

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



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

OMB No 1545-0052

▶ 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.lrs.gov/form990pf.

Ē	or c	alend	dar year 2014 or tax year beginning NC	OV :	1, 2014	, and en	ding	OCT 31, 2015	5
	Nam	e of	foundation					A Employer identificatio	n number
	T	ΗE	1687 FOUNDATION					26-3772474	1
_	Num	ber an	nd street (or P O box number if mail is not delivered to str	reet add	iress)		Room/suite	B Telephone number	
	P	O E	BOX 11283					432-618-17	731
-	City	or to	wn, state or province, country, and ZIP or foreig	ın post	al code			C If exemption application is	pending, check here
-					Initial return of a fo	rmar public of		D 1. Foreign organization	s aback hore
,	1 U	IECK	all that apply: Initial return		Amended return	irriter public ci	iarity	1. Foreign organization	s, check here
			Address change		Name change			Foreign organizations m check here and attach c	eeting the 85% test,
-	1 C	hack	type of organization: X Section 501(c)(3)) exem	<u>-</u>				
•	Ü	_	ction 4947(a)(1) nonexempt charitable trust		ner taxable private founda	ition		E If private foundation sta under section 507(b)(1	
ī	Fa		rket value of all assets at end of year J Accou			Accru	ıal	F If the foundation is in a	
			Part II, col. (c), line 16)		(specify)		-	under section 507(b)(1	
	•		23,574,941. (Part I, co			pasis.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ſ	_	rt I	Analysis of Revenue and Expenses		(a) Revenue and	(b) Net inv	estment/	(c) Adjusted net	(d) Disbursements
			The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	ot	expenses per books	inco		ıncome	for charitable purposes (cash basis only)
-		1	Contributions, gifts, grants, etc., received		8,006,590.			N/A	
			Check In the foundation is not required to attach Sch. B						
		3	Interest on savings and temporary cash investments		3,395.		3,395.		STATEMENT 1
	ļ	4	Dividends and interest from securities		4,816.		<u>4,816.</u>		STATEMENT 2
	Ì	5a	Gross rents	L					
		b	Net rental income or (loss)					K2:0	C ₋ V ₋ C
	a	6a	Net gain or (loss) from sale of assets not on line 10	L	-19,310.				
	Revenue	b	Gross sales price for all assets on line 6a 11,474.	<u>•</u>				IE MAR	1 8 2016 S
	ě	7	Capital gain net income (from Part IV, line 2)				0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2011
ထ	-		Net short-term capital gain	<u> </u>				7 17 1	
2016		9	Income modifications Gross sales less returns	-	_ .			1	
3			and allowances	+					
N			Less Cost of goods sold						
<u> </u>			Gross profit or (loss)	\vdash	1,691,043.	1 69	1,043.		STATEMENT 3
MAR			Other income Total Add lines 1 through 11	-	9,686,534.		9,254.		DITTI BILLIA
α		<u>12</u> 13	Compensation of officers, directors, trustees, etc	-	28,250.	1,00	0.		0.
W.			Other employee salaries and wages		124,768.		0.		0.
NNED			Pension plans, employee benefits			•			
_	es		Legal fees STMT 4		4,867.		0.		0.
) N	ens		Accounting fees STMT 5		15,250.		1,500.		0.
•	Expenses		Other professional fees STMT 6		240,830.	7.	5,000.		0.
	ve	17	Interest						
	rati	18	Taxes STMT 7	L	21,016.		0.		0.
	nist	19	Depreciation and depletion	<u> </u>	2,683.		0.		
	Įmį		Occupancy	_	68,492.		0.		0.
	ΑC		Travel, conferences, and meetings		30,158.		0.		0.
	and		Printing and publications	_	5,564.		0.		0.
	ing		Other expenses STMT 8	-	457,873.		0.	<u> </u>	0.
	rat	24	Total operating and administrative		000 751	7	c =00		
	Operating and Administrative		expenses. Add lines 13 through 23	\vdash	999,751. 2,577,658.		6,500.		2,577,658.
			Contributions, gifts, grants paid	\vdash	4,311,030.	-			2,311,030.
		20	Total expenses and disbursements. Add lines 24 and 25		3,577,409.	7	6,500.		2,577,658.
,		97	Subtract line 26 from line 12:		3,3,1,40,0		<u>. ,</u>		2,3,7,030.
			Excess of revenue over expenses and disbursements		6,109,125.				
			Net investment income (if negative, enter -0-)			1,62	2,754.		
			Adjusted net income (if negative, enter -0-)					N/A	
						· · · · · · · · · · · · · · · · · · ·			

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	16,816,005.
	Enter amount from Part I, line 27a				2	6,109,125.
	Other increases not included in line 2 (itemize)	SEE	STATEMENT	9	3	5,362.
-	Add lines 1, 2, and 3				4	22,930,492.
•	Decreases not included in line 2 (itemize)	SEE	STATEMENT	10	5	17,157.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), I				6	22,913,335.
<u>o</u>	Total fiet assets of fullu balances at end of year (fine 4 fillings line by Tark in each fill assets)					

8,756,431.

2,577,658.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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.

