








For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation PERRY & RUBY STEVENS CHARITABLE FOUNDATION		A Employer identification number 20-4169959	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 291929		Room/suite	B Telephone number (see instructions) (830) 896-0630
City or town, state or province, country, and ZIP or foreign postal code KERRVILLE, TX 780291929		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 50,940,159		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	285,053	285,053		
	4 Dividends and interest from securities . . . . .	273,132	273,132		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 	2,126,827			
	b Gross sales price for all assets on line 6a _____ 11,085,214				
	7 Capital gain net income (from Part IV, line 2) . . . . .		602,808		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	 427,143	802,275		
	12 Total. Add lines 1 through 11 . . . . .	3,112,155	1,963,268		
	13 Compensation of officers, directors, trustees, etc	144,000			
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .	10,049	10,049		
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	 152,160	152,160		
	c Other professional fees (attach schedule) . . . . .	 26,256	26,256		
	17 Interest . . . . .	3,014	3,014		
	18 Taxes (attach schedule) (see instructions) . . . . .	 125,554	125,554		
	19 Depreciation (attach schedule) and depletion . . . . .	 129,433	120,166		
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	1,063	1,063		
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	 109,769	108,186		
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	701,298	546,448		0
	25 Contributions, gifts, grants paid . . . . .	2,752,000			2,752,000
	26 Total expenses and disbursements. Add lines 24 and 25	3,453,298	546,448		2,752,000
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-341,143			
	b Net investment income (if negative, enter -0-)		1,416,820		
c Adjusted net income (if negative, enter -0-) . . . . .					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing . . . . .	124,828	93,226	93,226
	2 Savings and temporary cash investments . . . . .	615,996	667,224	667,224
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable . . . . .			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use . . . . .			
	9 Prepaid expenses and deferred charges . . . . .			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule) . . . . .	31,072,105	35,012,142	31,467,397
	c Investments—corporate bonds (attach schedule) . . . . .	2,190,793	343,359	307,263
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans . . . . .			
	13 Investments—other (attach schedule) . . . . .	19,908,764	16,324,159	13,477,367
	14 Land, buildings, and equipment basis ▶ _____ 121,804 Less accumulated depreciation (attach schedule) ▶ _____ 109,983	17,920	11,821	
15 Other assets (describe ▶ _____)	5,047,848	4,927,682	4,927,682	
16 <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	58,978,254	57,379,613	50,940,159	
Liabilities	17 Accounts payable and accrued expenses . . . . .			
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ▶ _____)			
	23 <b>Total liabilities</b> (add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .			
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .	51,966,253	51,966,253	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	7,012,001	5,413,360	
30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	58,978,254	57,379,613		
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) .	58,978,254	57,379,613		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	58,978,254
2 Enter amount from Part I, line 27a . . . . .	2	-341,143
3 Other increases not included in line 2 (itemize) ▶ _____	3	2,020,962
4 Add lines 1, 2, and 3 . . . . .	4	60,658,073
5 Decreases not included in line 2 (itemize) ▶ _____	5	3,278,460
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	57,379,613

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

<b>2</b> Capital gain net income or (net capital loss) <div style="float: right; font-size: small;">             { If gain, also enter in Part I, line 7              If (loss), enter -0- in Part I, line 7           } </div>	<b>2</b>	602,808
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	2,786,199	53,253,079	0 052320
2016	2,870,022	54,055,308	0 053094
2015	3,106,355	58,604,797	0 053005
2014	2,975,204	65,228,357	0 045612
2013	2,390,841	59,765,135	0 040004

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 244035
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 048807
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	46,330,700
<b>5</b> Multiply line 4 by line 3	<b>5</b>	2,261,262
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	14,168
<b>7</b> Add lines 5 and 6	<b>7</b>	2,275,430
<b>8</b> 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 See the Part VI instructions	<b>8</b>	2,752,000

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	14,168
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	14,168
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	14,168
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	1,269
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	10,301
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	11,570
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	355
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	2,953
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ (2) On foundation managers <b>▶</b> \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> 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? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> TX _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW STEVENSDN ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>LAURIE MILTON</b> Telephone no <b>(830) 896-0630</b>			
	Located at <b>PO BOX 291929 KERRVILLE TX</b> ZIP+4 <b>780291929</b>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <b>▶</b> <input type="checkbox"/>	<b>1b</b>	
<b>c</b>	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 2018? . . . . .	<b>1c</b>	
<b>2</b>	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))		
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018). . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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 2018?	<b>4b</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>		
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
PHILLIP MILTON PO BOX 291929 KERRVILLE, TX 78029	TRUSTEE 000 00	0	0	0
LEON JEFFCOAT PO BOX 291929 KERRVILLE, TX 78029	TRUSTEE 000 00	0	0	0
ALLAN G PATERSON PO BOX 291929 KERRVILLE, TX 78029	TRUSTEE 000 00	0	0	0
LAURIE MILTON PO BOX 291929 KERRVILLE, TX 78029	EXECUTIVE DIRECTOR 40 00	144,000	0	0
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

