholding erroneously withheld	_				_
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	1			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u>93.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	· 11				
	art VII-A Statements Regarding Activities		-	г	V	NI.
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in		· · · · ·	Yes	No
	any political campaign?			1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definit			1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	shed or				
	distributed by the foundation in connection with the activities.			1. 1		7.7
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
0	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		•				
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
_	managers. ► \$,		v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
	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	i, Oi		,		₩
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		$\frac{x}{x}$
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year?	,	A/I	4a 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	N/A	5		X
5	If "Yes," attach the statement required by General Instruction T.			-		
•	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
U	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 s 	ate law				
	remain in the governing instrument?	ale law		6	X	
7		Y I/		7	X	
•	blo the foundation have at least \$6,000 in assets at any time during the year. If Tes, Complete Fait II, Col. (c), and Fait	~*			- 22	
R:	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
06	GA, MS					
,	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)					
١	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9		alendar				
٠	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM	г 6	10	X	

	999-PF (2014) THE STEVENS FAMILY FOUNDATION 58-6403 art VII-A Statements Regarding Activities (continued)	3668		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
••	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<u> </u>		
-	If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	The books are in care of ► NORMAN STEVENS Telephone no. ► (601)	797	-45	51
• •	Located at ▶ P.O. BOX 247, MT. OLIVE, MS ZIP+4 ▶39			<u> </u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	1.0		
	foreign country			
Pa	art 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	10		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
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?			
	If "Yes," list the years \blacktriangleright			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
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? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 jeonardy before the first day of the tay year beginning in 20142	46		v

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Part VII-B Statements Regarding Activities for Which F	form 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:				İ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	s X No	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		s X No		
the prevention of cruelty to children or animals?	lor the eventuage described .		S LAL NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check h	•			<u> </u>	_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ınad			
expenditure responsibility for the grant?		ĭ∕A ☐ Ye	s No		
If "Yes," attach the statement required by Regulations section 53 4945		1/A	* NO		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	, ,				
a personal benefit contract?	Day promiums on	□ Ve	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?		1	6b	x
If "Yes" to 6b, file Form 8870	ordenial benefit defit det				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trusto		nagers, Highly			
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		14.0	(al) 0	1	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Hame and address	to position	enter -0-)	compensation	allo	owances
					_
SEE STATEMENT 7		0.	0.		0.
				 	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	L		
	(b) Title, and average		(d) Contributions to		Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	acco	ount, other owances
NONE	devoted to position	-	compensation	un	Wallocs
NONE					
		_			
				-	
					``
Total number of other employees paid over \$50,000			>		0

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Part VIII Information About Officers, Directors, Trustees, Foundation I Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	
(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 statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, e	rmation such as the	Expenses
1 THE ORGANIZATION MADE GRANTS OF \$4,500 TO VARIO ENTITIES LISTED AT PART XV.	US CHARITABLE	
		4,500.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 THE ORGANIZATION HAS INVESTED ITS FUNDS IN CORP AND MONEY MARKET FUNDS.	ORATE STOCKS	
		0.
2		
All other program related investments. See instructions	•	
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	<u> </u>	<u> </u>

58-6403668 Form 990-PF (2014) THE STEVENS FAMILY FOUNDATION Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 122,355. a Average monthly fair market value of securities 1a 21,272. b Average of monthly cash balances 1b c Fair market value of all other assets 1c 143,627. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 2,154. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 141,473. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 5 Minimum investment return. Enter 5% of line 5 7.074. 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.) 7,074. Minimum investment return from Part X, line 6 93. 2a Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014. (This does not include the tax from Part VI.) 2b c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 6.981. 5 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 6 6.981 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 4,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3Ь 4,500. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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6

4.500.

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.

