

Department of the Treasury

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.

OMB No 1545-0052 2017

In	emal	Revenue Service	► Go to www.irs.	gov/Form:	990PF for instr	uctions and t	he latest infor	mation.	pen to Public Inspection
F	or ca	alendar year 2017	or tax year beginning			_, 2017	, and ending	1	, 20
1	lame	of foundation						A Employer identi	fication number
	Н.	E. BUTT FAMI	LY FOUNDATION					74-123981	.9
٩	vermb*	er and street (or P O	box number if mail is not delivered	to street a	ddress)		Room/suite	B Telephone numi	per (see instructions)
							1		
_	P.0	BOX 290670)					(830) 3	15-9246
(City or	r town, state or provin	ce, country, and ZIP or foreign po-	stal code					
			•					C If exemption applic pending, check her	e
_	KER	RVILLE, TX	78029-0670						`
G	Che	eck all that apply	Initial return		Initial return	of a former p	oublic charity	D 1 Foreign organiza	ations, check here ▶
			Final return		Amended ref	turn		2 Foreign organiz 85% test, check	
_			Address change		Name chang				
H	Che	eck type of organi	zation X Section 501				03	E If private foundation	on status was terminated
\perp	S	Section 4947(a)(1)	nonexempt charitable trust		ner taxable pr			1	b)(1)(A) check here .
l		r market value o	I —	_		ash XAco	crual	F If the foundation i	s in a 60-month termination
		of year (from Pa		ther (spe				under section 507(I	o)(1)(B), check here .
		<u> </u>			l) must be on ca	sh basis)			(4) Dishing-marks
L	art		venue and Expenses (The in columns (b), (c), and (d)	(4) 15	evenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessa	rily equal the amounts in		enses per books	incon		income	purposes
-		column (a) (see ir							(cash basis only)
	1		its etc., received (attach schedule) . e foundation is not required to		,413,523.				
	2		ch Sch B						B501
	3	-	nd temporary cash investments.		,991,605.	2 90	1,605.	2,991,605	
	4		erest from securities		, , , , , , , , , , , , , , , , , , , ,	2,33	1,003.		
		Gross rents	1						 12/1/6 m
۵.		Net rental income or			,625,905.				121150
Revenue	bа	Gross sales price for	m sale of assets not on line 10 all 5,625,905.		, 525, 355				
š	-	assets on line 6a		 	· 	5, 62	4,632.		
å	7 8		come (from Part IV, line 2)					12,217	15/18/10/
	9		oital gain						171-2 10
		Gross sales less retur	ns						IRS-OSC
	h	and allowances Less Cost of goods s		<u> </u>					300
			s) (attach schedule)						
	11		ach schedule) ATCH 1		737,869.	79	2,549.	722,480	
	12		through 11	13	,768,902.	9,40	8,786.	3,726,302	
_	13	Compensation of offi	cers, directors, trustees, etc		252,691.		7,581.	7,581	
ses	14		alaries and wages	6	,741,944.		9,700.	29,700	
şus			ployee benefits		910,625.		3,531.	3,531	907,094.
ž	15 16a b c 17 18 19 20 21 22 23 24	Legal fees (attach	schedule)		89,752.		,		89,752.
Ш	b	Accounting fees (a	attach schedule)ATCH 2		56,383.		3,262.	13,262	43,121.
Ĭ.	С	Other professiona	I fees (attach schedule).[3]		117,455.	11	7,455.	117,455	
Ē	17	Interest			0.1.0				
S	18	Taxes (attach sche	edule) (see instructions)[4].		,012,530.		5,162.	35,162	977,368.
Ē	19	Depreciation (atta	ch schedule) and depletion.	2	,002,292.				
ğ	20	Occupancy			102 202				102 400
ਰੂ	21		es, and meetings		103,382.		-26.	-26	. 103,408.
a	22		cations	<u></u>	702 200		5 250	E75 350	5 207 020
gu	23		ittach schedule) ATCH .5.	<u> </u>	,783,298.	5 /	5,359.	575,359	5,207,939.
rati	24		nd administrative expenses.	17	070 252	7.0	2 024	702 024	14 206 026
e D			ıgh 23	1/	,070,352.	/8	2,024.	782,024	. 14,286,036. 726,015.
O		. •	s, grants paid	17	726,015.	7.0	2 024	782,024	15,012,051.
_	26		bursements Add lines 24 and 25	1/	,796,367.		2,024.	102,024	15,012,031.
	27	Subtract line 26 fr			027 465				
			expenses and disbursements	-4	<u>,</u> 027,465.	0 60	6,762.	_	
ı			come (if negative, enter -0-)	<u> </u>		0,02	0,102.	2,944,278	
	С	Adjusted net inco	me (if negative, enter -0-)	I		1	ı	2,,777,2/0	• 1