**Total** number of others receiving over \$50,000 for professional services. . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments** (see instructions)

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

**Total.** Add lines 1 through 3 . . . . . ▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	47,036,244
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	47,036,244
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	47,036,244
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	705,544
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	46,330,700
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	2,316,535

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	2,316,535
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	14,168
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	14,168
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	2,302,367
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	2,302,367
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	2,302,367

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	2,752,000
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	2,752,000
<b>5</b>	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.	<b>5</b>	14,168
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	2,737,832

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				2,302,367
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			1,111,707	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 2,752,000				
<b>a</b> Applied to 2017, but not more than line 2a			1,111,707	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				1,640,293
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				662,074
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2018	<b>(b)</b> 2017	<b>(c)</b> 2016	<b>(d)</b> 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

<b>Part XV</b>	
<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )	
<b>b</b> List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
<b>a</b> The name, address, and telephone number or e-mail address of the person to whom applications should be addressed LAURIE MILTON PO BOX 291929 KERRVILLE, TX 780291929 (830) 896-0630 STEVENSFDN@HCTC.NET	
<b>b</b> The form in which applications should be submitted and information and materials they should include SEE WEBSITE FOR APPLICATION FORMAT AND REQUIRED CONTENTS	
<b>c</b> Any submission deadlines SEE WEBSITE FOR SUBMISSION DEADLINES	
<b>d</b> Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors SEE WEBSITE FOR ANY RESTRICTIONS ON GRANTS	

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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

Enter gross amounts unless otherwise indicated

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )
---------------	--

Form **990-PF** (2018)

### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

[illegible]

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

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2019-11-15	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below?  
 (see instr.)? ☐ Yes ☐ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	STEVEN T JEFFCOAT		2019-11-15		P00643760
	Firm's name ► JOHNSON MILLER & CO CPA'S PC				Firm's EIN ► 85-0214336
	Firm's address ► 550 W TEXAS AVE STE 1000 MIDLAND, TX 797014279				Phone no (432) 683-1835