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,				5 001
line 7				6,981.
Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only			0.	
b Total for prior years:		0	0.	
Excess distributions carryover, if any, to 2014:		0.		
a From 2009 3,091.				
b From 2010 2,328.				
c From 2011 2,582.				
d From 2012 680.				
e From 2013 1,083.				
f Total of lines 3a through e	9,764.			
4 Qualifying distributions for 2014 from	3,701.			
Part XII, line 4: ► \$4,500.				
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				4,500.
e Remaining amount distributed out of corpus	0.			±,500.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	2,481.			2,481.
must be shown in column (a)) 6 Enter the net total of each column as		•		
indicated below:	7 202			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,283.			·
b Prior years' undistributed income. Subtract		0		
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		<u></u>		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line		. * . *		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of		,,,,,,		- · · · · · · · · · · · · · · · · · · ·
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	610.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	6,673.			
10 Analysis of line 9:				
a Excess from 2010 2,328.				
b Excess from 2011 2,582.				
c Excess from 2012 680.				
d Excess from 2013 1,083.				
e Excess from 2014				
423581 11-24-14				Form 990-PF (2014)

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Part XIV Private Operating F			A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	he ruling	.		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				1	
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			<u> </u>		
(2) Value of assets qualifying					1
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					1
shown in Part X, line 6 for each year					i
listed					
c "Support" alternative test - enter:					1
(1) Total support other than gross					1
investment income (interest, dividends, rents, payments on					i
securities loans (section					1
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					1
section 4942(j)(3)(B)(iii)					1
(3) Largest amount of support from					
an exempt organization					1
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	f the foundatio	n had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total conti	ributions received by th	ne foundation before the clos	se of any tax
year (but only if they have contributed r			•		•
NORMAN G. STEVENS, J	r.				
b List any managers of the foundation wh		e stock of a corporation (or an equally large por	tion of the ownership of a pa	artnership or
other entity) of which the foundation ha			. , , , ,	, ,	•
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		_
			•	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num				<u> </u>	
NORMAN STEVENS, 601-		о рогоот то ттот арр			
P.O. BOX 247, MT OLI		9			
b The form in which applications should t			only include.	··· - 2/-	
WRITTEN REQUESTS IN		•			
c Any submission deadlines:	DELIER FORM	AI AND ACCE	I INDUE.		
NONE					
d Any restrictions or limitations on award	e cuch ac by apparaching	al areae inhantable fields	kinds of institutions of	r other factors:	, <u> </u>
NONE	o, odon do by geograpilita	a. 693, GHAHADIC HEIUS,	minus of manufutions, O	OUTER INGUES.	
·					

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution show any relationship to Foundation Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN RED CROSS NONE EXEMPT RELIGIOUS 2025 E STREET NW WASHINGTON DC 20006 500. COVENANT THEOLOGICAL SEMINARY NONE EXEMPT RELIGIOUS 12330 CONWAY ROAD ST LOUIS MO 63141 500. FRENCH CAMP ACADEMY NONE EXEMPT RELIGIOUS ONE FINE PLACE FRENCH CAMP, MS 39745 500, HABITAT FOR HUMANITY NONE EXEMPT RELIGIOUS 270 PEACHTREE STREET, SUITE 1300 ATLANTA GA 303091263 500. PALMER HOME NONE EXEMPT RELIGIOUS P.O. BOX 746 COLUMBUS MS 39703 500. SEE CONTINUATION SHEET(S) → 3a Total 4.500. b Approved for future payment NONE Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclude	d by section 512, 513, or 514	(e)
Program service revenue:	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	code		code	7	
b					
		<u></u>		· · · · · · · · · · · · · · · · · · ·	
c				· · · · · · · · · · · · · · · · · · ·	
d					
e	— 				
g Fees and contracts from government agencies	— 				
			+ +		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			1 4	000	
Investments			14	829. 4,257.	
4 Dividends and interest from securities			 14	4,25/.	
5 Net rental income or (loss) from real estate:			+ +		
a Debt-financed property			+	1	
b Not debt-financed property	<u> </u>		+ +		
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	803.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			 		
b					
C					
d					
e			ļl		
2 Subtotal. Add columns (b), (d), and (e)		0.		5,889.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	5,889
See worksheet in line 13 instructions to verify calculation	ns.)				
Part XVI-B Relationship of Activiti	ies to the Acco	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which the foundation's exempt purposes (other			A contribut	ted importantly to the accomp	lishment of
3 INVESTMENTS PROVIDE	 	 	CCOM	PLISH THE EXE	MPT PITEPOSE
4 INVESTMENTS PROVIDE					
8 INVESTMENTS PROVIDE					
	12211101111	TONDO TO T	1CCOM	THE TABLE	INT TORTODE
		· · · · · ·			