Part	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
CAT I	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	83,739,078.	5,111,126.	5,111,126
2	Savings and temporary cash investments	146,223,505.	4,331,536.	4,331,536
3	1 ለጎግ ረሳር			
	Less allowance for doubtful accounts ▶	515,241.	1,027,625.	1,027,625
4	Pledges receivable	_		
	Less allowance for doubtful accounts ▶	7		
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	r		
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)		- 4-2	
	Less allowance for doubtful accounts ▶	1		
\$ S	Inventories for sale or use		1,681.	1,681
ssets	Prepaid expenses and deferred charges	216,936.	222,138.	222,138
₹ 10	a Investments - U.S. and state government obligations (attach schedule)			
	b Investments - corporate stock (attach schedule) ATCH 6	108,235,575.	247,436,284.	280,368,032
	c Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis		-	1
	Less accumulated depreciation (attach schedule)		_	
12				
13			101,255,505.	109,968,372
14	equipment basis			
-	Less accumulated depreciation 20,140,658.	18,926,664.	27,770,396.	24,941,058
15				
16	· · · · · · · · · · · · · · · · · · ·			
\perp	instructions Also, see page 1, item l)			425,971,568
17	Accounts payable and accrued expenses	782,481.	1,264,434.	
18				
S 19	Deferred revenue			
Liabilities 10 10 10 10	Loans from officers, directors, trustees, and other disqualified persons			
G 21	Mortgages and other notes payable (attach schedule)			
□ 22	Other liabilities (describe)			
23			1,264,434.	
	Foundations that follow SFAS 117, check here ▶ X]		
ĕ	and complete lines 24 through 26, and lines 30 and 31.			
E 24	Unrestricted	389,919,322.	385,891,857.	
E 25		·		
26		\ <u> </u>		
틧	Foundations that do not follow SFAS 117, check here ▶]		
	and complete lines 27 through 31.			
g 27	·			
28				
Net Assets or Fund Balances	•	200 010 200	205 001 057	
30	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		385,891,857.	
Ž 31	•	1 200 201 000 1	207 156 201	
	Instructions)		387,156,291.	
	Analysis of Changes in Net Assets or Fund Bal		nuct parce with	
	otal net assets or fund balances at beginning of year - Par			389,919,322
	nd-of-year figure reported on prior year's return)			-4,027,465
	inter amount from Part I, line 27a			1,027,103
	· · · · · · · · · · · · · · · · · · ·			385,891,857
	.dd lines 1, 2, and 3		5	303,091,037
	otal net assets or fund balances at end of year (line 4 minu	is line 5) - Part II column /		385,891,857
	otal not assets of fund balances at end of year time 4 minu	20 mile 0) - Fart II, column (t	<i>γ_μ</i> αιο σο σ	Form 990-PF (2017)

Part IV Capital Gains and Losses for Tax on Investment Income

		scribe the kind(s) of property sold (for erick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 ;	SEE PART IV SCHE	DULE				
t	<u> </u>					
	:					
	<u> </u>					
	·		(100 1111111111111111111111111111111111			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
)					
						
		howing gain in column (h) and owned	by the foundation on 12/31/69		Carra (Cal. (b) an	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) ga (k), but not less th Losses (from col	nan -0-) or
<u>`</u>				-		
	;					
	i					
)					
3	If gain, also enter in P Part I, line 8	or (net capital loss) If (loain or (loss) as defined in sections art I, line 8, column (c) See ins	tructions If (loss), enter -0- in	3	5,	12,217.
Pa	rt V Qualification U	Jnder Section 4940(e) for Rec	luced Tax on Net Investment Ir	ncome		
Va		the section 4942 tax on the distrib 't qualify under section 4940(e) D		ase period	17	Yes X No
1	Enter the appropriate ar	mount in each column for each yea	ar, see the instructions before maki	ng any en	tries	
Ca	(a) Base period years lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rat (col (b) divided by	
	2016	14,867,180.	280,258,776.			0.053048
	2015	14,928,846.	234,022,019.			0.063792
	2014	12,760,113.	218,041,487.			0.058521
	2013	10,458,887. 12,677,365.	191,298,552. 176,262,835.			0.054673
	2012	12,677,363.	170,282,833.			0.071923
2		d)		2	-	0.301957
3		o for the 5-year base period - divide foundation has been in existence i		3		0.060391
4	Enter the net value of no	oncharitable-use assets for 2017 fr	rom Part X, line 5	4	376,	246,852.
5	Multiply line 4 by line 3.			5	22,	721,924.
6	Enter 1% of net investm	ent income (1% of Part I, line 27b).		6		86,268.
7	Add lines 5 and 6			7	22,8	808,192.
8	Enter qualifying distribut If line 8 is equal to or generated to the Part VI instructions	ions from Part XII, line 4	ın Part VI, line 1b, and complete	8 that part		012,051. x rate See the

_	
Page	6

r al	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	ınstru	ction	s)
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		172,5	35.
	here ▶ and enter 1% of Part I, line 27b			•
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J - Part I, line 12, col (b)		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		172,5	35.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		L72,5	35.
6	Credits/Payments			1
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 400,000.			1
b	Exempt foreign organizations - tax withheld at source 6b			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	, , , , , , , , , , , , , , , , , , , ,		100 0	
7	Total credits and payments Add lines 6a through 6d		100,0	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		227,4	65
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Par	Enter the amount of line 10 to be Credited to 2018 estimated tax ► 227, 465. Refunded ► 11 rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T	Yes	No
18		1a	163	X
h	participate or intervene in any political campaign?	<u> </u>		
ь	instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
С		1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			r
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			- ,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	^	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			,
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 			
	conflict with the state law remain in the governing instrument?	6	X	••
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered. See instructions.			_
- Ou	TX,			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			-
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	Х	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,,
	names and addresses	10		X