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AID THE SILENT34910 IH-10 WEST 701 BOERNE, TX 78006	N/A	501 (C) (3)	DEAF RESOURCES	5,000
ALAMO AREA PARKINSON SUPPORT GROUP AMERICAN PARKINSON'S SOCIETY ASSOCIATION UTHSCSA DEPT OF NEUROLOGY 7703 FLOYD CURL MSC 7882 SAN ANTONIO, TX 78229	N/A	501 (C) (3)	DIANNE JOHNSON, RN	1,000
ANY BABY CAN OF SAN ANTONIO 217 HOWARD ST SAN ANTONIO, TX 78212	N/A	501 (C) (3)	CASE MANAGEMENT PROGRAM	20,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ARTHUR NAGEL COMMUNITY CLINIC INC PO BOX 519 BANDERA, TX 78003	N/A	501 (C) (3)	PROGRAM SUPPORT	40,000
BANDERA COUNTY COMMITTEE ON AGING PO BOX 1416 BANDERA, TX 78003	N/A	501 (C) (3)	FUND MEALS ON WHEELS	25,000
BANDERA COUNTY EMSPO BOX 5 BANDERA, TX 78003	N/A	501 (C) (3)	AMBULANCE SAFETY	60,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BANDERA COUNTY FIRE AND RESCUE PO BOX 2754 BANDERA, TX 78003	N/A	501 (C) (3)	RESCUE EQUIPMENT	35,000
BENEDICTINE MINISTRIES CORPORATION 316 W HIGHLAND DR SUITE 100 BOERNE, TX 78006	N/A	501 (C) (3)	HEALTH AND WHOLENESS CENTER PROGRAM	10,000
BIG BROTHERS BIG SISTERS OF SOUTH T 202 BALTIMORE AVE SAN ANTONIO, TX 78215	N/A	501 (C) (3)	MENTORING AT-RISK YOUTH	10,000
<b>Total . . . . . ▶ 3a</b>				2,752,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
BOYS AND GIRLS CLUB BANDERA PO BOX 3155 BANDERA, TX 78003	N/A	501 (C) (3)	ACADEMIC SUCCESS	8,000
CENTER POINT VOLUNTEER FIRE DEPARTMENTPO BOX 494 CENTER POINT, TX 78010	N/A	501 (C) (3)	FIRE AND RESCUE EQUIPMENT	50,000
CAMP515 SKYLINE DR CENTER POINT, TX 78010	N/A	501 (C) (3)	CAPITAL CAMPAIGN	150,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EDWARDS COUNTY EMS INC PO BOX 185 ROCKSPRINGS, TX 78880	N/A	501 (C) (3)	CARDIAC MONITOR/DEFIBRILLATORS	38,000
EPISCOPAL DIOCESE OF WEST TEXAS PO BOX 6886 SAN ANTONIO, TX 78209	N/A	501 (C) (3)	CAMP SUPPORT	125,000
GOOD SAMARITAN COMMUNITY SERVICES 1600 SALTILLO ST SAN ANTONIO, TX 78207	N/A	501 (C) (3)	CAMP SUPPLIES	95,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HIGHLAND LAKES FAMILY CRISIS PO BOX 805 MARBLE FALLS, TX 78654	N/A	501 (C) (3)	CLIENT ASSISTANCE PROGRAM	15,000
HILL COUNTRY CASA 305 EARL GARRETT KERRVILLE, TX 78028	N/A	501 (C) (3)	PROGRAM SUPPORT	10,000
HILL COUNTRY DAILY BREAD MINISTRIES 234 W BANDERA RD 133 BANDERA, TX 78003	N/A	501 (C) (3)	RESOURCE DISTRIBUTION PROGRAM	25,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HILL COUNTRY FAMILY SERVICES 114 W ADVOGT BOERNE, TX 78006	N/A	501 (C) (3)	CARING FOR KENDALL'S KIDS	10,000
HILL COUNTRY SIGNS OF HOPE 1322 HARPER ROAD KERRVILLE, TX 78028	N/A	501 (C) (3)	LUNCHROOM/BATHROOMS	60,000
HILL COUNTRY YOUTH RANCH PO BOX 67 INGRAM, TX 78025	N/A	501 (C) (3)	AUZILLARY-THRIFT STORE	25,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
KENDALL COUNTY WOMEN'S SHELTER PO BOX 1087 BOERNE, TX 78006	N/A	501 (C) (3)	SAFETY AND SECURITY PROJECT	25,000
KERR COUNTY CHRISTIAN ACTION PO BOX 291832 KERRVILLE, TX 78029	N/A	501 (C) (3)	EARN WHILE YOU LEARN MATERIALS	5,000
MOONLIGHT FUND INCPO BOX 1299 BANDERA, TX 78003	N/A	501 (C) (3)	RETREAT PROGRAM SUPPORT	25,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
OPERATION SECOND CHANCE 162 OAK HAMPTON TRAIL INGRAM, TX 78025	N/A	501 (C) (3)	WOUNDED WARRIOR PROGRAM	5,000
PETERSON REGIONAL MEDICAL CENTER 551 HILL COUNTRY DR KERRVILLE, TX 78028	N/A	501 (C) (3)	HEARTS FOR HEALING CAMPAIGN	500,000
PREVENT BLINDNESS TEXAS 1600 NE LOOP 410 125 SAN ANTONIO, TX 78209	N/A	501 (C) (3)	HEALTHY EYES PROGRAM	5,000
<b>Total . . . . .</b> ► <b>3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
RAINBOW SENIOR CENTER FOUNDATION 17 OLD SAN ANTONIO ROAD BOURNE, TX 78006	N/A	501 (C) (3)	FUND MEALS ON WHEELS	35,000
RAPHAEL COMMUNITY FREE CLINIC PO BOX 291729 KERRVILLE, TX 78028	N/A	501 (C) (3)	CAPITAL IMPROVEMENT PROJECTS	25,000
SAN ANTONIO FOOD BANK 5200 W OLD US HIGHWAY SAN ANTONIO, TX 78227	N/A	501 (C) (3)	RURAL MOBILE PANTRY	100,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
SIGHT SAVERS AMERICA 337 BUSINESS CIRCLE BIRMINGHAM, AL 35124	N/A	501 (C) (3)	CHILDREN & ADULT PREOGRAM SUPPORT	50,000
TARPLEY VOLUNTEER FIRE DEPARTMENT INCPO BOX 21 TARPLEY, TX 78883	N/A	501 (C) (3)	NEW FIRE STATION	100,000
TEXAS HERITAGE MUSIC FOUNDATION PO BOX 291945 KERRVILLE, TX 78029	N/A	501 (C) (3)	SUPPORT MUSIC CONNECTION	10,000
<b>Total . . . . . ▶ 3a</b>				2,752,000