Eorn	n 990-PF (2014) THE 1687 FOUNDATION 26-	-3772	171		Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see ii	nstru	ctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	T			,
10	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		3	2 4	55.
•	of Part I, line 27b	 		<u>u , </u>	<u> </u>
	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	 	3	2,4	
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	+		<u> </u>	0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	†	3	2 4	55.
6	Credits/Payments:	+		4,4	
-	2014 estimated tax payments and 2013 overpayment credited to 2014 6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d				0.
,	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	+			30.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+	3		85.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	+		<u>4,,</u>	05.
10	Enter the amount of line 10 to be; Credited to 2015 estimated tax	+			
	art VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
1 0	any political campaign?	ŕ	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	ŀ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	ŀ	-10		
	distributed by the foundation in connection with the activities				
_	Did the foundation file Form 1120-POL for this year?	ļ	1c		х
	·	}	-16		
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .	i			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
e	managers. > \$ 0.				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	l	2		х
2	If "Yes," attach a detailed description of the activities.	}	-		<u> </u>
•	the state of the s				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	i	3		х
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ŀ	4a		X
		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	`' <i>`</i>	5		X
3	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1		
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 state law				
	remain in the governing instrument?		6		Х
7		-	7	X	
,	big the foundation have at least we, soo in assets at any time earning the year. In 1997, complete that it, soon (e), and that the	-	<u> </u>		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	OR, TX				
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_	7.	
	of each state as required by General Instruction G? If "No," attach explanation	-	8b	<u>X</u>	
9				7.	
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	-	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	X	204 **
		Form	990	-PF (2014)

Form	1 990-PF (2014) THE 1687 FOUNDATION 26-37	72474		Page 5
	art 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)			_ X
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DONA BRADLEY Telephone no. ▶ 432-	<u>618-1</u>	731	
	Located at ► PO BOX 11283, MIDLAND, TX ZIP+4 ▶	<u> 79702</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,	ı	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			
_	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.	<u> </u>	Yes	No
18	a During the year did the foundation (either directly or indirectly):		i	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	0		
	(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?	l l		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	٥		
	(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)?	٥		
	(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.) Yes X N			
	. ,	•		
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	4.		х
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	¬ 1b_	-	
	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		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	'0		
_	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 ▶			
	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.)	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	0		
1	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/P	3b		
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		X
ı	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	لييا	X
		Form 99 0)-PF	(2014)