إنكا	Statements Regarding Activities (continued)		Vaa	N.
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11_		X
12	'			
	person had advisory privileges? 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	X	
	Website address WWW.HEBFF.ORG			
14	The books are in care of ▶ JENNIFER HARGRAVE Telephone no ▶ 830-315-	924	5	
	Located at ▶719 EARL GARRETT STREET KERRVILLE, TX ZIP+4 ▶ 78028			
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			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		-	. 1
	the foreign country		٠,	·
Par	t 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
12	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? Yes X No		٠, ,	l
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	Usque personn			1
	(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?			
	(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)?			
	the behalf of doe of a disqualified person)			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			ļ
	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		—	$\frac{1}{x}$
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u>1</u> b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ليـــا
	were not corrected before the first day of the tax year beginning in 2017?	1 <u>c</u>		X
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))			-
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			1
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years			
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)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1
	>			
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 2017 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 2017)	3b		X
Δa	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2017?	4b		X
	the same in the sa			<u> </u>

	rt VII-B \ Statements Regarding Activities	for Which Form	4720 May Be Reg	uired (continued)		•	age U
5a	During the year, did the foundation pay or incur any amo				1	Yes	No
- Ou	(1) Carry on propaganda, or otherwise attempt to influe		on 4945(e)\?	Yes X No	. —	103	1
	(2) Influence the outcome of any specific public ele	• ,			' ·		
	directly or indirectly, any voter registration drive?	•	•				!
	· · · · · · · · · · · · · · · · · · ·			·			1
	(3) Provide a grant to an individual for travel, study, or o				'		ĺ
	(4) Provide a grant to an organization other than a					.	{
	section 4945(d)(4)(A)? See instructions			. 🗀 👓 🗀•	'	}	}
	(5) Provide for any purpose other than religious, ch			F			1 1
	purposes, or for the prevention of cruelty to children						- }
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
	Regulations section 53 4945 or in a current notice regar	•	•		5b		
	Organizations relying on a current notice regarding disas				\sqcup	'	. 1
C	If the answer is "Yes" to question 5a(4), does the		•				
	because it maintained expenditure responsibility for the	grant?		Yes No	·		
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d).					
6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiun				1
	on a personal benefit contract?			, 💹 Yes 💢 No	,		
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct [?]	6b		
	If "Yes" to 6b, file Form 8870						;
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	. Yes X No	·		
b	If "Yes," did the foundation receive any proceeds or have						
Pa	rt VIII Information About Officers, Directo	rs, Trustees, Fou	indation Managers	s, Highly Paid Emp	loyees,		
7	and Contractors List all officers, directors, trustees, foundation r	nanagers and their	r compensation See	instructions			
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e accou	unt.
_	(a) Name and address	hours per week devoted to position	` (If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		
			-				
ATC	Н 8		252,691.	15,420.			0.
				_			
2	Compensation of five highest-paid employees	(other than thos	se included on line	1 - see instruction	ons). If n	one, o	enter
	"NONE."	·					
4-1	Name and address of analysis and areas than \$50,000	(b) Title, and average	(a) Componentian	(d) Contributions to employee benefit	(e) Expens	e accou	unt,
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	owance	es .
ATC	Н 9		966,962.	59,760.			0.
			<u> </u>				
			 -				
		-		 -			_
		-					
	Acc and	l			 _		47
ı ota	number of other employees paid over \$50,000	<u></u>	<u> </u>	<u> </u>	Farm 994		

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Part*VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ATCH 10	3,165,677
ATCH TO	3,103,077
· ·	
	·
Total number of others receiving over \$50,000 for professional services	▶ 13
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 numbe organizations and other beneficianes served, conferences convened, research papers produced, etc.	er of Expenses
1 SEE ATTACHMENT 14	
<u> </u>	
2 SEE ATTACHMENT 14	1,938,628
Z SEE ATTACHMENT 14	
3 SEE ATTACHMENT 14	
4 SEE ATTACHMENT 14	1,301,013
	9,713,128
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
	-
2	
	<u> </u>
All other program-related investments. See instructions	
3 NONE	
	_
Total. Add lines 1 through 3	•
Total Add mics (drough o	

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Par	rt X . Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign fou	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.	.	
а	Average monthly fair market value of securities	1a	263,892,421.
þ	Average of monthly cash balances	1b	43,634,182.
С	Fair market value of all other assets (see instructions)	1c	74,449,896.
ď	Total (add lines 1a, b, and c)	1d	381,976,499.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	381,976,499.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions).	4	5,729,647.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	376,246,852.
6	Minimum investment return. Enter 5% of line 5	6	18,812,343.
Pai	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ► X and do not complete this part)	ndations	3
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
b	Income tax for 2017 (This-does_not include the tax from Part VI) 2b	-	
С	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	
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		15 010 051
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	15,012,051.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	15,012,051.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	[
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,012,051.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when conqualifies for the section 4940(e) reduction of tax in those years	alculatır	ng whether the foundation

74-1239819

PAGE 11

60004397

Form 990-PF (2017) Page 9 Part XIII Undistributed Income (see instructions) (b) (d) Corpus Years prior to 2016 2016 2017 1 Distributable amount for 2017 from Part XI, 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only...... b Total for prior years 20_____,20____,20_ 3 Excess distributions carryover, if any, to 2017 a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ a Applied to 2016, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount.... e Remaining amount distributed out of corpus. . . Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. 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 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . 9 Excess distributions carryóver to 2018. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2013 . b Excess from 2014 . c Excess from 2015 d Excess from 2016 e Excess from 2017 Form 990-PF (2017) JSA 7E1480 1 000 7668FD 1184 11/12/2018 11:38:24 AM V 17-7.2F