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
TEXAS LIONS CAMPPPO BOX 290247 KERRVILLE, TX 78029	N/A	501 (C) (3)	CAMP TUITION FOR SUMMER 2018	25,000
THE BIG FIX HOMELESS CAT PROJECT OF THE TEXAS HILL COUNTRY PO BOX 294003 KERRVILLE, TX 78029	N/A	501 (C) (3)	THE BIG FIX 2018	10,000
TIERRA LINDA VOLUNTEER FD 406 OAK ALLEY KERRVILLE, TX 78028	N/A	501 (C) (3)	FIRE TRUCK RADIO UPGRADES	15,000
<b>Total . . . . .</b> ► <b>3a</b>				2,752,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIV OF TEXAS AT SAN ANTONIO 1 UTSA CIRCLE SAN ANTONIO, TX 78249	N/A	501 (C) (3)	PARKINSON'S RESEARCH	700,000
UNIVERSITY OF TEXAS FOUNDATION FOR THE BENEFIT FOR UT HEALTH SCIENCE PO BOX 250 AUSTIN, TX 78767	N/A	501 (C) (3)	ACCELERATING PD	300,000
<b>Total . . . . . ▶ 3a</b>				2,752,000

**TY 2018 Accounting Fees Schedule**

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

**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL FEES - ACCOUNTING	8,160	8,160		
PROFESSIONAL FEES - CONSULTING	144,000	144,000		

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

## TY 2018 Amortization Schedule

**Name:** PERRY & RUBY STEVENS

CHARITABLE FOUNDATION

**EIN:** 20-4169959

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
GLM SOFTWARE	2016-02-11	4,750	3,035	3 0000	1,583			4,618

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

# **TY 2018 Depreciation Schedule**

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

**Depreciation Schedule**

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DELL COMPUTER	2006-09-06	1,781	1,781	S/L	5 0000				
COMPUTER	2008-06-30	1,012	1,012	S/L	5 0000				
OFFICE FURNITURE	2008-05-01	10,256	10,256	S/L	7 0000				
COMPUTER	2010-10-12	1,113	1,113	S/L	5 0000				
SCANNER	2013-07-12	658	658	200DB	5 0000				
GLASS TOP FOR DESK	2014-07-10	249	210	200DB	7 0000	11			
SMALL TABLE	2014-07-15	73	61	200DB	7 0000	3			
WALL LETTERING	2014-08-13	2,315	1,513	150DB	15 0000	81			
GRANTS MANAGEMENT SOFTWARE	2014-04-01	6,000	6,000		3 0000				
OFFICE FURNITURE	2014-07-15	46,035	38,845	200DB	7 0000	2,054			
FLATSCREEN TV & MOUNT	2014-07-21	510	430	200DB	7 0000	23			
SILVERWARE	2014-08-04	200	169	200DB	7 0000	9			
1ST & 2ND INSTALLMENT ON BRONZE OF PERRY	2014-08-20	10,000	8,438	200DB	7 0000	446			
PORTRAIT OF PERRY & RUBY	2014-09-09	6,000	5,063	200DB	7 0000	268			
DELL COMPUTER	2015-06-30	2,000	1,712	200DB	5 0000	116			
TONER CARTRIDGE	2015-09-29	76	65	200DB	5 0000	4			
ICE BUCKET	2015-01-08	43	34	200DB	7 0000	3			
1/2 PAYMENT	2015-02-23	845	660	200DB	7 0000	53			
PARTIAL PAYMENT	2015-03-16	1,000	781	200DB	7 0000	63			
TUNE-UP	2015-03-06	1,500	1,172	200DB	7 0000	94			

## Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
ADDITIONAL LIGHT	2015-01-27	638	499	200DB	7 0000	40			
1ST, 2ND, 3RD, 4TH INSTALLMENT	2015-04-16	20,000	15,627	200DB	7 0000	1,249			
SOFTWARE	2018-02-06	4,750			3 0000	4,750			