Part VIII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2014) THE 1687 FOUNDATION			<u> 26-37724</u>	74	Page 6
(1) Carry on prospanda, or otherwise alternito influence legislation (section 4955); or to carry on, directly or indirectly, any voter registration drive? (2) Provide a grant to an individual for travel, study, or other similar purposes? (3) Provide a grant to an individual to travel, study, or other similar purposes? (4) Provide a grant to an individual to travel, study, or other similar purposes? (5) Provide a grant to an individual to travel, study, or other similar purposes? (6) Provide a grant to an individual to travel, study, or other similar purposes? (7) Provide a grant to an individual to travel, study, or other similar purposes; (8) Provide a grant to an individual to travel, study, or other similar purposes; (8) Provide a grant to an individual to travel, study, or other similar purposes; (9) Provide a grant to an individual to the ravel purpose that the study of the s		orm 4720 May Be F	Required (continu	ıed)		
Influence the outcome of any specific public election (see section 4855); or to carry on, directly or indirectly, any voter registration drive?	· · · · · · · · · · · · · · · · · · ·	_	<u> </u>			
any voter regetation drive? 3) Provide a grant to an individual for travel, study, or other similar purposes? 4) Provide a grant to an originization other than a charitable, etc., organization described in section 4945(0/4)AP/ (see instructions) 5) Provide on any purpose with than a eligious, charitable, etc., organization described in section 4945(0/4)AP/ (see instructions) 6) Provide on any purpose with than a eligious, charitable, etc., organization described in section 4945(0/4)AP/ (see instructions) 7) Pearly (see instructions) 8) If any answers 'Yes' to 54(1)-(5), old say of the transactions fall to qualify under the exceptions described in Regulations 8 If any answers 'Yes' to 54(1)-(5), old say of the transactions fall to qualify under the exceptions described in Regulations 9 If any answers 'Yes' to 54(1)-(5), old say of the transactions fall to qualify under the exceptions described in Regulations 1 If any				s LXL No		
(a) Provide a grant to an individual for travel, study, or other similar purposes? (b) Provide a grant to an individual for travel, study, or other similar purposes. (c) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, or for the prevention of curely to children or animals? (c) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, or for the prevention of curely to children or animals? (d) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, or for the prevention of curely to children or animals? (e) It was answer is "Yes" to get both device regarding disaster assistance (see matrix-ctions)? Organizations relying on a current notice regarding disaster assistance (see matrix-ctions)? Organizations relying on a current notice regarding disaster assistance (see matrix-ctions)? Organizations relying on a current notice regarding disaster assistance (see matrix-ctions)? Organizations relying on a current notice regarding disaster assistance (see matrix-ctions)? Organizations relying on a current notice regarding disaster assistance (see matrix-ctions)? Organizations relying on a current notice regarding disaster assistance (see matrix-ctions)? N/A Ves \ No N/A Ves \ No 8 Did the foundation, during the grant? If "Yes" to 86, file Form 8870. In "Yes" to 80, file Fo	, ,	r to carry on, directly or indire		r==		
Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) 4945(d)(A)(A)? (see instructions) 4945(d)(A)(A) 4945(d)(A)(A)(A) 4945(d)(A)(A)(A) 4945(d)(A)(A)(A)(A) 4945(d)(A)(A)(A)(A) 4945(d)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)		_				
4945(d)4(A)(A) (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals? b It any answer is "Set" to Salt)-(5), did any of the transactions fail to quality under the exceptions described in Repulations section 53.4945 or in a current holice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance (see instructions)? Organizations relying on a current notice regarding dissater assistance theck hires of It the answers "Set" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). So Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If "Yes," the foundation of the year, receive any receive any received any funds, directly or indirectly, on a personal benefit contract? If "Yes," the foundation receive any proceeds of have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours of the process of the proces	• •		Ye	s LXL No		
(s) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cuelly to children or animals? If any answers in Yes to Sq(1)+(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? N/A	• • •	n described in section			ŀ	
the prevention of cruelty to children or animals? b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance there is the experiment of the seed of the control of the prant? If "Yes," a "If the same the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," of the foundation, during the year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," of the foundation about Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Titls, and average holds by the state of the properties of the propert				s LX No		
b If any answer is "Yes" to 5a(1)-{5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see mistructions)? Organizations relying on a current notice regarding disaster assistance theck here of it the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grann? If "Yes," affact the statement required by Regulations section 53.4945-5(d). So Did the foundation, during the year, peap premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 5b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited as whether transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Fiftie, and average hours per week devoided (c) Compensation (fit not paid, enter -6). SEE STATEMENT 16 28, 250. 0. 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoided (c) Compensation (fit not paid, enter -6). SEE STATEMENT 16 28, 250. 0. 0. Compensation of five highest-paid employees gother than those included on line 1). If none, enter "NONE." (c) Compensation (c) Compensation education account, other accounts of the paid, enter -6). SEE STATEMENT 16 28, 250. 0. 0. Compensation of five highest-paid employee paid more than \$50,000 (c) Compensation (c) Compensation education expenses account, other accounts account to the paid of the paid o	• • • • • • • • • • • • • • • • • • • •	or educational purposes, or f				
section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here? c if the answer is Yes' to question 53.4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No if Yes, 'tatch 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? If Yes' to 6b, file Form 877. Ja At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes' to 6b, file Form 877. Ja At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (a) Name and address (b) Title, and average hours per week devoted (Into paid, enter-6). (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense allowances (a) Name and address of each employee paid more than \$50,000 (C) Title, and average hours per week devoted for position of the paid for the	·			s LXL No		
Crganizations relying on a current notice regarding dissater assistance check here If the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, ** Intend the statement required by Regulations section 53.4945-5(d). But the toundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If Yes to 80, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (a) Name and address (b) Fifth, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 ADMINISTRATOR ASSISTANT ADMINISTRATOR A			n Regulations	/-		
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? N/A Yes No				N/A	5b	
expenditure responsibility for the grant? 'Yes,' attach the statement required by Regulations section 53.4945-5(d). 6a Did the loundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if 'Yes' to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If 'Yes' to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If 'Yes' to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Titls, and average the foundation and the foundation managers and their compensation. (b) Titls, and average the foundation the foundation transactions of the foun						
## Yes," attach the statement required by Regulations section 53.4945-5(d). \$						1
See Statement 16 2 Compensation of five highest-paid employees paid more than \$50,000 2 Compensation of five highest-paid employees paid more than \$50,000 2 Compensation of five highest-paid employees paid more than \$50,000 2 Alary ETTAR WILSON ADMINISTRATOR ADMINISTRATOR ASSISTANT ASSISTANT ASSISTANT ASSISTERS, OR 97759 ADMINISTRATOR ASSISTANT Both debt (contactor) Yes X No 6b X A X Yes X No 6b X A X Yes X No 6b X A X A X No 6b X A X A X X No 6c X No 7c	·		「/A	s L No		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? li "Yes" to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Pert VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours proceeds devoted to position (c) Title, and average hours proceed devoted to position (d) Compensation (e) Expense (e) Expense (e) Compensation (d) Compensation (d) Compensation (e) Expense (e) Compensation (d) Compensation (e) Expense (e) Compensation (d) Compensation (e) Expense (e) Compensation (for the highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense (for Compensation (for the highest-paid employees) (e) Compensation (for the highest-paid employees) (for th	· · · · · · · · · · · · · · · · · · ·					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes a did the foundation receive any proceeds or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position 28, 250. O. O. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (c) Compensation enter of the highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted enter -0-). (c) Compensation (c) Compensation (c) Compensation explores the explores t	6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		<u></u>		
If "Yes" to 6b, file Form 8870. 7a A any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No	· F···		Ye	s LX No		-
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b 1"Yes; did the foundation receive any proceeds or have any net income attributable to the transaction? 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. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (fin or paid, enter -0.) (d) Coentrations and deferred compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee gold more than \$50,000 (c) Title, and average hours per week devoted to position (c) Compensation (c) Co	b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	<u> </u>
Description	·					
Part VIII			└── Ye			
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position 28,250. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 28,250. 0. 0. 0. 0. 0. 0. 0. 0. 0.	b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?			7b	
(a) Name and address (b) Title, and average hours per week devoted to position SEE STATEMENT 16 28,250. 0. 0. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 LAURIETTA R WILSON PO BOX 927, SISTERS, OR 97759 ADMINISTRATOR ADMINISTRATOR 40.00 ADMINISTRATOR 80,798. 0. 0.	Paid Employees, and Contractors		inagers, Highly	! 		
SEE STATEMENT 16 28,250. 0. 0. O. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week evolved to position developed to position EAURIETTA R WILSON ADMINISTRATOR PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.	1 List all officers, directors, trustees, foundation managers and their		T:	<u> </u>		
SEE STATEMENT 16 28,250. 0. 0. O. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week evolved to position developed to position EAURIETTA R WILSON ADMINISTRATOR PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.	(-) Name and address	(b) Title, and average		employee benefit plans	(e) b	xpense
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and avage hours per week devoted to position LAURIETTA R WILSON ADMINISTRATOR PO BOX 927, SISTERS, OR 97759 A0.00 A0.00 A0.00 A0.00	(a) wante and address	to position	enter -0-)	compensation	allo	wances
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and avage hours per week devoted to position LAURIETTA R WILSON ADMINISTRATOR PO BOX 927, SISTERS, OR 97759 A0.00 A0.00 A0.00 A0.00						
2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and avage hours per week devoted to position LAURIETTA R WILSON ADMINISTRATOR PO BOX 927, SISTERS, OR 97759 A0.00 A0.00 A0.00 A0.00						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.	SEE STATEMENT 16		28,250.	0.		0.
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
(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 ADMINISTRATOR ASSISTANT PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.						
LAURIETTA R WILSON PO BOX 927, SISTERS, OR 97759 ADMINISTRATOR 80,798. O. O.	2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contabulance		
LAURIETTA R WILSON PO BOX 927, SISTERS, OR 97759 ADMINISTRATOR ASSISTANT 40.00 80,798. 0. 0.	(a) Name and address of each employee paid more than \$50,000	` 'hours per week	(c) Compensation	employee benefit plans and deferred	(e) t accou allo	xpense int, other wances
PO BOX 927, SISTERS, OR 97759 40.00 80,798. 0. 0.	LAURIETTA R WILSON	ADMINISTRATOR	ASSISTAN	T		
		(1			0.
Total number of other employees paid over \$50,000	10 2011 321			-		
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
	Total number of other employees paid over \$50,000			•		0