Form	990-PF (2017)	H. E. BUT	T FAMILY FOUNDA'	TION	74-1	239819 Page 10
Pa	rt XIV `Private Op	erating Foundations	(see instructions an	d Part VII-A, questio	n 9)	
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private operat	ing	
	foundation, and the rulin				- (
b	Check box to indicate v	whether the foundation	is a private operating for	oundation described in	section X 4942(j)(3	3) or 4942(j)(5)
٥.	F.(() 1 (()	Tax year		Prior 3 years		(a) Tatal
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	I or the minimum investment return from Part X for each					
	year listed	2,944,278.	4,453,890.	4,024,642.	4,151,245.	15,574,055.
b	85% of line 2a	2,502,636.	3,785,807.	3,420,946.	3,528,558.	13,237,947.
c	Qualifying distributions from Part	15 010 051	14 067 100	14 000 046	10 760 112	57 560 100
_	XII line 4 for each year listed .	15,012,051.	14,867,180.	14,928,846.	12,760,113.	57,568,190.
a	Amounts included in line 2c not used directly for active conduct	726 015	655 020	522 147	402 452	2 200 525
	of exempt activities	726,015.	655,920.	523,147.	483,453.	2,388,535.
е	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line	14,286,036.	14,211,260.	14,405,699.	12,276,660.	55,179,655.
3	2d from line 2c	14,200,030.	14,211,200.	14,403,033.	12,270,000.	33,177,033.
	afternative test relied upon					
а	"Assets" alternative test - enter	()				1
	 (1) Value of all assets (2) Value of assets qualifying 					
	under section					
ь	4942(j)(3)(B)(i)					·
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed , , ,	17,131,564.	9,341,959.	7,800,734.	7,268,049.	41,542,306.
С	"Support alternative test - enter					
	(1) Total support other than				,	
	gross investment income (interest, dividends, rents,					
	payments on securities	ĺ		1	ľ	
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as		ł			
	provided in section 4942 (j)(3)(B)(III)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income .	<u> </u>				
Pa			complete this part of	only if the foundati	ion had \$5,000 or i	more in assets at
_	Information Regardin	uring the year - see				
	List any managers of			than 2% of the total	contributions receive	d by the foundation
۵.	before the close of any	tax year (but only if th	ey have contributed m	ore than \$5,000) (Se	e section 507(d)(2))	a by the roundation
	NONE					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corpo	ration (or an equally	large portion of the
	ownership of a partner					
	NONE					
2	Information Regardin	g Contribution, Grant,	, Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► X if t	he foundation only r	makes contributions t	o preselected charit	able organizations an	d does not accept
	unsolicited requests for			nts, etc., to individuals	s or organizations und	er other conditions,
	complete items 2a, b,					_
а	The name, address, a	nd telephone number	or email address of the	e person to whom appl	ications should be addre	essed
b	The form in which app	lications should be sub	omitted and information	and materials they s	hould include	
	Any submission deadli	nes				
			 		1. 6-11. 1 . 1	
d	Any restrictions or li factors	mitations on awards,	, such as by geogra	pnicai areas, charitat	ole fields, kinds of ir	istitutions, or other

Part XV Supplementary Information (d	conunuea)			
3 Grants and Contributions Paid Durin	If recipient is an individual	oved for F	uture Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Pard during the year	or substantial contributor	recipient		
a Paid during the year				
ATCH 11				
AICH II				
	,			
· · · · · · · · · · · · · · · · · · ·			`	
v				
			j	
				<u>î</u> - 1
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		i		
]	
			•	
Total	<u></u>	<u></u> .	▶ 3a	726,015.
b Approved for future payment				
-				
,				
j				
_			<u> </u>	
•		1	}	
Total			▶ 3b	

JSA 7E1491 1 000

Enter gross amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a			 		(CCC WIGHT COUNTY)
b					
c					
d	ļ				
e			 		
f			ļ. 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash investments4 Dividends and interest from securities		,	14	2,991,605.	
5 Net rental income or (loss) from real estate					
a Debt-financed property		,			
b Not debt-financed property		<u> </u>			
6 Net rental income or (loss) from personal property			1.0	6.506	
7 Other investment income			14	6,596. 5,625,905.	
8 Gain or (loss) from sales of assets other than inventor	1		10	3,623,905.	
9 Net income or (loss) from special events0 Gross profit or (loss) from sales of inventory	1				
1 Other revenue a					
b ATCH 12		15,162.		716,111.	
с					
			_	<u></u>	
d					
d e					
e		15,162.		9,340,217.	0 255 270
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie	culations) es to the A	ccomplishment of Ex	cempt Pur	ooses	9,355,379
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th
d e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify call Part XVI-B Relationship of Activitie Line No. Explain below how each activities	culations) es to the A	ccomplishment of Ex	cempt Puri	poses e) of Part XVI-A contribu	ited importantly to th

										, •
Par	t XVII	Information R Exempt Organ		nsfers to and Trans	actions a	nd Relationship	s With Nonc	harit	table	
1	Did th	ne organization direct	lly or indirectly e	ngage in any of the follo	owing with a	any other organiza	tion described		Yes	No
	ın se	-	•	501(c)(3) organizations	_	•				
а	_		og foundation to a	a noncharitable exempt of	organization (of	`			
								1a(1)		Х
		ther assets						1a(2)		Х
ь		transactions			• • • • • •					
	(1) Sa	ales of assets to a no	ncharitable exem	pt organization				1b(1)		Х
				le exempt organization						X
				issets						Х
								1b(4)		Χ
	(5) Lo	oans or loan guarante	es					1b(5)		X
	(6) Pe	erformance of service	es or membership	o or fundraising solicitatio	ns			1b(6)		X
			_	s, other assets, or paid er						X
d				," complete the followin						
		_		es given by the reportin	_					
	- 1			ement, show in column						
(a) L	ne no	(b) Amount involved N/A	(c) Name of no	ncharitable exempt organization	N/A	escription of transfers, tr	ansactions, and share	ng arra	ingemei	nts
		- IN / PA			IV/A	-				
						· · · · · · · · · · · · · · · · · · ·				
		··								
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-		***								
			-							
				<u> </u>						
			<u> </u>			<u> </u>				
	descr) (other than sect	lated with, or related to lion 501(c)(3)) or in secti				Y	es X] No
		(a) Name of organizatio	n	(b) Type of organizat	ion	(c) De	scription of relationsl	NP		
										