423622 11-24-14

4) THE STEVENS FAMILY FOUNDATION 58-6403668 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

1	Did the or	ganization directly or indir	rectly engage in any	of the followin	g with any other organizatio	n described in section	on 501(c) of		Yes	No
	the Code (other than section 501(c))(3) organizations) o	r in section 52	7, relating to political organi	zations?	•			
a	Transfers	from the reporting founda	ation to a noncharital	ble exempt org	ganization of:			ŀ		
	(1) Cash							1a(1)		_ <u>X</u> _
	(2) Other	assets					ļ	1a(2)		<u>X</u>
	Other tran									
		of assets to a noncharital					To the second se	<u>1b(1)</u>		<u>X</u>
	` '	nases of assets from a nor	•	organization			ř	1b(2)		<u>X</u>
	` '	il of facilities, equipment, i					ř	1b(3)		<u>X</u>
	` '	bursement arrangements					To the second se	1b(4)		<u>X</u>
		s or loan guarantees					T T	1b(5)		X
		rmance of services or me	•	-			-	1b(6)		X
		f facilities, equipment, mai	-			vave chow the fair m	L narket value of the goods, oth	1c	otc	
							or sharing arrangement, sho		C13,	
) the value of the goods, (ou lood that han market full	o in any transaction	or onaring arrangement, one	,,,,		
(a) Lir		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and sha	aring art	angeme	nts
				N/A						
					··					
							····			
										
		· - ·								
						 				
2a	Is the four	ndation directly or indirect	tly affiliated with, or i	related to, one	or more tax-exempt organiz	zations described				
		501(c) of the Code (other						Yes	X	No
		omplete the following sch								
		(a) Name of org	anization		(b) Type of organization	((c) Description of relationship)		
		N/A								
		 -	 							
						·				
	Linner		AL-1111							
e:-	مطامعت أ				ig accompanying schedules and n taxpayer) is based on all inform		May t		discuss e prepar	
Sig He		no la	11	1 _	11/1/20	MD WOME	show	<u>n</u> below	(see ins	tr)?
	<u> </u>	nature of officer or trustee			Date	Truste Title	EE	Yes		J No
	Sigi	Print/Type preparer's na		Preparer's s		Date	Check If PTIN			
		Timo Typo proparer 5 ha		i ichaici 9 9	gnaturo	Date	self- employed			
Pai	d	R BUCK COA	ጥር ሮኮል	R BIICK	COATS, CPA	11/11/15	POO	220	991	
	parer	Firm's name ► HOR		r DUCK	CORID, CER	<u>///</u>	Firm's EIN ► 20-19			
	Only						1			
	_	Firm's address ▶ 10	20 HIGHLA	ND COL	ONY PKWY, ST	E. 400				
			DGELAND,		*		Phone no. (601)	326	-10	00
				•						(2014)