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

## TY 2018 Gain/Loss from Sale of Other Assets Schedule

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

**EIN:** 20-4169959

### Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SCHWAB 6079		PURCHASE			201,802	225,108			-23,306	
SCHWAB 6079		PURCHASE			1,308,837	951,239			357,598	
SCHWAB 8293 - SEE ATTACHED		PURCHASE			8,958,770	7,782,040			1,176,730	
SHORT-TERM GAIN/LOSS FROM PASS- THROUGH ENTITY					37				37	
LONG-TERM GAIN/LOSS FROM PASS- THROUGH ENTITY					12,960				12,960	

**TY 2018 Investments Corporate Bonds Schedule**

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

**EIN:** 20-4169959

**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SEE SUMMARY OF INVESTMENT HOLDINGS		
SCHWAB 8293	343,359	307,263



**TY 2018 Investments Corporate Stock Schedule**

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

**EIN:** 20-4169959

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
SEE SUMMARY OF INVESTMENT HOLDINGS		
SCHWAB 8293	22,780,153	20,442,415
SCHWAB 6079	2,864,355	3,165,897
SCHWAB 8293	9,367,634	7,859,085

## TY 2018 Investments - Other Schedule

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

**EIN:** 20-4169959

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
SEE SUMMARY OF INVESTMENT HOLDINGS:			
- MUTUAL FUNDS (FIXED)	FMV		
- REITS, COMM., ALT, AND OTHER	FMV		
INC/DEC ABUNDANT ENERGY	FMV		
INC/DEC - AGRIBOARD INTERNATIONAL	FMV	797,211	
INC/DEC - PLATINUM PARTNERS		1,065,166	5,604,070
BLACK GOLD	FMV		
CITCO/WINTON	FMV	3,000,000	3,092,793
CAPITAL SPRINGS		2,855,116	
BREVET	FMV	2,432,474	2,543,257
BLUE LION	FMV	2,500,000	2,237,247
INC/DEC MESA WEST REAL ESTATE	FMV	1,560,140	
INC/DEC KIMPACT EVERGREEN REAL ESTAT	FMV	2,114,052	

**TY 2018 Land, Etc.  
Schedule**

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

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE FURNITURE	12,466	12,135	331	
COMPUTERS	6,640	6,460	180	
SIGNAGE	2,315	1,594	721	
SOFTWARE	17,000	16,634	366	
FURNITURE FIXTURES/EQUIP.- OTHER	83,383	73,160	10,223	

**TY 2018 Other Assets Schedule**

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

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
OIL/GAS ROYALTIES - YOAKUM CO TX	5,047,848	4,927,682	4,927,682

**TY 2018 Other Decreases Schedule**

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

**EIN:** 20-4169959

Description	Amount
NON-DEDUCTIBLE	105,040
UNREALIZED GAIN/LOSS & PY ADJUSTMENTS	3,173,420

# TY 2018 Other Expenses Schedule

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

**EIN:** 20-4169959

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INSURANCE - P & C	525	525		
INSURANCE	2,031	2,031		
INSURANCE - MEDICAL	10,872	10,872		
JANITORIAL/ CLEANING SERVICES	2,076	2,076		
COMPUTER REPAIRS	234	234		
RENT	8,184	8,184		
DUES AND SUBSCRIPTION	1,717	1,717		
TELEPHONE	1,758	1,758		
OFFICE SUPPLIES	196	196		

**Other Expenses Schedule**

<b>Description</b>	<b>Revenue and Expenses per Books</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
UTILITIES	1,480	1,480		
POST & DELIVERY	330	330		
MILEAGE REIMBURSEMENT	1,400	1,400		
POST OFFICE BOX	182	182		
OTHER O&G DEDUCTIONS	19,357	19,357		
OTHER DEDUCTIONS CAPITAL SPRI	57,844	57,844		

**TY 2018 Other Income Schedule**

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

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ROYALTY INTEREST	801,104	801,104	
REFUND	47	47	
OTHER INCOME	477	477	
CAPITAL SPRINGS K-1	647	647	
AGRIBOARD INTERNATIONAL	-20,022		
KIMPACT EVERGREEN	-355,110		



**TY 2018 Other Increases Schedule**

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

**EIN:** 20-4169959

Description	Amount
TAX-EXEMPT	4,458
OTHER INCREASES	2,016,504

# TY 2018 Other Professional Fees Schedule

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

**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FIDUCIARY FEES	26,256	26,256		

**TY 2018 Taxes Schedule**

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

**EIN:** 20-4169959

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROPERTY TAXES	62,775	62,775		
PRODUCTION TAXES	46,577	46,577		
FOREIGN TAX PAID	16,202	16,202		