						<u>-</u>				
						 				
	Unde	er penalties of perjury I declar	are that 1 have examine	d this return, including accompan	ying schedules a	nd statements, and to the	best of my knowledge	and t	etief, it	ıs true
٠.	corre			payer) is based on all information of						
Sigr Her	ے ا	gnature of officer or trustee	i Hargy	ave 1115/18	Title	ontroller	May the IRS with the pre	pare <u>r s</u>		
	\bot									
		Print/Type preparer's na	ime	Preparer's signature	dam c	P Date 2019	Check if P	TIN		
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•	parer		RNST & YOUNG			Firm	's EIN ▶ 34-65	6559	96	
Use	Only			N ST STE 1700				_		
		I SA	N ANTONIO.	ΤX	7	8205 Bho	210-22	8-96	696	

2017 FORM 990-PF H. E. BUTT FAMILY FOUNDATION

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description			or Date		Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
1,371,829.		LT CAPITAL	GAIN DISTRIE	BUTION			VARIOUS 4,371,829.	VARIOUS
199,560.		LT SALES TH	IRU DCM PRIVA	ATE EQUI			VARIOUS 199,333.	VARIOUS
940.			IRU DCM PRIV <i>I</i>	ATE EQUI		:	VARIOUS 940.	VARIOUS
51,864.		LT SALES TH	IRU TOWNSQUAI	RE REAL			VARIOUS 51,864.	VARIOUS
95.		ST SALES TH	IRU METROPOL	ITAN REA			VARIOUS 95.	VARIOUS
126,539.		LT SALES TH	IRU METROPOL:	ITAN REA			VARIOUS 126,539.	VARIOUS
497,378.		LT SALES TH	IRU GREENSPR	ING OPP			VARIOUS 497,378.	VARIOUS
736.		ST SALES TH	IRU MONTAUK	TRIGUARD			VARIOUS 736.	VARIOUS
201,685.		LT SALES TH	IRU MONTAUK 1	TRIGUARD			VARIOUS 200,164.	VARIOUS
31,746.		LT SALES TH	IRU MADISON I	REALTY			VARIOUS 31,746.	VARIOUS
10,446.		ST SALES TH	RU POLUNIN I	EMERG MK			VARIOUS 10,446.	VARIOUS
133,087.		LT SALES TH	HRU POLUNIN I	EMERG MK			VARIOUS 133,087.	VARIOUS

2017 FORM 990-PF H. E. BUTT FAMILY FOUNDATION 74-1239819
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of F	roperty	Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of -12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
1,037.		QSBS SALE T	HRU DCM - SC	ONIAN, INC.		0 !	5/25/2012	11/09/2017
733.		QSBS SALE T	HRU MONTAUK	- 50% EXC		V	ARIOUS 366.	VARIOUS
436.		QSBS SALE T	HRU MONTAUK	- 75% EXC		VA	ARIOUS 109.	VARIOUS
352.		QSBS SALE T	HRU MONTAUK	- 100% EXC		VA	ARIOUS	VARIOUS
TOTAL GAIN(L	OSS)					5_	,624,632.	
	-							`
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

H. E. BUTT FAMILY FOUNDATION

Employer identification number

		74-1239819
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treate	d as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as	s a private foundation
	501(c)(3) taxable private foundation	
Check if your organization i	s covered by the General Rule or a Special Rule.	
•	(7), (8), or (10) organization can check boxes for both the Ge	neral Rule and a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during y or property) from any one contributor. Complete Parts I ar I contributions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sche and that received from any one contributor, during the year, to of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	dule A (Form 990 or 990-EZ), Part II, line total contributions of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, total contributions of more than \$1,000 exclusive tional purposes, or for the prevention of cruelty to children or	ly for religious, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 g the year, contributions exclusively for religious, charitable, led more than \$1,000 If this box is checked, enter here the or an exclusively religious, charitable, etc., purpose Don't confiles to this organization because it received nonexclusively removed during the year	etc , purposes, but no such total contributions that were received mplete any of the parts unless the digious, charitable, etc , contributions
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rule	es doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 74-1239819

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	H. E. BUTT GROCERY COMPANY P.O. BOX 839999 SAN ANTONIO, TX 78283	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	MRS. HOWARD E. BUTT, JR.		Person X Payroll		
	P.O. BOX 290670 KERRVILLE, TX 78029	\$ 2,586,000.	Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3_	MR. AND MRS. DAVID ROGERS P.O. BOX 290670 KERRVILLE, TX 78029	\$75,000.	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	LAITY RENEWAL FOUNDATION P.O. BOX 290670 KERRVILLE, TX 78029	\$\$	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)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization H. E. BUTT FAMILY FOUNDATION