Form 990-PF (2014) THE 1687 FOUNDATION Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly	<u> 26-3772</u>	4474 Page 7
Paid Employees, and Contractors (continued)		
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	e	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
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 BOOKS OF SPIRITUAL UPLIFT TO MEMBERS OF MILITARY, OVER 5		
MILLION BOOKS GIVEN		
PROVIDENCE PROPERTY OF MALITHARY AND DICABLE INDIVIDUALS	11	,296,417.
2 PROVIDING RETREATS FOR MILITARY AND DISABLE INDIVIDUALS	\dashv	
		60,317.
3		
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 N/A		
		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	>	0.
	For	m 990-PF (2014)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	208,138.
	Average of monthly cash balances	1b	22,674,508.
	Fair market value of all other assets	1c	2,863,863.
-	Total (add lines 1a, b, and c)	1d	25,746,509.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	,	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	25,746,509.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	386,198.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25,360,311.
6	Minimum investment return. Enter 5% of line 5	6	1,268,016.
P	foreign organizations check here X and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	
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.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	·
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,577,658.
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:		
а	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	<u>2,577,658.</u>
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,577,658.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

•	(a)	(b)	(c)	(d)
Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
line 7				0.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:			- 0.	
b fortal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 3,601,368.				
b From 2010 2,769,557.				
c From 2011 2,380,818.				
d From 2012 3,028,692.				
e From 2013				
f Total of lines 3a through e	11,780,435.			
4 Qualifying distributions for 2014 from	11,700,155.			
Part XII, line 4: ►\$ N/A				
a Applied to 2013, but not more than line 2a			0.1	
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				0.
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))				<u> </u>
6 Enter the net total of each column as				
indicated below:	11,780,435.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,100,433.			
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.			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	3,601,368.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	8,179,067.			
10 Analysis of line 9:				
a Excess from 2010 2,769,557.				
b Excess from 2011 2,380,818.				
c Excess from 2012 3,028,692.				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14				Form 990-PF (2014)