THE STEVENS FAMILY FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation **Amount** status of Name and address (home or business) recipient REFORMED THEOLOGICAL SEMINARY NONE EXEMPT RELIGIOUS 5422 CLINTON BLVD. 500, JACKSON MS 392093099 SALVATION ARMY NONE EXEMPT RELIGIOUS P.O. BOX 31954 500. JACKSON MS 392861954 ST. JUDE CHILDREN RESEARCH HOSPITAL NONE EXEMPT MEDICAL 262 DANNY THOMAS PLACE 500, MEMPHIS, TN 38105 WORLD VISION NONE EXEMPT RELIGIOUS P.O. BOX 9716 FEDERAL WAY, WA 980639716 500. 2,000. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE	(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM		
MORGAN STANLEY SMIT	H BARNEY		829.		829.		
TOTAL TO PART I, LI		829.		829.			
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) VENUE BOOKS	(B) NET INVES MENT INCO		
MORGAN STANLEY SMITH BARNEY	5,060	. 80	3.	4,257.	4,25	7.	
TO PART I, LINE 4	5,060	80	3.	4,257.	4,25	7.	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(E NET IN MENT I	WEST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		1,250.		1,250.			0.
TO FORM 990-PF, PG	1, LN 16B	1,250.		1,250.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET IN	3) IVEST- INCOME	(C) ADJUSTED NET INCOM		
EXCISE TAX		73.		0.			0.
TO FORM 990-PF, PG	1 TN 10	73.		0.			0.

FORM 990-PF	CORPORATE STOCK		STATI	EMENT	5
DESCRIPTION		BOOK VALUE		MARKE'	т
STOCKS		153,41	8.	126,5	32.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	153,41	.8.	126,5	32.
	F SUBSTANTIAL CONTRIB PART VII-A, LINE 10	UTORS	STATI	EMENT	6
NAME OF CONTRIBUTOR	ADDRESS				
NORMAN G. STEVENS	P.O. BOX 247 MT. OLIVE, MS	39119			
TRUSTEE	- LIST OF OFFICERS, D S AND FOUNDATION MANA TITLE AND AVRG HRS/WK	COMPEN-	STATI EMPLOYEE BEN PLAN CONTRIB		SE
NAME AND ADDRESS NORMAN G. STEVENS, JR. P.O. BOX 247	S AND FOUNDATION MANA	COMPEN-	EMPLOYEE BEN PLAN	EXPEN	SE NT
NAME AND ADDRESS NORMAN G. STEVENS, JR. P.O. BOX 247 MT OLIVE, MS 39119 SUSAN STEVENS SHULER P.O. BOX 247	S AND FOUNDATION MANA TITLE AND AVRG HRS/WK TRUSTEE	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	SE NT
NAME AND ADDRESS NORMAN G. STEVENS, JR. P.O. BOX 247 MT OLIVE, MS 39119 SUSAN STEVENS SHULER P.O. BOX 247 MT OLIVE, MS 39119 NORMAN G. STEVENS, III P.O. BOX 247	TITLE AND AVRG HRS/WK TRUSTEE 0.00	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	O .
NAME AND ADDRESS NORMAN G. STEVENS, JR. P.O. BOX 247 MT OLIVE, MS 39119	TITLE AND AVRG HRS/WK TRUSTEE 0.00 TRUSTEE 0.00	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPEN	

THE STEVENS FAMILY FOUNDATION			58	-6403668
ROBERT LEE STEVENS P.O. BOX 247 MT OLIVE, MS 39119	TRUSTEE 0.00	0.	0.	0.
CONRAD K. SHULER II P.O. BOX 247 MT OLIVE, MS 39119	TRUSTEE 0.00	0.	0.	0.
JOY SMITH STEVENS P.O. BOX 247 MT OLIVE, MS 39119	TRUSTEE 0.00	0.	0.	0.
MARK F. MCINTOSH P.O. BOX 247 MT OLIVE, MS 39119	TRUSTEE 0.00	0.	0.	0.
JOHN M. GUICE P.O. BOX 247 MT OLIVE, MS 39119	TRUSTEE 0.00	0.	0.	0.
EVA INGRAM STEVENS P.O. BOX 247 MT OLIVE, MS 39119	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.