Employer identification number

		74-12	39819
Part II	Noncash Property (see instructions) Use duplicate copies of P	Part II if additional space is nee	ded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	EMPLOYEE HEALTH INS., FOOD, GROCERIES, AND SUPPLIES FOR USE IN SUPPORTING THE PROGRAM OF A CHRISTIAN RETREAT CENTER, SUMMER YOUH CAMP, AND YEAR-ROUND CAMP.	\$1,471,549.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·	\$	

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Employer identification number

1			74-1239819				
Part III	the following line entry. For organizatio contributions of \$1,000 or less for the	ne year from any one contributions completing Part III, enter the year. (Enter this information or	utor. Complete columns (a) through (e) and total of <i>exclusively</i> religious, charitable, etc.,				
(a) No	Use duplicate copies of Part III if addition	nal space is needed					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		· · · · · · · · · · · · · · · · · · ·					
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1 0111							
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	ransteree's name, address, and	Transferee's name, address, and ZIP + 4 Relatio					
(a) No.	(1) 5	/-> N	(d) Description of how gift is held				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gift is field				
		(e) Transfer of gift					
		(e) Transier of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
		"					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		<u></u>					
							
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
							

FORM 990PF, PART I - OTHER INCOME

ADJUSTED NET INCOME	715,886. -2.	722,480.
NET INVESTMENT INCOME	6,396. 715,886. 70,069. -2.	792,549.
REVENUE AND EXPENSES PER BOOKS	6,596. 731,275. -2.	737,869.
		TOTALS
DESCRIPTION	MISCELLANEOUS INCOME PARTNERSHIP INCOME/LOSS 965 TRANSITION TAX INCOME ROYALTIES	

ATTACHMENT 2

H. E. BUTT FAMILY FOUNDATION

FEES	
ACCOUNTING	
ı	
H	
PART	
90PF,	
δ	

CHARITABLE PURPOSES	43,121.	43,121.
ADJUSTED NET INCOME	13,262.	13,262.
NET INVESTMENT INCOME	13,262.	13,262.
REVENUE . AND EXPENSES PER BOOKS	56,383.	56,383.
DESCRIPTION	ERNST & YOUNG LLP - AUDIT SVCS	TOTALS

ATTACHMENT

ATTACHMENT 3 PAGE 24

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

ADJUSTED NET INCOME	117,455.	117,455.
NET INVESTMENT INCOME	117,455.	117,455.
REVENUE AND EXPENSES PER BOOKS	117,455.	117,455.
		TOTALS
DESCRIPTION	INVESTMENT FEES	

74-1239819

FORM 990PF, PART I - TAXES

CHARITABLE PURPOSES	489,762. 49,850. 437,756.		977,368.
ADJUSTED NET INCOME	2,272.	32,890.	35,162.
NET INVESTMENT INCOME	2,272.	32,890.	35, 162.
REVENUE AND EXPENSES PER BOOKS	492,034. 49,850. 437,756.	32,890.	1,012,530.
			TOTALS
DESCRIPTION	PAYROLL TAXES PROPERTY TAXES FEDERAL EXCISE TAXES	FOREIGN TAXES	

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES 1,421,488.	45,	n 0	43,92	94,13	, 65	8,55	ω	7,27	05	2,96	•	98	4,98	93,74	48,12	99'09	1,	08,16	5,207,939.
	512.						57.						591.						575,359.
0	512.			-			57.						591.						575,359.
REVENUE AND EXPENSES PER BOOKS 1,995,687.	45,54	9/3,765. 190,442.	43,9	94,	49,653.	ω	ω,		∞	265,963.	9	3,862.	5	\circ	48,	60,	•	08,	5,783,298.
DESCRIPTION CONSULTANTS	& SUBSCRI	CAMP & OFFICE REPAIRS/MAINT. CAMP & OFFICE SUPPLIES	L INSURA	\mathbf{z}	SPECIAL EVENTS	WEBSITE MAINTENANCE	POSTAGE AND SHIPPING	COMPUTER/IT EXPENSE	GROUP SUPPORT	STAFF RECRUITING/HIRING	CONFERENCES/EDUCATION	PRODUCTION - GENERAL	MISCELLANEOUS EXPENSE	MASTER PLANNING INITIATIVES	PROMOTION	HEALTH INSURANCE	OTHER PURCHASES	PROJECTS AND RESEARCH	TOTALS

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ATTACHMENT 6

ATTACHMEI

DESCRIPTION

- CORPORATE STOCK

PART II

FORM 990PF,

ENDING BOOK VALUE

ENDING FMV

> RECEIVABLE ACQUISITION COMPANY M&T CUSTODIAL - MUTUAL FUNDS

247,436,284.

280,368,032.

TOTALS

247,436,284.

280,368,032.