	7 FOUNDATIO		A O)		6-37	/24/4	Page 10
Part XIV Private Operating F			A, question 9)				
1 a If the foundation has received a ruling o			١,	0/02/14			
foundation, and the ruling is effective fo	•	•		9/03/14	140	40(.)(5)	
b Check box to indicate whether the found		g foundation described in		X 4942(J)(3) or	1 494	42(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	/b) 2012	Prior 3 years	(4) 2011		(a) Tate	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	'	(e) Tota	<u> </u>
investment return from Part X for	_						_
each year listed	0.	0.		0.	0.		<u>o.</u>
b 85% of line 2a	0.	0.		0.	0.		0.
c Qualifying distributions from Part XII,					- 1		
line 4 for each year listed	2,577,658.	1,799,142.	<u>3,477,95</u>	6. 2,786,	<u>089.</u> [1	<u>10,640,</u>	<u>845.</u>
d Amounts included in line 2c not					j		
used directly for active conduct of					1		
exempt activities	0.	502,725.	<u>525,00</u>	0. 484,	912.	1,512,	<u>637.</u>
e Qualifying distributions made directly							
for active conduct of exempt activities.							
Subtract line 2d from line 2c	2,577,658.	1,296,417.	2,952,95	6. 2,301,	<u> 177.</u>	9,128,	208.
3 Complete 3a, b, or c for the				ı.			
alternative test relied upon: a "Assets" alternative test - enter:							
(1) Value of all assets							0.
(2) Value of assets qualifying							
under section 4942(j)(3)(B)(i)							0.
b "Endowment" alternative test - enter							
2/3 of minimum investment return							
shown in Part X, line 6 for each year listed	845,344.	596,567.		0.	0.	1,441,	911.
c "Support" alternative test - enter:							
(1) Total support other than gross							
investment income (interest,			I				
dividends, rents, payments on							
securities loans (section 512(a)(5)), or royalties)							0.
(2) Support from general public		· - -	·				
and 5 or more exempt							
organizations as provided in	1						0.
section 4942(j)(3)(B)(iii) (3) Largest amount of support from			-				
an exempt organization							0.
							0.
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only i	f the foundat	ion had \$5.000	or mo	re in asse	ts.
at any time during	the vear-see instr	ructions.)			JJ		•
			-				
 Information Regarding Foundation List any managers of the foundation wh 		than 2% of the total contr	shutions received by	the foundation befor	e the clos	e of any tax	
year (but only if they have contributed i	more than \$5,000). (See so	ection 507(d)(2).)	ibationo roccirca by	the realitation color	0 1110 0100	o or any lan	
SEE STATEMENT 17	, .						
b List any managers of the foundation wh	no own 10% or more of the	e stock of a cornoration (or an equally large p	ortion of the ownersh	un of a na	rtnership or	
other entity) of which the foundation ha	as a 10% or greater interes	st.	or arroqually large p		прогара	Tanoromp or	
	· ·						
NONE 2 Information Regarding Contribut	tion Grant Gift Loon	Scholarship etc. Dr.	ograms:				
2 Information Regarding Contribut Check here ► X if the foundation				see not accept uncolin	utod roduc	ete for funde	If
the foundation makes gifts, grants, etc.	only makes contributions t (see instructions) to indiv	iduals or organizations u	nder other condition	s. complete items 2a.	b. c. and	d.	"
a The name, address, and telephone num					, , ,		
a The name, address, and telephone num	IDEL OF E-IIIAII AUULESS OF U	πο μεταστί το ωποιπ αμμπ	outions should be at	iu, 0000d,			
b The form in which applications should	he cultimitted and informat	tion and materials they sh	ionly include.				-
The form in which applications should	DE SUDIFICIO AND INIVITIAL	non and materials mey Si	iodia moludo.				
c Any submission deadlines:			 -				-
• Ally audithosion deadilites.							
d Any restrictions or limitations on award	is, such as by geographica	al areas, charitable fields.	kinds of institutions.	, or other factors:			
=j . com chomo of miniations of analy	,,,,,,,,	,		-			

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or any foundation manager Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year NONE PUBLIC CHARITY DONATION AGAPE COUNSELING SERVICES 3500 NORTH A ST SUITE 2400 MIDLAND, TX 79705 30,000. PUBLIC CHARITY DONATION AMERICAN OUARTER HORSE FOUNDATION NONE 1600 QUARTER HORSE DR 50,000. AMARILLO TX 79104 BROWNWOOD BOYS AND GIRLS CLUB NONE PUBLIC CHARITY DONATION 1600 AVE K 15,000. BROWNWOD, TX 76801 NONE PUBLIC CHARITY DONATION CAMP ABLE 1101 N COLLIER BLVD 20,000. MARCO ISLAND, FL 34145 PUBLIC CHARITY DONATION CENTES FOR CHILDREN & FAMILIES NONE 1004 N BIG SPRING ST SUITE 325 5,000. MIDLAND TX 79701 SEE CONTINUATION SHEET(S) **▶** 3a 2,577,658, Total **b** Approved for future payment NONE **▶** 3b

Total

Form 990-PF (2014)

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

Enter gross	amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
·		(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Progran	n service revenue;	code	Amount	code	Amount	function income
a		_		 		
ь		-		-		
		-				<u> </u>
e		-				
g Fees	and contracts from government agencies	-				
	rship dues and assessments					
3 Interest	on savings and temporary cash					
ınvestm	ents					3,395. 4,816.
	ds and interest from securities					<u>4,816.</u>
	al income or (loss) from real estate:				-	-
	t-financed property	-		\vdash		
	debt-financed property					
	al income or (loss) from personal					
propert 7 Other in	y vestment income	211110	1,691,043.			
	(loss) from sales of assets other					
than in				i i		19,310.
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
11 Other re	evenue:					
a		_				
b		_				
		_	,			
_						
6	Add columns (b) (d) and (s)	_	1,691,043.		0.	-11,099.
	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	<u> </u>	1,001,040.		13	1,679,944.
	sheet in line 13 instructions to verify calculations.)				270757544
Part X			omplishment of Ex	œmn	t Purnoses	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Line No.	Explain below how each activity for which in the foundation's exempt purposes (other th			contrib	outed importantly to the accon	plishment of
3	NO BUSINESS INCOME, C.)R C	HARTTARLE SER	VICES ONLY
<u> </u>	NO BUSINESS INCOME, C.	ADII ID M	AIMIAINED IO	<u>/11 C</u>	HARTIADEE DEK	VICED ONDI
		· · · · · ·				
		"				
		 	 			