ENDING

ATTACHMENT 7
PAGE 28

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ATTACHMENT

- OTHER INVESTMENTS

PART II

FORM 990PF,

DESCRIPTION	ENDING BOOK VALI
LUTHER KING PRIVATE DISCIPLINE COLLINS CAPITAL LOW VOLATILITY	7,120,
TITAN MASTEKS FUND GLOUSTON PRIVATE EQUITY OPPORT	, 800, , 800,
DCM PRIVATE EQUITY FUND III METROPOLITAN REAL ESTATE-GEN	1,619, 1,078,
TOWNSQUARE REAL ESTATE ALPHA	1,687,
MONTAUK TRIGUARD FUND IV	1,194,
TAL PARTNERS LP	1,098,
GREENSFAINGS OFFORIONIIES III MADISON REALTY CAPITAL DEBT FU	5,041,
PARTNERS 9	3,500,
AG CORE PLUS REALTY FUND IV	2,303,
PHAKU GAIA TRIVE	,096,7
VHW OFFSHORE FUND	61,
CARVAL CREDIT VALUE FUND BIV GMO TRUST	300,
PARTNERS GROUP DIRECT EQUITY	1,632,
OAKTREE REAL ESTATE	472,
QMS FUNDING	11,300,

FMV	9,717,389 28,778 3,266,678 2,999,514 2,014,646 1,260,801 2,289,867	1,402,411 1,372,922 3,895,442 4,234,371 3,573,500 2,304,807 7,769,171	11,884,172 1,269,153 331,608 10,285,323 8,444,100 3,439,307 7,743,073 12,293,777 8,147,562
BOOK VALUE	7,120,000. 20,455. 2,800,000. 768,674. 1,619,466. 1,078,728.	94,680 98,404 58,656 41,876 00,000 03,923 60,000 7,376	300,000. 11,578,258. 1,632,153. 472,000. 11,300,000. 7,586,691. 3,245,209. 7,560,000. 7,560,000.

TOTALS

POLUNIN COMMINGLED FUNDS STANDARD LIFE GARS INV'T 400 CAPITAL CREDIT OPP FUND SENATOR

COHO PARTNERS

60004397

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•	•						
MENT 8	EXPENSE ACCT AND OTHER ALLOWANCES	·	·	o	O	0	0
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	15,420.	. 0	O	Ö	15,420.
	COMPENSATION	Ċ	252, 691.		Ö	Ö	252, 691.
- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	VP/SEC TREAS. 5.00	PRESIDENT 40.00	TRUSTEE 1.00	TRUSTEE 1.00	SR. VP/ASST SEC. 5.00	, GRAND TOTALS
FORM 990PF, PART VIII - LIST O	NAME AND ADDRESS	DEBORAH BUTT ROGERS P.O. BOX 290670 . KERRVILLE, TX 78029-0670	DAVID M. ROGERS P.O. BOX 290670 KERRVILLE, TX 78029-0670	HOWARD E. BUTT, III P.O. BOX 839986 SAN ANTONIO, TX 78283	STEPHEN W. BUTT P.O. BOX 839986 SAN ANTONIO, TX 78283	F. DWIGHT LACY P.O. BOX 290670 KERRVILLE, TX 78029-0670	

2017 FORM 990-PF

. , 6 ,	EXPENSE ACCT AND OTHER ALLOWANCES	.0		.0	.0	.0	•0
ATTACHMENT	CONTRIBUTIONS FOR TO EMPLOYEE BENEFIT PLANS	15,060.	11,010.	11,010.	11,100.	11,580.	59,760.
MPLOYEES	COMPENSATION	243,293.	176,787.	180,659.	167,353.	198,870.	966,962.
ATION OF THE FIVE HIGHEST PAID EMPLOYEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	40.00	EX. DIRLAITY LODGE 40.00	EX. DIR-CONST RELAT. 40.00	EX. DIRPROP & PLAN 40.00	EX. DIR-ACCT & ADMIN 40.00	TOTAL COMPENSATION
990PF, PART VIII - COMPENSATION OF	NAME AND ADDRESS	WILL STRIPLING P.O. BOX 290670 KERVILLE, TX 78029	STEVEN PURCELL P.O. BOX 290670 KERVILLE, TX 78029	PERRI ROSHEGER P.O. BOX 290670 KERVILLE, TX 78029	GLENN ECHOLS P.O. BOX 290670 KERVILLE, TX 78029	JENNIFER HARGRAVE P.O. BOX 290670 KERVILLE, TX 78029	

2017 FORM 990-PF H. E. BUTT FAMILY FOUNDATION 74-1239819

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

	ATTACHME	NT 10
NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
PAPERMATES LLC 626 COYOTE RIDGE DRIVE KERRVILLE, TX 78028	GENERAL CONTRACTING	2,,066,700.
KINGS PATH PARTNERS LLC 206 BROOKS STREET SUGARLAND, TX 77478	CONSULTANT	348,000.
EVEREADY ELECTRIC P.O. BOX 555 INGRAM, TX 78025	ELECTRICAL WORK	272,547.
LR SORRELL CONSULTING 430,6 YOAKOM BLVD., SUITE 430 HOUSTON, TX 77006	HR CONSULTING	265,400.
SEVERSON CONSULTING 9603 SOUTH FITZGERALD WAY MISSOURI CITY, TX 77459	STAFF RECRUITING	213,030.
TOTAL COMPENSAT	rion	3,165,677.

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

SUPPLIES	CHRISTIAN YOUTH AND FAMILY CAMPS - FOOD, GROCERIES, SUPPLIES	COMMUNITY SAFETY	COMMUNITY SAFETY
PC	NONE	NONE	NONE
	PC	PC	PC