			<u></u>			
				··· -		
			 ,,			
						
423621 11-24-14						Form 990-PF (2014)

Form 990-PF (2014) Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	ine organization directly or indi)	-'	63	140
	Code (other than section 501(c				nizations?		.		
a Tran	sfers from the reporting found	ation to a noncharita	ble exempt or	ganization of:			.		
(1)	Cash						1a(1)		<u>X</u>
(2)	Other assets						1a(2)		<u> X</u>
b Othe	er transactions:							ľ	
(1)	Sales of assets to a noncharita	ıble exempt organıza	tion				1b(1)		<u>X</u>
	Purchases of assets from a no						1b(2)		X
	Rental of facilities, equipment,		_				1b(3)		X
	Reimbursement arrangements						1b(4)		X
	Loans or loan guarantees						1b(5)		Х
	Performance of services or me	amharchin or fundrai	sına salıcıtatıc	nns			1b(6)	1	X
,	ring of facilities, equipment, ma	•	_				1c		<u> </u>
	e answer to any of the above is				wave chow the fair m	l arket value of the goods, of		te	 -
	e answer to any of the above is ervices given by the reporting (ιο,	
	mn (d) the value of the goods,				ue in any transaction	or snaring arrangement, sin	744 III		
	1			e exempt organization	(d) Description	of transfers, transactions, and sh	aring arra	ngamar	nte
a) Line no	(b) Amount involved	(c) Name of		C CACITIFE OF GATHE	(a) Description	or transfers, transactions, and sit	anig ara	igoine	
		 	N/A	<u> </u>					
		 	·		-	-,			
									
					 				
	<u> </u>	-		·					
		 							
		ļ							
						 			
					_	· - , -			
2a Isth	ne foundation directly or indirec	ctly affiliated with, or	related to, one	e or more tax-exempt organ	izations described		_		_
	ection 501(c) of the Code (othe						Yes	X] No
	es," complete the following sch								
	(a) Name of or		<u></u> _	(b) Type of organization	Ţ (c) Description of relationshi	ρ		
	N/A								
						 .			
	Under penalties of perjury, I declare	that I have examined th	ıs return, ıncludı	ng accompanying schedules and	d statements, and to the l	pest of my knowledge	he IRS dis	Schoo +1	his
Sign	and belief, is true, correct, and co	mplete Declaration of p	reparer (other tha	an taxpayer) is based on all inforr	mation of which preparer	has any knowledge return	with the	prepare	er
Here	. Wanatana 80	011		13.14.16	EXECUTIV	IPINIA Y V.P. IT	n below (s Yes	inst	
	Signature of officer or truste	e 7		Date	Title	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	_	
	Print/Type preparer's r		Preparer's s			Check If PTIN			
	T Tillo Type preparet 3 T	ium i				self- employed			
Paid	EDWARD TO	TRICOR	EDIANE	TOUNGON	03/11/16	· · · · · · · · · · · · · · · · · · ·	2937	122	
Prepa	EDWARD JOH		EDWARI		03/11/10	Firm's EIN ▶ 84-11			
Use C		HNSON AND	COMPAN	AI			≠ /00	, ,	
USE (2 DOY 630:	107						
	Firm's address ▶ P(00 00163 016	. 7	Dhann 202 70	1 75	1 C E	
	H	IGHLANDS H	KANCH,	CO 80163-012	4 /	Phone no. 303-79			<u></u>
						For	m 990 -	-rr ((2014)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.lrs.gov/form990.

OMB No 1545-0047

2014

Employer identification number

THE 1687 FOUNDATION 26-3772474 Organization type (check one): Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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 1/3% 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 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

THE 1687 FOUNDATION

26-3772474

Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	ional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS DONORS C/O DONA BRADLEY PO BOX 11283 MIDLAND, TX 79701		Person X Payroll
(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)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II for noncash contributions.)

Employer identification number

oncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed.	
<i>"</i> ,	•	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions)

ame of organiza	ation		Employer identification number
HE_1687	FOUNDATION_		26-3772474
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	columns (a) through (e) and the follo	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for
c	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000	or less for the year (Enter this info once)
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	ift
		., -	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_			
		(-) Townstee of all	
		(e) Transfer of gi	int
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
1 -			
\ - 			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) tarpose of gift	(0) 000 01 3.11	(c), been planted and
-			
		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(I.) D	(a) Upp of mith	(d) Decorinting of hour sift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferenta nama addusa a	nd 71D + 4	Relationship of transferor to transferee
	Transferee's name, address, a	11U_ZIF + 4	netationship of transferor to transferee
1		I I	

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
CHASE'S PLACE	NONE	PUBLIC CHARITY	DONATION	
320 CUSTER ROAD				
RICHARDSON, TX 75080				60,000
COMMUNITIES IN SCHOOLS	NONE	PUBLIC CHARITY	DONATION	
2345 CRYSTAL DRIVE, SUITE 700				25,000
ARLINGTION, VA 22202				23,000
COMMUNITY FOUNDATION OF ABILENE	NONE	PUBLIC CHARITY	DONATION	
500 CHESTNUT, SUITE 1634	NONE	FOBBIC CHARITI	DONATION	
ABILENE, TX 79604		-		10,000
EXPEDITON BALANCE	NONE	PUBLIC CHARITY	DONATION	
PO BOX 7172				
HOUSTON, TX 77248				10,000
FISHER HOUSE	NONE	PUBLIC CHARITY	DONATION	
1401 ROCKVILLE PIKE, SUITE 600				
ROCKVILLE MD 20852				50,000
anian 1999 975	NONE	PUBLIC CHARITY	DONATION	
GRACE AFTER FIRE 8737 KING GEORGE DRIVE	NONE	FORDIC CHARTII	DONATION	
DALLAS, TX 75235				5,000,
			hav	
HEROBOX, INC 237 SENOIA	NONE	PUBLIC CHARITY	DONATION	
PEACHTREE CITY GA 30269				25,000
			DOWN TO 12	
MAKE A WISH FOUNDATION - NORTH TEXAS 6655 DESEO	NONE	PUBLIC CHARITY	DONATION	
IRVING. TX 75039				50,000
			12-11-11-11-11-11-11-11-11-11-11-11-11-1	
, mpg	TONE	DIDLTO OURDING	DONATION	
MARC 5700 BRIARWOOD AVE	NONE	PUBLIC CHARITY	DONATION	
MIDLAND TX 79707				30,000
			DOWN TITOU	
MIDLAND CHILDENS CENTER	NONE	PUBLIC CHARITY	DONATION	
3600 N GARFIELD ST MIDLAND TX 79705				10,000
Total from continuation sheets				2.457.658

THE 1687 FOUNDATION

Part XV Supplementary Information

3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient . Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
AIDLAND COLLEGE	NONE	PUBLIC CHARITY	DONATION	
500 BROADWAY, SUITE 200				50,000
KANSAS CITY, TX 64105				50,000
MILITARY AND GENERAL PUBLIC	NONE	PUBLIC CHARITY	DONATION	
VARIOUS	HORE		DOWN TON	
VARIOUS				1,472,341
PARALYZED VETERANS OF AMERICA	NONE	PUBLIC CHARITY	DONATION	
301 EIGHTEENTH STREET				
W WASHINGTION, DC 20006-3517				50,000
				:
SNOW BALL EXPRESS	NONE	PUBLIC CHARITY	DONATION	
2973 HARBOR BLVD, #401 COSTA MESA, CA 92626				50,000
SPECIAL EVENTS FOR VETERANS AND	NONE	PUBLIC CHARITY	DONATION	
DISABLE VARIOUS				
VARIOUS, TX 79706				60,317
TEXAS TECH UNIVERSITY	NONE	PUBLIC CHARITY	DONATION	
PO BOX 41081				
LUBBOCK, TX_79409-1081				150,000
TRINITY CHRISTIAN SCHOOL 3500 W WADLEY AVE	NONE	PUBLIC CHARITY	DONATION	
MIDLAND, TX 79707				260,000
UNIVERSITY MEDICAL CENTER	NONE	PUBLIC CHARITY	DONATION	
602 INDIANA AVE				
LUBBOCK, TX 79415		-		40,000
VETERANS OF FOREIGN WARS	NONE	PUBLIC CHARITY	DONATION	
406 WEST 34TH STREET KANSAS CITY MO 64111				50,000
Total from continuation sheets		<u></u>	 	

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TE	MPORA	RY CASH	INVES	TMENTS	STATEMENT	1
SOURCE		REV.	A) ENUE BOOKS	NET	(B) INVES INCOM	TMENT	(C) ADJUSTED NET INCOM	
WELLS FARGO TEXAS E	ONDS		3,39	5.	3	,395.	-	
TOTAL TO PART I, LI	INE 3		3,39	5.	3	,395.		
FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SEC	CURITI	ES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOK		(B) T INVEST		
WELLS FARGO	8,125.	3,3	09.	4,81	.6.	4,816	5.	
TO PART I, LINE 4	8,125.	3,3	09.	4,81	6.	4,816	5.	
FORM 990-PF		OTHER	INCOM	Œ	 		STATEMENT	3
DESCRIPTION			REV	A) ENUE BOOKS		(B) INVEST- INCOME	(C) ADJUSTE NET INCO	
TEXAS OIL AND GAS F	ROYALTIES		1,	691,043.	1,	691,043.	•	
TOTAL TO FORM 990-F	PF, PART I,	LINE 11 =	1,	691,043.	1,	691,043.	•	
FORM 990-PF		LEGA	L FEE	:S			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- IT INCOME		(C) DJUSTED T INCOME	(D) CHARITA E PURPOS	
LEGAL		4,867	•	C	· ·			0.
TO FM 990-PF, PG 1,	LN 16A	4,867		(0.

FORM 990-PF	ACCOUNTI	NG FEES		FATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
ACCOUNTING	15,250.	1,500.		0.
TO FORM 990-PF, PG 1, LN 16B	15,250.	1,500.		0.
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	FATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS			(D) CHARITABLE PURPOSES
TRUSTEE FEES	240,830.	75,000.		0.
TO FORM 990-PF, PG 1, LN 16C	240,830.	75,000.		0.
FORM 990-PF	TAX	ES	S'	FATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	21,016.	0.		0.
TO FORM 990-PF, PG 1, LN 18 =	21,016.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMPUTER FEES INSURANCE MILEAGE EXPENSE MISCELLANEOUS OFFICE OVERHEAD POSTAGE AND MAIL SERVICE ROYALTY EXPENSE	3,814. 8,107. 488. 4,474. 84,263. 11,207. 303,383.	0. 0. 0. 0. 0.		0. 0. 0. 0. 0.