LEAKEY VOLUNTEER FIRE DEPT

LEAKEY, TX 78873

P O BOX 250

FRIO CANYON EMS

P O BOX 803

LAITY LODGE FOUNDATION

KERRVILLE, TX 78029

PO BOX 290670

5,000

316,144

31,862

CHRISTIAN RETREAT CENTER - FOOD, GROCERIES,

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

LAITY RENEWAL FOUNDATION

KERRVILLE, TX 78029

PO BOX 290670

NONE

AMOUNT

ATTACHMENT 11

5,000

COMMUNITY HEALTH

J

NONE

REAL COUNTY EMERGENCY OPERATIONS

LEAKEY, TX 78873

S

NONE

THEOLOGY OF WORK PROJECT INC

LEAKEY, TX 78873

P O BOX 445

BELMONT, MA 02478

84 LEXINGTON ST

80,000

FAITH IN THE WORKPLACE

5,500

ATTACHMENT 11 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		·
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION A	AMOUNT
REAL COUNTY JR LIVESTOCK SHOW ASSOCIATION PO BOX 163	NONE PC	COMMUNITY YOUTH SUPPORT	2,550
DIVIDE VOLUNTEER FIRE DEPARTMENT PO BOX 259 MOUNTAIN HOME, TX 78058-0259	NONE PC '	COMMUNITY SAFETY	3,000
FRIENDS OF THE LIBRARY ASSOCIATION PO BOX 488 LEAKEY, TX 78873	NONE PC	COMMUNITY EDUCATION	2,000
KYBSA - GRANT P O BOX 291787 KERRVILLE, TX 78028	NONE PC	YOUTH ACTIVITIES SUPPORT	200
ST PETER'S EPISCOPAL SCHOOL 321 ST PETER'S ST KERRVILLE, TX 78028	NONE P.C	SUPPORT FOR DAYCARE	200
LEAKEY LITTLE LEAGUE P O BOX 823 LEAKEY, TX 78873	NONE PC	YOUTH ACTIVITIES SPORTS	100

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ATTACHMENT 11 (CONT'D)	NATRIBUTION	200	75,000	9,000	1,500	1,490	24,800
,	PURPOSE OF GRANT OR CONTRIBUTION	COMMUNITY INVOLVEMENT	LEADERSHIP TRAINING	хоитн мемтаг неагтн	COMMUNITY INVOLVEMENT	COMMUNITY INVOLVEMENT	COMMUNITY INVOLVEMENT
NUTIONS PAID DURING THE YEAR	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC	NONE PC
FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	RECIPIENT NAME AND ADDRESS	LEAKEY ISD P O BOX 1129 LEAKEY, TY 78873	TRINITY FELLOWS ACADEMY P O BOX 249 ROYAL OAK, MD 21662	CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	BOERNE YOUNG LIFE P O BOX 1194 BOERNE, TX 78006	KERR COUNTY YOUNG LIFE P O BOX 294771 KERVILLE, TX 78029	FAMILY ENDEAVORS 535 BANDERA ROAD SAN ANTONIO, TX 78228

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ATTACHMENT 11 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND AND AND AND AND AND AND AND	DIRPOGE OF GRANT OR CONTRIBUTION	AMOUNT
RECIPIENT NAME AND ADDRESS	COUNTRILION STATOS OF NECEFICIAL		
COASTAL BEND COMMUNITY FOUNDATION	NONE	HURRICANE RELIEF	26,410
615 N UPPER BROADWAY SUITE 1950	PC		
CORPUS CHRISTI, TX 78401	,	٠	
TIVE TIKE JOHNNY OBCANTZATION	E NOW	HELPING TROUBLED TEENS	200
2 C ROX 1017	2.		
JACKSBORO, TX 76458			
TEXAS CHRISTIAN BULL RIDING ASSOC	NONE	YOUTH ACTIVITIES	200
P O BOX 12	PC .		
TELEGRAPH, TX 76883			
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY	NONE	YOUTH ACTIVITIES	200
P O BOX 291354	PC		
KERVILLE, TX 78029			
THE HEALTH COLLABORATIVE	S S S S S S S S S S S S S S S S S S S	MENTAL HEALTH	10,000
1002 N FLORES	PC		
SAN ANTONIO, TX 78212			
PI6PLUS COUNCIL OF GREATER BEXAR COUNTY	NONE	COMMUNITY INVOLEMENT	25,000.
1142 E COMMERCE STREET	PC -		
SAN ANTONIO, TX 78205			

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c	>
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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

H E BUTT FAMILY FOUNDATION

FORM 990-PF

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

NONE

PC

SAN ANTONIO, TX 78207

GOOD SAMARITAN CENTER 1600 SALTILO STREET NONE

PC

NONE

SAN ANTONIO CHRISTIAN HOPE RESOURCE CENTER

SAN ANTONIO, TX 78204

1518 S ALAMO

SAY SI

321 N GENERAL MCMULLAN DRIVE

SAN ANTONIO, TX 78237

S S

NONE

PC

NONE PC

LEAKEY UNITED METHODIST CHURCH

LEAKEY, TX 78873

P O BOX 417

SAN ANTONIO, TX 78212

P O BOX 15322

RISE RECOVERY

74-1239819

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25,000 25,659 25,000 25,000 ATTACHMENT 11 (CONT'D) AMOUNT PURPOSE OF GRANT OR CONTRIBUTION ADDICTION RECOVERY AND SUPPORT COMMUNITY INVOLEMENT COMMUNITY INVOLEMENT YOUTH EMPOWERMENT

:

2,000 ļ FOOD PROGRAM FOR CHILDREN

TOTAL CONTRIBUTIONS PAID

726,015

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H. E. BUTT FAMILY FOUNDATION

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12	RELATED OR EXEMPT FUNCTION INCOME		
ATTACHMENT 12	AMOUNT	716, 113. -2.	716,111.
,	CODE	01	
	AMOUNT	15,162.	15,162.
	BUSINESS CODE	541900	
FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE	DESCRIPTION	PARTNERSHIP INCOME ROYALTIES	TOTALS

74-1239819

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