THE 1687 FOUNDATION			26-3772	474
DIRECTOR FEES	8,250.	0.		0.
TELEPHONE & TELECOMMUNICATIONS	13,939.	0.		^
UTILITIES	10,435.	0.		0.
OUTSIDE SERVICES	110.	0.		0.
SUPPLIES	3,593.	0.		0.
AMORTIZATION	5,810.	0.		0.
TO FORM 990-PF, PG 1, LN 23	457,873.	0.		0.
FORM 990-PF OTHER INCREASES	S IN NET ASSETS O	R FUND BALANCES	STATEMENT	9
DESCRIPTION			AMOUNT	
CONTRIBUTION OF BASIS ON OIL	& GAS PORPERTIES		5,36	<u> </u>
TOTAL TO FORM 990-PF, PART II	II, LINE 3		5,36	62.
FORM 990-PF OTHER DECREASE	ES IN NET ASSETS	OR FUND BALANCES	STATEMENT	10
DESCRIPTION			AMOUNT	
FYE 10/31/14 FEDERAL INCOME TYE 10/31/13 FEDERAL INCOME TO			14,95	
	TAXES			03.
FYE 10/31/13 FEDERAL INCOME T	TAXES	OCK.	2,20	03.
FYE 10/31/13 FEDERAL INCOME TOTAL TO FORM 990-PF, PART II	TAXES	OCK BOOK VALUE	17,15	57.
FYE 10/31/13 FEDERAL INCOME TOTAL TO FORM 990-PF, PART INFORM 990-PF	TAXES		2,20 17,15 STATEMENT FAIR MARKET	03. 57. 11

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ADVANCE PAYMENTS	COST	30,000.	30,000.
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	30,000.	30,000.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE ASSETS SOFTWARE OFFICE FURNITURE COMPUTER SOFTWARE	4,846. 27,050. 6,910. 1,125. 2,000.	4,846. 23,443. 3,384. 855. 567.	0. 3,607. 3,526. 270. 1,433.
TOTAL TO FM 990-PF, PART II, LN 14	41,931.	33,095.	8,836.
FORM 990-PF	OTHER ASSETS		STATEMENT 14
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
OIL AND GAS PROPERTIES	5,362.	5,362.	572,773.
TO FORM 990-PF, PART II, LINE 15	5,362.	5,362.	572,773.
FORM 990-PF OTH	HER LIABILITIES		STATEMENT 15
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
PAYROLL TAXES CREDIT CARD PAYABLE		4,748.	3,275. 8,393.
CINEDII CIMD IIIIIDDD			•

FORM 990-PF PART VIII - LIS TRUSTEES AND				ORS		STATE	MENT	16
NAME AND ADDRESS	TITLE A					EMPLOYEE BEN PLAN CONTRIB		
PATTI JO PECK WOOD C/O DONA BRADLEY PO BOX 11283 MIDLAND, TX 79702	DIRECTOR, 5.00	VP,	SEC,		TRE	0.		0.
DANNY LEE WOOD C/O DONA BRADLEY PO BOX 11283 MIDLAND, TX 79702	DIRECTOR, 3.00	PRES	SIDENT		ο.	0.		0.
DON L. PARKS 4310 TUMBLEWOOD TRAIL MIDLAND, TX 79707	DIRECTOR 1.00			2,25	ο.	0.		0.
HERBERT L. CARTWRIGHT, III 5001 WOODHOLLOW DR MIDLAND, TX 79707	DIRECTOR 1.00			2,25	0.	0.		0.
DEBBIE GALLOWAY PO BOX 865049 PLANO, TX 75086	DIRECTOR 1.00			1,50	0.	0.		0.
MINDY JOHNSON 11093 CR 440 CROSS PLAINS, TX 99510	DIRECTOR, 20.00	ACTI		S DI 2,25		TOR 0.		0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII		2	8,25	0.	0.		0.
	XV - LINE		ERS			STATE	MENT	17

NAME OF MANAGER

PATTI JO PECK WOOD DANNY LEE WOOD

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Asset	Description	Date Acquired	Method	Life	Line	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	(D)LEASEHOLD 1IMPROVEMENTS	103109SL		27.50	17	31,353.			31,353.	5,748.		1,093.
	20FFICE ASSETS	103109200DB5.00	200DB	2.00	17	4,846.		2,423.	2,423.	2,423.		0
	3SOFTWARE	063011		М 09	43	27,050.			27,050.	18,033.		5,410.
	40FFICE FURNITURE	101513200DB7.00	200DB	7.00	17	6,910.			6,910.	1,974.		1,410.
	SCOMPUTER	021514200DB5.00	200DB	2.00	17	1,125.		563.	562.	112.		180.
	E 6	061014		W 09	43	2,000.			2,000.	167.		400.
	TUTAL 390-FF FG 1 DEPR & AMORT					73,284.		2,986.	70,298.	28,457.	0	8,493.
				•								
428102 05-01-14					· (Q)	(D) - Asset disposed		* ITC,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	'age, Bonus, Comr	nercial Revital	Ization Deduction